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Development of Self-Esteem of Adolescents At-Risk, in the Transition from Middle School to High School, in a Group Program Incorporating Psychodrama

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<u>Abstract</u>

Adolescents at-risk are defined as adolescents who may be found in physical, mental, or emotional situations of risk. Most of them come from dysfunctional families, poverty, or delinquent social environments. Their problems are expressed mainly in the emotional, educational, social and behavioral realms and lead them to absences from school, low educational achievements, behavior problems, and social difficulties. These problems increase dramatically in the phase of the transition from the middle school to the high school. This transition is characterized primarily by: (a) change from a familiar, intimate place to a large, strange, and anonymous place, (b) change of role, from being the oldest pupil to being the youngest one, and (c) separation from significant adults and friends.

Adolescents at-risk cope with different environmental conditions in the transition from the middle school to the high school, conditions that require emotional, scholastic, and social adjustment. At this age, the areas of primary changes lie in their biological, cognitive, and social development. The transition from the middle school to the high school occurs at the height of adolescence and entails a number of components that, on the one hand, create opportunity for coping and growth and on the other hand, present situations that may create pressure and difficulty for the adolescent.

Every transition has the potential simultaneously to encourage curiosity and renewal and to create opportunity and hope for positive change, but in parallel to become a threatening situation that requires disengagement from the "known" and thus necessitates the ability to adjust and the ability to cope effectively with the new reality. The adolescent is engaged in this stage in the construction of his personal identity. This identity has different components, such as social identity, scholastic identity, moral identity, sexual identity, and so on. In the construction of the identity the adolescent deals with conflicts of dependence-independence, the need to separate from his parents, and the need to be accepted and belong to the peer group.

The Israeli educational system has developed special assistance programs for the transition phase of adolescents at-risk. One way of intervention for children at-risk is to have them participate in a psychodrama group. Psychodrama addresses psychological and social problems using drama and provides the child with reinforcement, security, and protection. The participants act as characters related to the problems that trouble them, when in this way they release troubles, drives, and burdens and learn to see and to understand one another.

The **research question** in the present research study addressed the development of the self-esteem among adolescents at-risk in the transition from the middle school to the high school using psychodrama.

The **research objectives** of the present research study were to investigate whether and how the participation in the program contributes to change among the adolescents in their self-esteem, in dealing with the transition from the middle school to the high school in the scholastic and social aspects.

The **research problem** was: What is the impact of drama on the development of self-esteem in the transition from middle to high school of adolescents at-risk?

The **research hypothesis** was that the self-esteem of adolescents at-risk who are found in the transition from the middle school to the high school and who participate in a psychodrama group will be higher after their participation in the group than their self-esteem before their participation in the group, in contrast to the control group which did not participate in psychodrama and in which these differences will not be found.

In addition, the assumption was that the participation and cohesion that exists in the group and in the power that it gives the individual will constitute a significant contribution in their ability to overcome all the difficulties during adolescence and in this period in which changes are occurring – physiological, cognitive, emotional, and mental changes, process of separation from the parents, formation of the identity, and belonging to the peer group.

Detailed Research Hypotheses

1. The psychodrama group: The respondents' self-esteem will be higher in the middle of the experiment than before the experiment and higher at the end than in the middle.

2. The control group: A similar self-esteem will be found at all stages of the examination (beginning of the year, middle of the year, and end of the year).

3. This has three parts:

A. The self-esteem of the respondents in the experimental group and in the control group will be similar at the beginning of the year (before the beginning of the psychodrama treatment, at the start of the experiment).

B. The self-esteem of the respondents in the experimental group (psychodrama) in the middle of the year will be higher than that of the control group at the same time (middle of the year).

C. The self-esteem of the respondents in the experimental group will be higher at the end of the year (after a year of treatment) than that of the control group at the same time (end of the year).

The examination of the research hypotheses constituted a main challenge entailing the presentation of the research works of many researchers who studied adolescents at-risk in periods of transition and the concept of self-esteem (related also to body image) and the connection of psychodrama as a therapeutic tool for the development of a high self-esteem.

Self-Esteem

Many researchers defined the concept of self-esteem as the constellation of the person's beliefs on himself that give him different meanings. Self-esteem is the overall self-definition of the individual, including the individual's experience of recognition and adjustment to society and its requirements. Self-esteem includes the individual's self-confidence and ability to think and find solutions to everyday difficulties with which he copes during life. The concept of self-esteem has many meanings, including self-confidence, self-belief, self-worth, self-image (body image) and self- efficacy.

Most researchers asserted that the self-image is the way in which the person perceives himself and his status in society regarding the others in the social integrations and it is influenced by the self-esteem. I used in the research the theories of Rogers, Kaniel, Fitts, Brenden, and Hewitt in my research on children and youths at-risk who come from families in distress, from families that do not function normatively in which the child grew up without a significant adult and a beneficial parental authority. I greatly connected to Rogers, who maintained that the parents' home is the primary and main factor that contributes to the shaping of the self-image and self-esteem. I connected to Roger's argument that a child whose parents appreciate him will form a 'positive self' and the reverse, a child whose parents reject him adopts a 'negative image'. I identified with the argument of Kaniel (2007), who argued that the person's self-esteem forms according to the experiences of successes and failures and is determined by the reciprocal relations between the environment's behavior towards the person and his interpretation of the responses. Fitts (1971) in his theory connected me to the difficult characteristics of the background of children and youths at-risk when he referred to the five parts that compose the self-image: the personal, physical, moral, family, and social parts. Brandon (1990) emphasizes self-esteem that is a combination of self-confidence and self-respect and that is built from the measure of self-judgment and the need to obtain respect from the environment of his abilities. Hewitt (2009) in his work on self-esteem from the psychological aspect talks about the emotional assessment on the person's worth in terms of the characteristics of the emotions the person holds about the self.

The research began with low self-esteem, and I greatly connected to the researchers who spoke about the characteristics of low self-esteem, its characteristics, and the risk influences among boys and girls.

Rosenberg (1965) studied the self-esteem and developed a questionnaire that became the most popular tool for measuring self-esteem, the Rosenberg Self-Esteem Scale (RSES). The questionnaire is a one-dimensional tool that concentrates on the perception of self-esteem individuals have for their own value. The questionnaire consists of ten questions, with five positive and five negative graded statements

In this research study, I used this questionnaire to examine the self-esteem at three points of time: before the beginning of the group, half a year after the opening of the group, and at the end of the year

Self-Image - Body Image

In the past thirty years, the culture of thinness has steadily developed as a model of beauty, success, power, and control characterizing Western society. It has become an essential measure of happiness in society and thus influences the body image (Meshi-Tamir, 2010). In addition, there is agreement among most researchers that the body image is a multidimensional construct that develops during childhood but continues to change over the course of life. The body image is composed of a number of interrelated body images that include the perceptions and positions regarding different aspects, such as external appearance, body size, body boundaries, and so on. There is a distinction between two components of body image, the perceptual component, which is the person's perception of his body, and the attitudinal component, which is the person's perception on the emotional and cognitive level of the appearance. Positive attitudes are associated with self-confidence and social skills, while negative attitudes are connected to social regression, shyness, and wearing large and wide clothing. In extreme cases, these attitudes lead to social regression and avoidance of intimate physical contact (Teomim, 2005).

A negative body image causes social defeatism or the agreement ahead of time not to be accepted by the environment. Among girls a low body-image and low-esteem about their body, even to the point of hatred of parts of their body, are prominent (Shapira, 2009).

Psychodrama

Psychodrama was developed and formed in the years 1921-1973 by Jacob Levy Moreno, a physician by profession. Moreno (1921/2000) established in 1921 the theater of spontaneity, from which his interest in the use of drama and social relations as a therapeutic method developed. Moreno believed that in every person there is the power to

create, which is expressed through his creativity. To find the creativity in a person, the person must discover his sources of spontaneity (Artzi, 1991). Moreno created psychodrama to enable the person to relive failures in different developmental stages through practice and exercise of the dynamics in a safe therapeutic environment. He was the first to address psychodrama as an avenue that enables re-integration of new experiences through clinical role play (Moreno, 1921/2000).

I also chose to go in-depth in the research study on the theory, way, and belief in the therapeutic power of psychodrama in the group process, when this treatment method is also in my training and through it I experience many successes. The program I wrote for the coping with the transitions from the middle school to the high school was developed according to Moreno's theory, the techniques in psychodrama and the different stages, and the theories of researchers who based on his studies, which are fascinating and sophisticated on the level of the understanding and implementation in the field.

Research Study

The research sample consisted of a total of 24 middle school students in the ninth and tenth grades, aged fourteen to sixteen, 12 boys and 12 girls, so that in essence in every group had 6 girls and 6 boys. Half participated in a psychodrama treatment group ('experimental group'), and half did not participate in a psychodrama group and also did not undergo any treatment process ('control group').

All were from the same school. All were defined by the educational system as children at high risk. These children were diagnosed as children and youths at-risk by the social workers who work in the Youth Promotion Department in the Administration of Society and Youth in the Ministry of Education. Adolescent boys and girls aged thirteen to eighteen are referred to this department for assessment. The assessment is performed according to the following defined characteristics:

Children at-risk are defined as children who may be found in physical, mental, or emotional situations of risk (Glenn & Nelson, 1988). Most of them come from families that do not function, from great poverty, and/or from a delinquent social environment.

Children and youths who live in an endangering environment and are found in indirect risk – these are children who witness violence between their parents, addiction, delinquency, children who live in poverty, and children who live in communities that endanger them. They live under circumstances that may create risk - these are children from families that are suffering a crisis because of divorce, from single-parent families, from families that suffer from unemployment, and from immigrant families.

According to these characteristics, the children and their level of risk are assessed. The assessment is also performed through personal interviews with the young person and factors in their environment (the school, family, welfare, community factors in non-formal education). All the participants are under the supervision of the Youth Promotion Department in the local government. Every day they go after the studies end to a club, where they eat lunch and prepare their homework. The interviewees from the control group did not undergo group treatment.

The research study was conducted through interviews, the self-esteem scale of Rosenberg (which was distributed at three points of time in which the research was conducted: before the treatment, in the middle of the year, and at the end of the year), participative observation, and analysis of the six case studies.

Research Findings

The quantitative findings, supported by the qualitative findings, indicated four themes that arose at the beginning of the year and before the treatment in two groups: experimental and control. All the themes arose from the reports of the interviewees at three points of time in which the research was performed: before the treatment, the middle of the treatment, and the end of the treatment.

The main issue discussed in the research study examined in the field the influence of the participation in the group using psychodrama on the increase of the low self-esteem with which all the interviewees came.

Before the start of the year, the self-esteem was low and identical in the two groups, both in the results of the interviews and in the results of the questionnaire, and the

participants in the two groups were occupied with the following questions. Do they love and esteem themselves? Do they believe in themselves? What is their level of self-confidence? The decisive majority of them had low self-esteem and low self-image. They reported a sense of lack of belonging to other students in their age group and lack of social acceptance and rejection by the peer group, because of the problematic characteristics with which they come.

Themes that arose at the *beginning of the year* before the treatment in both groups, experimental and control, were low self-esteem and body image, as reported in detail by the interviewees, difficult family conditions, difficulties and anxiety in the transition to the high school, and adjustment difficulties and social, learning, and behavioral problems. Two themes that arose in the *middle of the year* in the experimental group were the parenting child and release of angers through self-control and improvement in behavior. There was an increase in the self-esteem. In the control group the themes were an increase of anxiety and pressure from the transition and no change in the self-esteem. Themes that arose at the *end of the year* were in the control group high anxiety and poor self-esteem and in the experimental group high self-esteem.

The research hypotheses were confirmed and the results I posited at the start of the research were obtained:

1. The experimental group: there was a higher self-esteem at the end of the experiment than in the middle of the year and in the beginning of the year.
2. The control group: the self-esteem was similar in all stages of the examination.
3. The research hypothesis was confirmed in the interviews and in the questionnaires that were distributed in all three stages of the examination.
4. The research hypothesis was confirmed in the researcher's observation of the psychodrama/experimental group and in each case study.

The present research study entails different dimensions of innovation. It provides a first look at psychodrama as a treatment instrument for adolescents at-risk for the development of the self-esteem necessary for success in the transition from the middle school to the high school.

The research contributes to the understanding of the difficulties of adolescents at-risk in the transition between the middle school and the high school. The research contributes to the examination of the proposed program and its contribution to adolescents at-risk in the aspects of improvement and empowerment of the self-image and the self-efficacy. The research findings are relevant also to other cultures and other countries in the field of the education of adolescents at-risk.

I am certain that this research study contributes to the knowledge that is missing in the field of dealing with changes in transitions in the educational system for adolescents in general and for adolescents at-risk in particular. The research study personally and professionally contributes to every person who is exposed to the different situations that are a part of adolescence. My professional experience indicates that art therapy has an element that eases the resistance at this age, since it enables release and excitement and bypasses the objection to exposure. In addition, there is an element of sharing with everybody, and this element reduces the competitiveness and forcefulness. Many research studies have been performed and many books have been written on adolescence and on dealing with it in the educational framework and in the transition in this framework. Nevertheless, I still found that knowledge is missing on the tools and skills for dealing with the changes caused by this transition, in which there is a strong desire to belong to the peer group. The purpose of the research study is to focus on the risks in transitions at this age and to reinforce the strengths of the belonging to a drama group as a tool that strengthens and heals in the development of self-esteem, which constitutes a high value in the coping with the difficulties that exist in the transition.

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"Man needs to work with his two hands – and the Lord sends His blessing."

This work is dedicated to every person who was a partner and a supporter and assisted me on this fascinating journey.

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I would like to take this opportunity to thank Dr. Orit Heller Hayon, the manager of the doctoral program and the representative of the Adam Mickiewicz University in Israel, who accepted me to the program, supported me, and challenged me on this endeavor, from the beginning to the end.

I also thank all the participants in the research study, the adolescents at-risk, who are loved and talented, in both groups, the intervention group and the control group, who participated in the research and in the group, who saw me as a 'significant adult', who

shared with me with great trust and exposed themselves and their stories and brought me into the 'family' for a whole year. All of them are my sons and daughters.

I also thank my dear family, my beloved sister and brothers, and my friends, who supported me and waited patiently for four years. I thank them for their praise and their endless love, for their belief in me, which inspired me and my writing in the long nights – especially as I talked only about one thing, the doctorate.

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And my dear mother, in heaven, "a woman of valor who can find" – you were with me here, on earth, in your spirit and soul, with longing and pain you strengthened me and preserved me, since your death on July 16, 2015. I do not have the words to thank you for the concern, warmth, and love that you had for me from my birth and until today, for the 'wisdom' you instilled in me, for the belief and values of love of others and of life. Mother, I love you forever, I could not have asked for a better mother!

I would like to conclude on a personal note, dear readers –

My choice of this research study is not incidental and the pain that accompanied it is not foreign to me. Today, I see it to be a privilege and pride to research the adolescents at-risk in transitions and the sense of rejection they feel at home and in society, which causes them to be in a double situation of risk, with a feeling of low self-esteem and loneliness when they have in addition all the characteristics of adolescence that constitute a risk for every adolescent.

After my participation in a psychodrama course in the framework of my master degree studies in Lesley College, I experienced personally that the healing powers of the group and the exposure to the field of the arts are an important process for self-healing. In

my experience and my attempts with the different techniques of psychodrama, I felt that the exposure to the healing powers in art is one of the most powerful experiences I have experienced and enabled me to undergo significant processes of growth in all areas.

The decision to undertake this research study and the importance I see in it are the product of my personal exposure to the powers of art as healing. In the framework of my studies and experience in the psychodrama group, in the reconstruction and correction of the first family, and in the desire for a remedial experience of a nuclear family, I was exposed also to my feeling of self-healing, I felt the sentence *art as therapy* and it now flows in my veins. This success became my mission and the gift that I give in my work with adolescents at-risk to every child and in my role as an academic lecturer to every student who is still at-risk.

1. Introduction

This research study addresses the development of the self-esteem among adolescents at-risk in the transitions from the middle school to the high school using psychodrama. The fundamental assumption at the basis of this work is that a high self-esteem is most important to the coping with the difficulties that the transition sets for adolescents at-risk and this self-esteem is acquired through the participation in the psychodrama group.

The objective of the research study is to increase the sense of self-esteem and belief in the self of adolescents at-risk, in the transition from the middle school to the high school, in a group program incorporating psychodrama.

I chose to go in-depth in the research study on the theory, way, and belief in the therapeutic power of psychodrama in the group process, when this treatment method is also in my training and through it I experience many successes. The program I wrote for the coping with the transitions from the middle school to the high school was developed according to Moreno's theory, the techniques in psychodrama and the different stages, and the theories of researchers who based on his studies, which are fascinating and sophisticated on the level of the understanding and implementation in the field.

There is a problem in transitions that causes a low self-esteem and difficulties in the coping in the transition from the middle school to the high school in scholastic, social, behavioral, and family terms. Adolescents at-risk face a dual risk in transition, since they have difficulties even before the transition. The process of the transition from the middle school to the high school increases the difficulty in the coping of adolescents at-risk with the new requirements, because of the natural erosion of the sense of self-esteem that occurs in a transition in general and in this complex transition in particular. The intervention programs of the Ministry of Education in Israel on the topic of transitions from the elementary school to the middle school and from the middle school to the high school does not address the issue of children at-risk, for whom coping with changes has additional risk, since they are defined as at-risk in emotional, cognitive, behavioral, and

social terms. The main assumption of the research is that it is necessary to understand the double risk that this population faces in the transition and it is necessary to adjust tools and skills specifically for these children, so as to facilitate their coping with the many changes entailed by a transition.

Psychodrama is an effective and successful instrument that helps adolescents at-risk belong to a dynamic group and through it to effect a change, increasing their self-esteem and obtaining new skills and tools with which to cope with the difficulties they experience in the transition from the middle school. The objective of the present research study is therefore:

1. To study the impact of psychodrama on the development of self-esteem of adolescents at-risk in the transition from middle to high school.
2. To investigate the extent to which the program contributes to the change among the adolescents:
    o in self-esteem,
    o in dealing with the transition from the middle school to the high school,
    o in the scholastic and social aspects
3. To examine the skill level and ways of dealing with the changes caused by the transition from middle school to high school, in which there is a strong desire to belong to the peer group.

The present research study is characterized by the innovation of psychodramas as an important and unique therapeutic artistic instrument for the development of self-esteem among adolescents at-risk in the transition from the middle school to the high school.

In the educational system there are pedagogical and intervention programs that have existed for many years, including the program of transitions of Binstock (2004), which constitutes the flagship program of the Ministry of Education. (See in the Review of the Literature, Figure Number 1, p. 16.)

The contribution of the research study is the innovation in its research in the field of transitions in general and in the field of children and youths at-risk in transitions in particular, which is expressed both in the theoretical and in the methodological sense.

The chapter of the review of the literature includes three chapters: transitions in the educational system, children and youths at-risk, and psychodrama, including drama and the differences between them. For the purposes of the research study, I read many research works and articles and found that the professional literature greatly discusses the areas I chosen to investigate as independent issues. The challenge of the present study was to compare between the three topics, and this is the innovation of the research study and its contribution lies in the new knowledge to fill the knowledge gap.

After the presentation of the findings in the chapter of the findings, where it was found that all the research hypotheses were confirmed and other additional findings arose, I propose future research studies, so as to maintain the high self-esteem achieved by psychodrama in the transition to the high school and especially in its first year.

After this introduction, which presents the general background of the research, the research objective, research assumption, and research hypotheses, the following chapter presents the extensive and in-depth review of the literature.

2. Review of the Literature

2.1 Transitions

2.1.1 Definition of the Concept of Transition

A transition is defined as a change or progress from one place, action, situation, or topic to another one. Many researchers, including Steinberg (2002), Yinon and Rodniki (2003), have defined the topic of transitions and have presented different approaches regarding coping with changes in the transition from the middle school to the high school.

A transition to a new learning framework is a normative life transition. During the transition, the student may experience increased pressure and sensitivity to the changes to which he must adapt. In a transition the individual may experience behavior problems, decline in the scholastic achievements, increase of anxiety, primarily regarding social issues (acceptance by the peer group), and the need to meet the expectations of the new learning environment. These issues may cause a decline in the self-esteem and self-image and a rise in the psychological distress experienced by the individual. The influence of the scholastic transitions on the individual is great. As aforementioned, scholastic transitions influence the individual's system of self, which includes:

- Emotional elements (sense of self-esteem).
- Cognitive-motivational elements (expectations of effective functioning in the scholastic and social fields).
- Behavioral elements (manner of functioning in the scholastic and social areas).

There are a number or variables that mediate between the occurrence of the transition and the coping of students with it. These variables may determine the degree of adjustment to the new learning framework:

1. Student's psychological characteristics, such as personal abilities, patterns of coping, and level of autonomy.
2. Family characteristics, such as socioeconomic situation and parenting style.

3. School characteristics, such as complexity and difficulty of the tasks and degree of social and emotional support.

The review of the different variables that influence the individual's degree of adaptation to the new learning environment indicates that the environmental factors have considerable influence. Beyond the student's personality characteristics and socio-demographic background, the old learning environment, the new learning environment, and the degree of coordination and continuity between them have considerable weight in terms of their influence on how the student will handle the transition.

2.1.2 Theories Addressing Transitions

Many research studies have addressed the topic of transitions. Erikson (1978) speaks about how the person's development depends on his ability to successfully cope and deal with the different transitions in every stage of his life. A person is not born with abilities and skills to pave his way in the complicated maze of changes in his life. He learns them and develops personal strength for independent coping. Adolescence is characterized by a great number of biological, cognitive, emotion, and social changes. These changes embody great potential for experiences of emotional difficulty, which increases the adolescent's sensitivity to pressuring life events. Adolescence is a significant stage in the process of development, a stage during which the child's personality undergoes, in addition to biological changes, changes at the end of which the adolescent will achieve the crystallization of his personality and self-identity. The adolescent is required to complete a number of tasks, when one of the tasks is to shape his identity while separating from his parents and moving towards his peer group. The adolescent is required to cope with additional difficulties, in parallel to the developmental task of the stage in life in which he is found. In this stage, during the difficulties, the belonging to the group may contribute greatly, both in terms of the different struggles that the age brings and in terms of the belonging to the peer group.

Erikson developed a model based on stages and held that each one of the stages is characterized by a conflict with two possible outcomes, which give the stage its name. Erikson called the stage of adolescence, ages 12-18, the stage of identity versus role

confusion. Blos (1962) spoke about the "second process of individuation". The task at this stage, in his opinion, is disconnection from the dependence on the parents and the other family objects of love, until an object of love outside of the person and his family is found. This process requires disconnection from the parents and temporary closeness with the peer group. However, the group requires the adolescent to submit to its standards in return for the security it grants. The danger is that one mode of dependence, on the family, may be replaced with another one, on the group. Conversely, an adolescent who will not adjust himself to the model of 'uniformity' may be exposed to mockery and denial.

The main task at this age is the formation of the personal identity. The adolescent separates in stages emotionally, intellectively, and socially, from the main figures in his family and shapes himself as an entity with a separate personal identity. The process of the separation from the parents and the freedom from the dependence is undertaken with alienation, rebellion, and hostility towards the parents. This is a normative process, regular for adolescence. The adolescent examines the boundaries of what he does and what he is entitled to do. In parallel, there is the desire to continue to be little, dependent, and supported. In the social realm the adolescent is steadily more occupied with the development of relations with friends, development of a system of relations with members of the opposite sex, and ability to fit into the social order (Ziv, 1984).

Antonovsky (1988) in the metaphor of the "river of life" addresses different levels of preventative intervention necessary in work with adolescents. There is a large group of adolescents who are found "on the river bank" and need a universal initial preventative program to equip them with knowledge and abilities for the coping with the changes entailed by the transition. There is a not-small group of students "who have fallen or may fall into the water in the river upstream" and who are found at risk in the transition, including at-risk students. This is the group for whom this program is intended. In every population of students there are also students who have "fallen into the water and have been swept away down the river" and they need a tertiary level of intervention – the treatment of professionals outside of the school system in general and in the context of the transition in particular.

Feuerstein (1981) speaks about three responses that are characteristic of situations of transition. (1) Aloplastic response – When the person is threatened, he goes to struggle against the source of the threat so as to be released from it (fight). (2) Flight response – When the person is found in a situation of danger, he protects himself by running away, for example, running to risky behaviors. (3) Autoplastic response – When the person is threatened, he responds by changing himself, developing thinking and learning abilities, and produces benefit from his different experiences. All these require flexibility, self-development, and ability to re-invent different means so as to adjust to new situations with which the person conflicts. The goal of the intervention program is to prepare for the processes of transition, and its purpose is to ensure that the transition will not end with an aloplastic response or with flight but will encourage autoplastic responses of adjustment to the new conditions and change of the self through the use of the previous experiences and identification with values and goals in life.

Turner (1969) in his book *The Ritual Process - Structure and Anti-Structure* focuses the discussion on rites of passage. He extends the analytical framework of Van Gennep, according to which ritual conduct is composed of a process of three stages. The first stage is disconnection from the flow of everyday activity. The second stage is transition through a liminal state to the ritual world, which is distant from the framework of the everyday concepts of space and time, the framework where he gains the everyday structures of life for development and for challenge. The third stage is re-entry into the everyday world. In the liminal stage the most important drama occurs, relating to the everyday norms through the performance of socially subversive and ritually opposite activities. Therefore, Turner's starting point adamantly rejects the main and dominant conventions in social-cultural anthropology in general and in British anthropology (according to which he was educated) in particular - the intention is the assumption of the obedient nature of people. One of the key concepts related to the second stage (liminality) that provides many insights in anthropological analysis is *communitas*, the sense of fraternity that exists among people who have experienced a rite of passage together. This concept excited the imagination but also awakened strong debates about the very possibility of the creation of a sense of fraternity that eliminates hierarchies among

people. Can religious experiences create, if only for a moment, partnership and equality among all those who share the religion?

2.1.3 Transitions in the Educational System in Israel

In Israel the educational system has a tripartite structure: elementary school, 6 years, from age 6 to age 12; middle school, 3 years, from age 12 to age 15; and high school, 3 years, from age 15 to age 18.

The process of the transition from the middle school to the high school increases the difficulty in the coping of adolescents at-risk with the new requirements, because of the natural erosion of the sense of self-esteem that occurs in a transition in general and in this complex transition in particular. The intervention programs of the Ministry of Education in Israel on the topic of transitions from the elementary school to the middle school and from the middle school to the high school do <u>not</u> address the issue of children at-risk, for whom coping with changes has additional risk, since they are defined as at-risk in emotional, cognitive, behavioral, and social terms.

The main assumption of the research is that it is necessary to understand the double risk that this population faces in the transition and it is necessary to adjust tools and skills specifically for these children, so as to facilitate their coping with the many changes entailed by a transition.

Treatment of Children At-Risk in the Formal and Informal Educational System

To treat and to provide a solution for children at-risk at all hours of the day, the educational system operates in two parallel and complementary dimensions. First, the educational system works to strengthen the learners' perseverance and to increase their success in the normative frameworks. Second, the educational system strives to provide activities in the framework of informal education and other frameworks after the end of the studies, for example, clubs in which the children spend the afternoon hours, receive a hot meal, and are given mental support and help in the preparation of homework. (Dovrat, 2005)

Regarding the schools, programs for schools outline special organizational, pedagogical, social, and budgetary instruments to provide an answer to the needs of the population at-risk. In the framework of one program, some of the children defined at-risk participate in psychodrama group activity in (Cohen-Navot, 2003).

2.1.4 Transitions in the Educational System in England

The Educational System in England

In England, Wales, and North Ireland compulsory education begins at the age of five, while in Scotland it begins at the age of four and a half to five a half. In all four regions compulsory education extends to the age of sixteen. Secondary school education exists from age eleven, when there are comprehensive schools, grammar schools, independent schools, and private schools (actually called in England public schools).

Different research studies conducted on the educational systems in Europe found that there are more similarities than differences between the educational systems in England and the educational systems in Israel. Nevertheless, different processes have occurred in England earlier than in Israel, and the conclusions that have already been drawn there are still being learned here (Israel). There are many points of similarity between the two systems, such as the nature of the changes there, which is similar to the nature of the changes in Israel.

Intervention for Children and Adolescents at-Risk in England

In England in the school there are many mechanisms of intervention. These systems compensate for the influence on children from poor socioeconomic background who are at risk. These families invest less in the education of their children and thus the children's overall performance is lessened. In England the concern is that every student will receive the education he needs to compensate for the background from which he comes (McKinsey Report; Barber & Mourshed, 2007).

England constitutes a model in all that pertains to the integration of children at-risk and children with special needs and learning disabilities who learn in regular

frameworks. A research study of the OECD (2003) that examines the educational policy in all that pertains to the integration of different populations in the educational system indicates that in England the percentage of the students who receive enrichment is high and contributes to them significantly, especially in the handling of their difficulties. England copes with a very high rate of immigration and a wide variety of different ethnic, national, and language groups. The topic of integration and reduction of the social gaps is found on the public agenda, and many diverse programs for the improvement of the achievements are implemented. In England the legislation prohibits discrimination in education and supports inclusive education, and the educational system is committed to the International Convention on Human Rights to provide inclusive education for all children, which means an equal attitude to the students, reduction of gaps, removal of every obstacle for learning, and perceptual change in which the diversity in the educational system constitutes a basis for society itself.

The Ministry of Education in England implements programs for the integration of students from special populations and at risk such as children who come from homes with a low level of education and poor socioeconomic situation and lack of involvement or aspiration for learning success of their children and/or many absences from the school. In addition, in April 2012 the English Ministry of Education published a report that lists 28 steps for the improvement of the achievements of populations at risk. The recommended steps include appointment of a personal teacher for the promotion of the relationship and interests of these students and providing a solution to problems created as a result of absences and poor level of achievements, according to standards formed for the teachers and for the teachers' instructors in September 2012. The teachers are committed to adjust their teaching to the strengths and needs of all the students.

Transitions Programs in England

In England there are many programs for children at risk, for support of transitions from the middle school to the high school, and for the reinforcement and construction of self-confidence and acquisition of skills for coping with the transition. These programs involve all the factors together: students, teachers, parents, professional workers, so as to

create effective development in the process. The programs that exist in England for the success of the transitions appear in the book of Rae (2014) *Supporting Successful Transition from Primary to Secondary School - A Programme for Teachers* and are supported by many research studies and focus on the management staff that constitute a significant and critical factor in the management of the process and in the influence on the success and achievement of the goals of these programs and in the adolescents' coping with the changes that they experience in the transition. The students' participation is very important and critical in the success of the process in which they display strengths by techniques and ideas that encourage the learning. In addition, the tools that are acquired form the way of thinking and reduce the stress and fears with which they comes in the transition from a small place to a large place, such as the high school.

The government in England works to strengthen these strategies (Dfes, 2004), academically and socially, so as to help adolescents at risk cope in a beneficial way with the feeling of difficulty and fear in transition.

Evanjelou et al. (2008) in *What Makes a Successful Transition from Primary to Secondary School* described a research project in which affected pre-school primary and secondary transfers were identified. This was a major longitudinal work that studied the impact of pre-school primary and secondary school on children's cognitive and social-emotional development in England. Evanjelou et al. (2008) researched the influences on the cognitive, social, and emotional development in transitions in England and identified five aspects of success in the transition. These involved children in:

- Developing new friendships and improving their self-esteem and confidence.
- Settling so well in their school lives that they cause no concern to their parents.
- Showing an increasing interest in school and in schoolwork.
- Getting used to their new routines in school organization very easily.
- Experiencing curriculum continuity.

It is necessary to know who is at risk. It is critical from the start for school-based staff to have access to information that would ensure the identification of any potential

risk factors or existing risk factors for individual children and young people – not just previously identified students with special needs or looked after children.

Therefore, it is necessary to address the support of the staff of teachers and workers in the school in the identification of the gaps that characterize the children. The following questions must be asked:

- How is it possible to identify at-risk students who are transferring to the school?
- What systems does the school have in place to do this?
- How is it possible to specifically support at-risk and low achieving students?
- What is the tracking and assessment system like between key stages?

Furthermore, it is necessary to focus on the risk according to the following existing risk factors: genetic influences, learning difficulties, specific development delay, communication difficulties, a difficult temperament, physical illness, previous academic failure, and low levels of self-esteem.

Important points in the transition programs are as follows:

- Following the introduction, a selection of smaller group activities, including team games, can address individually planned targets (according to emotional and behavioral needs of the children detected through testing).
- Elements of curriculum can be covered, perhaps through a topic-based project (although it is important to remember that the children's social and emotional needs are met before curriculum).
- One phrase to remember: curriculum is only the focus when the children are happy, settled, and ready to work.

Different resources and activities can supplement the transition program and can be used either with individual children or as follow-up or reinforcement activities for the entire group. These activities must focus on the following goals:

- Health and keeping healthy
- Feelings and understanding feelings
- Management of stress

- Valuing oneself

- Importance of the balance between leisure and work.

- Friendship skills

- Self-respect

- Motivation and keeping motivated

- Positive future

- Goal setting

- Development of empathy

- Assertiveness and being assertive

- Listening skills

- Being and remaining confident

- Self-acceptance

Questionnaires and cards with illustrations and questions on these topics are distributed to the students during the work.

2.1.5 Factors and Influences of Transitions

There are many causes of transitions. There are planned transitions and desired transitions, and there are unexpected transitions and forced transitions.

Transitional situations can be normative or non-normative. Normative transitions include the transition from one grade to the next, while non-normative transitions include divorce, becoming an orphan, a move to another neighborhood, city, and/or country, and a move to a different school. There can be a move within a move, for example to a middle school in another city.

For every transition, it is important not to ignore it and to include it in the planned scholastic/social transition. Sometimes the student chooses to transfer to a different school because of social or scholastic difficulties that he experiences in the present framework.

When the transition is forced, for example, when the framework decides to shift the student because of lack of fit, the problems of the transition are exacerbated further. As the transition is more complex and integrates transitions in different areas, it is expected that there may surface more sensitivities related to areas such as family and ethnic-cultural, socioeconomic, and other areas.

During adolescence, there is a dual transition. The adolescent experiences adolescence, with its changes, and enters a new scholastic framework, which is far larger, has a different structure of learning, and is oriented far more on formal achievements.

The changes in the transition are expressed in a number of areas, as follows:
- New social relations versus disengagement from the friends in the previous framework
- Adjustment to a new learning method
- Adjustment to new study subjects, requirements, grades
- New norms, rules, "do's and don'ts"
- Reversal in the student's status and loss of scholastic and social status and a decline in the self-image

2.1.6 Coping with Changes in the Transition from Middle School to High School

The transition from the middle school to the high school is frequently a dramatic transition. This is a transition from a familiar place to a strange place, with the separation from the familiar significant adults, separation from friends, transition from an intimate framework to a large and seemingly anonymous framework, and change of role - from being the oldest to being the youngest. This transition frequently entails distance from the home, the need for travel, and so on. In essence, the transition necessitates the ability to adjust to many structural and human needs. The acquisition of tools that enable better

Coping with the transitions in the stage of adolescence is essential to the development of the ability to cope with future situations of change and to the development of personal and cognitive flexibility and facilitates the future integration in

The ability to think positively also in difficult or pressuring situations, the ability to cope with difficulty, and even with failures in different situations, and the ability to see localized difficulty as an opportunity for future change are all a part of the basic toolkit necessary for the construction of the resilience and the personal coping.

Adolescence constitutes a critical stage in the formation of the adolescent's self-identity, in which the question of "who am I?" becomes central and essential in his life and is often accompanied by crisis, confusion, or examination of the identity. Simultaneously with the development of the physical and intellective abilities and in parallel to the formation of the personal identity, the adolescent acquires independence: he now needs his parents' assistance less and can get along by himself and make decisions himself, when the company of his peers helps him reduce his dependence on his parents.

The acquisition of independence is frequently accompanied by fears, since independence has a cost and not only a profit: a person who decides by himself and does things by himself is also responsible for the results of his decisions and actions. The assumption of responsibility demands mental resilience and the ability to pay the price of independence.

Adolescents want, on the one hand, to be independent, to go to a place they want, to do as they want, and to return when they want. However, on the other hand, it is hard for them still to decide by themselves and it is hard for them still to bear the responsibility for the results of their actions. Therefore, they sometimes display independence and sometimes dependence.

The adolescent's ability to cope with the need for the formation and development of independence reflects an essential and critical process. The adolescent's ability to assume responsibility for different processes and for main junctures in his life and his ability to represent himself and to manage himself in a responsible manner, with an opinion and outlook when dealing with different factors, are vital to the continuation of his adult life.

2.1.7 The Transition Program of the Ministry of Education of Israel

There are many enrichment programs for the transition from the middle school to the high school, looking at the transition and the unique characteristics and needs, in areas such as the cognitive, physical, emotional, and social areas. Intervention programs are constructed to create a social scholastic continuum in the transition, while increasing the sense of security, confidence, and continuity among the students, educational staff, and parents.

The programs include obligating procedures that will institutionalize the processes of the transitions, as well as instruments that were developed together in an absorbing and nurturing framework, for follow up after the students and for the improvement of the quality of the transition (Binstock, 2004).

Figure Number 1: The Transitions Model (Binstock, 2004)
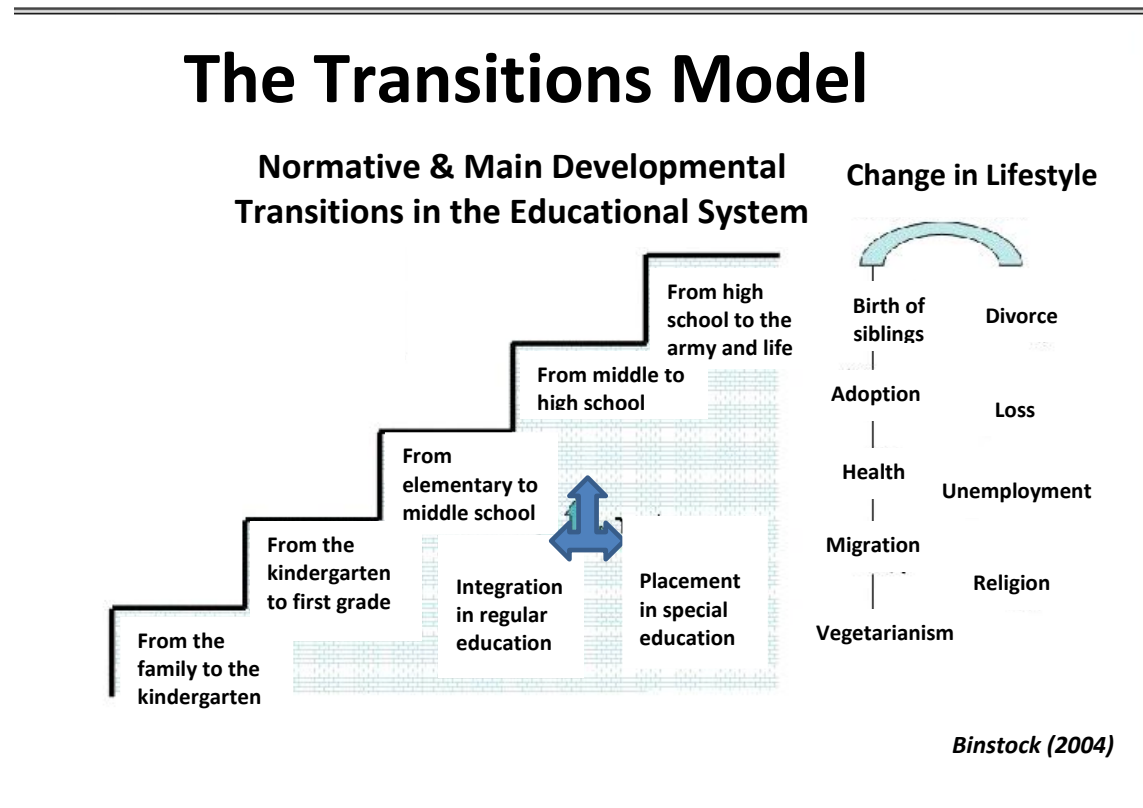
Program Objectives

- To improve the ways of coping of teachers and students in the school with the transitions between frameworks
- To support the processes of emotional, social, and scholastic adjustment of the students to the new framework
- To promote the awareness and involvement of the parents in the stages of the transition and the educational continuum of their children
- To reinforce the relation between the educational frameworks while pooling resources in the community
- To develop a shared language among the educational staffs in the community for the building and adjustment of the educational continuum
- To reinforce the partnerships between the parties involvement in the program management (principals, teachers, supervision, local authority) to leverage the empowerment of the schools and the educational staffs

Description of the Work Process

The principal's responsibility in the school is to implement the program "Towards Transition". In cooperation with the school psychologist, the principal must hold a workshop for teachers, to train them to effectively cope with the topic of the transitions both on the personal level and as instructors of those who learn in the classes of "Towards Transition", as an active and present part in it. The members of the work group will build and implement the transitions program in a collaborative process of learning and agreement among the subject coordinators, social education coordinators, counselors, and teachers in both the frameworks.

In every local authority there will be a steering committee and from the policy of the Ministry of Education and a program of the transition in the national continuum, and its roles are:

- The community steering committee for handling educational transitions and continua. The steering committee will choose for the chairperson the general supervisor / head of the department of education in the local authority. The

steering committee will include the institutions and the role-holders, such as the local authority, social psychological service, the Ministry of Education, Welfare, Community Center, and so on.

- The steering committee will hold activity to promote the awareness and recognition of the leaders of the educational system (supervisors, local authority, principals on both sides of the transition) in the importance of the formation of the community program for transitions and educational continua.
- The steering committee will operate to form a program of continuation in the core subjects and in the emotional-social realm, which will include objectives, actions, topics, contents, and measures that obligate the entire educational system in the community.
- The steering committee will receive regular updates regarding the program, will identify focuses of difficulty in the implementation, and will form alternative solutions.

Programs

Students:

Workshops in groups on topics of:
- Empowerment and strengthening
- Providing tools for the development of personal and social skills
- Increasing the value of, perception of, and belief in the self
- Coping with social pressure through the internalization of new behavior norms
- Coping with test anxiety
- Relations between the sexes and intimacy

Parents

Workshops on the topics of:
- Adolescence and its different characteristics
- Liberation and separation
- Beneficial parental authority

- Help in processes of the student's choice of programs of study for the high school matriculation examinations.

Teaching Staff

There are four sessions. The staff undergoes a process of emotional airing-out and enriches the repertoire of instruments for coping with situations of transition. In parallel, the teachers work on building lesson plans on the topic of transitions, and they conduct these lessons with their students in the classes towards the end of the school year. The topics include:

- The teacher's conflicting with her needs and expectations and increase of her self-awareness of patterns of emotion, thinking, and behavior in situations of change and crisis.

- The enrichment of the repertoire of ways of coping intended to reduce difficulties in the present and in the future through the BASIC Ph Model (Lahad, 1997). This model defines six styles of coping:
  1. Belief. These youths prefer to rely on beliefs, values, and search for meaning. This type may rely on hopes, optimism, pessimism, and paternalism and on mysticism and use of rites.
  2. Affect. These youths use an emotional style. They tend to use emotions such as laughter, crying, and anger and they ask for emotional support from others. They express themselves in nonverbal ways such as writing and drawing.
  3. Social. These youths are characterized by a social coping style. These youths draw support from their belonging to the group, stick to the family, and receive or assume a role for themselves. The belonging to an organization or group helps him, and they position themselves in the social hierarchy.
  4. Imagination. These youths will use imagination to ease a difficulty reality. They will use social activities, distractions (music, television), daydreams, and pleasant thoughts. These youths will use guided imagination to find solutions that go beyond the facts. They have a sense of humor and creativity.

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5. Cognition. These youths will use cognitive thinking to collect information. They will think about the solution to the problems and will build programs while learning from experience, searching for alternatives, and using a list of priorities.

6. Physiology. These youths cope and respond primarily through physical expressions, namely, physical responses and emotions. They will use relaxation, sport, physical activity, and other actions as ways of relief.

The main task of the person running the intervention (parent, care-provider, teacher, and so on) is to restore the youths to functioning through the identification and awakening of their channels of coping or through the development and extension of channels of coping characteristic of them. We must listen to the youths' distress, attempt to identify their patterns of coping, and offer ways that suit their personal style. In addition, it is important to expose the youths to additional coping styles, since in this way the youths can acquire a greater repertoire of resources they can use as necessary.

- Cultivation of communication skills, increase of the ability to understand others, and creation of cooperation with others.
- Construction of lesson plans on the topic of transitions, with the help of the social education instructor.

Responsibility for the Workshop Program

Figure Number 2: Relations among the Factors in the School Intervention Program

School Psychologist +
Social Education Instructor

⇕

School Teachers
(Homeroom teachers, subject teachers)

⇕

Students
(All the students in the school)
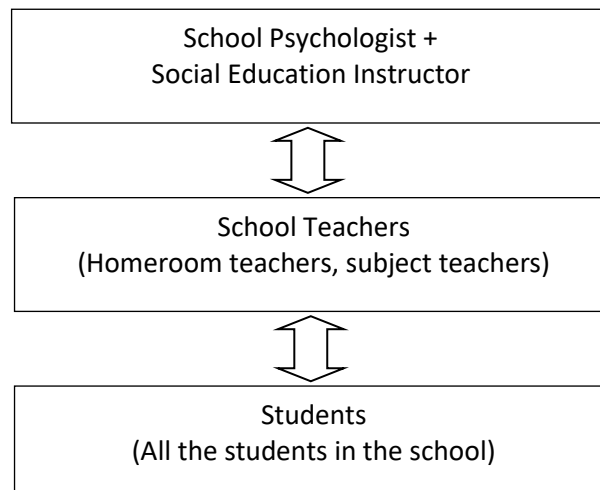
Instruction

Instruction is provided for the following parties, according to the following aspects:

- All the school teachers
- The school psychologist (psychologist aspects)
- Social education instructor (pedagogical aspects of social education)
- Instructor of the school assessment staff (evaluation and measurement aspects)
- The school principal (supervision and follow-up)

2.2 Adolescents at-Risk and Transitions

2.2.1 Developmental Tasks of Early and Late Adolescence

The term 'adolescence' is derived from the Latin word *adolescere*, which means to grow or to mature. A large number of definitions have been formulated for this period of time, including period of transition or bridge between dependent childhood to adulthood, when the requirement of the adult person is to provide his own needs. Other definitions are more operational, such as a period that requires personal, sexual, religious, political, and professional adjustment, along with steadily increasing aspiration for emotional and financial non-dependence on the parents.

Adolescence is a topic that has been widely addressed by Western society, starting from the beginning of the 20th century. The concept of adolescence notes a period that differentiates between childhood and adulthood and appears first at the end of the 18th century. For the first time, in this era young people were not integrated in the work cycle and they could continue with their studies. This process became more widespread from the beginning of the 20th century. It should be noted that the interest in adolescence increased after the publication of the book *Adolescence* by Hall (1904). This book, for the first time, presented a theory about adolescence. Over the years additional theories on adolescence were developed, and they will be presented in the continuation of the chapter.

It is possible to look at adolescence from different aspects. Chronologically this is the period of time between the age of twelve and the early twenties (the period changes according to the specific society and culture). Sociologically adolescence constitutes a transition from the period of childhood, which is characterized by the utmost dependence on the parents, to adulthood, which is characterized by independence. During adolescence it is possible to discern physical, mental, and emotional changes. Biologically the lower bound of this period is accompanied by processes of sexual maturation and fertility. For instance, in primitive society it can be seen that after sexual maturation the adolescent receives the status of an adult, while in developed societies the period of adolescence is extended. The upper bound of adolescence is not as clear as the lower bound, and it is not

possible to discern a concrete physiological phenomenon that will indicate the end of the process. Therefore, it is possible to address the upper bound from the social aspect, namely, economic independence, employment, marriage, and establishment of the family, and all these constitute indicators of psychological independence.

It is important to note that in most cultures two criteria are used to determine the end of adolescence. The first criterion is a functional definition, which addresses the adolescent's ability to earn a living, while the second definition address a class definition, which addresses the right to vote (at the age of eighteen), the right to marry, and the right to serve in the military. The class definition changes from country to country, but in most countries the age of eighteen is considered the age that denotes the end of adolescence. Today in Western society the period called adolescence is longer than it was in the past, since sexual maturation begins earlier and because of the greater years of study required of the young people so that they can prepare for their future occupations (Sroufe, Cooper, & Dehart, 2004).

Adolescence is characterized by the conflict between, on the one hand, biological maturity, fertility, and biological equality to the parents, and on the other hand, the continuation of the economic and social dependence on the parents. This conflict explains many characteristics of adolescence. The adolescent shapes his personality in this period and arrives with a value-oriented mindset that he absorbed during the years of his childhood, and he puts them to the social test. This mindset, laden with the rules upon which he has been educated, conflicts with the social reality. The adolescent implements his independence and identity in the examination and experience with the world of adults (Elitzur et al., 2002).

In general terms, it is possible to divide adolescence into the following three periods:
- Early adolescence addresses ages 12-14. It primarily indicates physical changes, sexual maturation, and reproductive capacity.
- Middle adolescence addresses ages 15-17. This is the period of the high school, which is characterized by steadily increasing independence, preparation for the

continuation of the studies, and preparation for the term of military service (in countries where such service is mandatory after high school).

- Later adolescence addresses age 18 and up, till the early twenties. At this age the adolescent achieves a clear sexual identity, which enables him to create a significant emotional relation with members of the opposite sex. The adolescent at this stage has a forming identity, which looks at the future. There are thoughts about profession, studies, and independent existence in society. (Elitzur et al., 2002).

Havighurst (1972) proposed that stages in human development can best be thought of in terms of developmental tasks that are part of the normal transition. Havighurst believed that the developmental task is the midway between an individual need and a social demand. He identified eleven developmental tasks associated with the adolescent transition:

1. The adolescent must adjust to a new physical sense of self.
2. The adolescent must adjust to new intellectual abilities.
3. The adolescent must adjust to increased cognitive demands at school.
4. The adolescent must develop expanded verbal skills.
5. The adolescent must develop a personal sense of identity.
6. The adolescent must adjust establish adult vocational goals.
7. The adolescent must adjust establish emotional and psychological independents from his or her parents.
8. The adolescent must develop stable and produced peer relationships.
9. The adolescent must learn to manage his (or her) sexuality.
10. The adolescent must adopt a personal value system.
11. The adolescent must develop increased control and behavioral maturity.

In Israel, the induction of the adolescent into the military defines the adolescent's duty and civil responsibility as well as independent standing. The military indicates the end of adolescence and the transition to adulthood, because of the following characteristics: equal treatment of each draftee and transition from age of deliberations and arguments to an authoritarian and uncompromising framework that negates

rebelliousness. In addition, the military service causes the loss of privacy. The adolescent, who until now was careful to maintain his own territory, must adjust to shared and uniform life and share joint property. The military framework brings about apparent changes, which lead in the continuation to functional and social independence according to the circumstances of development. With the end of the military service, the adolescent faces new tasks and challenges, when the emotional mindset is now the sum of the experiences and interpersonal relations from childhood through adolescence, with the additional shaping provided by the military service (Elitzur et al., 2002).

The present research study is based on adolescence, from the period that links between childhood and adulthood, which begins at the age of ten to twelve and ends at the age of eighteen, with the drafting into the military.

2.2.2 Major Changes during Adolescence and Their Influence on the Adolescent

Physiological Changes

The period of adolescence is characterized by many physical changes. There is a transition from lack of sexual maturity to capability of reproduction. In parallel, there is accelerated physical growth, which causes changes in the adolescent's appearance. These changes sometimes cause feelings of embarrassment, discomfort, and changes in the self-image and in the physical image. The sexual development is one of the main expressions of adolescence. The primary sexual characteristics among boys are the appearance of genital hair and the growth of the sex organ. A decisive change that denotes sexual maturity is the beginning of the production of sperm (occurring in boys around the age of twelve to fourteen, on the average). In addition, it is possible to note secondary sexual characteristics such as appearance of armpit hair, growth of a beard, changes in the voice and transition to a more masculine voice, and changes in the body structure, such as broadening of the shoulders, etc. These changes derive from the excretion of male hormones called androgens.

Among girls the primary sexual indications are the beginning of menstruation, which denotes the beginning of sexual readiness for the reproduction process. The

secondary sexual characteristics among girls are the development of breasts, the appearance of genital hair and armpit hair, and change and rounding of the body structure. These changes among girls derive from the increased excretion of the hormone estrogen.

In addition, it is possible to discern among adolescents changes in the skin, which becomes oily and acne begins to appear. The sweat glands increase in size and become more active, primarily in the armpit and genital regions. The acne and the body odor cause considerable embarrassment among adolescents. It is possible to see problems related to the self-image, since acne makes the face ugly, precisely at a time when the outside appearance is so very important. Another change in the appearance is the accelerated growth in adolescence, which causes a manifest change in the adolescent's appearance, when his appearance transforms from that of a child to that of an adult (Solberg, 2007).

The psychological implications of the rapid physical and sexual development may cause the adolescent to feel that things that are occurring are not under his control. This leads to lack of control, embarrassment, and lack of confidence. It is important to note that there are interpersonal differences in the pace of development, which are influenced by different factors such as genetic, biological, and environmental factors. Research studies have found that poor nutrition inhibits the pace of physical development.

These changes in the rate of development may cause the adolescent to wonder and to desire to compare himself to another adolescent. In addition, it is important to note that adolescents tend to be greatly engaged in their external appearance. They are focused on their acne, on their development that is too fast or too slow, on their embarrassment with their body that is too fat or too thin. The physical changes that occur during adolescence make the adolescents more vulnerable and more sensitive. Following these changes, the adolescent's body sense changes, and he must adjust quickly to his new body (Solberg, 2007).

Other physical changes occur in the adolescents' minds. Recent research studies prove that the adolescent's mind continues to develop, and the forehead lobes are the

regions responsible for the control of emotions. They are in the region where there is the greatest change from the period of sexual adolescence to the period of early adolescence (Paus, 2005). It is important to note that after the age of twelve in the brain there develops a process of the removal of the nerve connections that are not in use. The removal of these connections enables the construction of an effective and organized mind. This process of the removal of connections lasts until the age of twenty and leaves the adolescents with a mature, effective, and organized mind. At the end of adolescence, the body returns to the period of life where the physiological changes are relatively minor (Solberg, 2007).

Cognitive Changes

Piaget (1986) noted the period of adolescence as the transition from concrete thinking to abstract thinking. It is possible to note a number of characteristic traits of the mode of thinking during adolescence. The first is the ability to think about different possibilities. Unlike the young child, whose thinking focuses on concrete data, in the adolescent there develops the ability to think about possible situations that do not yet exist (Flavell, 2002). In addition, the adolescent's thinking is based on hypotheses and theoretical situations that can occur in reality. An interesting point is the thinking ahead of time that characterizes adolescence, or in other words, the ability to examine a wide perspective of time and plan the future. In addition, in this period an ability called meta-cognition is created; the adolescent's ability to think about his thoughts. This ability begins to develop during the teen years and intensifies during adolescence. In addition, the thinking assumes a dimension that is beyond the bounds of time. The adolescent extends his horizons and begins to be interested in diverse topics such as religion, morality, politics, and so on. Along with these changes, there is development in the ability of self-awareness, and the adolescent has broader control of his cognitive activity and an increase in the effectiveness of his memory (Keating, 1990).

Psychological Emotional Changes

Adolescence is a period of many psychological changes related to changes in the physiological, cognitive, and social dimensions that occur in this stage. The beginning of

adolescence is characterized by the transition from dependence on the parents to independence and self-identity. The adolescent evinces less interest in the parents' activity, distances himself from them gradually, and dedicates most of his time to activity with the peer group. The psychological maturation entails phenomena of rebellion against the parents' authority, which creates tensions between the adolescents and his parents. The rapid physical changes cause the adolescent to be overly focused on his body image and on his external appearance and less on his family (Plum, 1995).

Self-Esteem and Self-Image

Self-esteem is the overall self-definition of the individual, including the individual's experience of recognition and adjustment to society and its requirements. Self-esteem includes the individual's self-confidence and ability to think and find solutions to everyday difficulties with which he copes during life. In addition, self-esteem provides the individual with the confidence that he deserves to be happy. It gives him the feeling that he has value and that he is allowed and entitled to fight for his rights, desires, and values. Self-esteem acts as a motivating force that helps the person act. A person's level of self-esteem influences his actions and the reverse is also true. It is possible to see this in the research on the topic, when the findings indicate that people with high self-esteem persevere more in their obligations towards their surroundings and towards themselves (Sandelands, Brocknet, & Glynn, 1988). All people are born with a high sense of self-esteem. This self-esteem declines over time, primarily because of social and family reasons.

The concept of "self-esteem" has many meanings, including self-confidence, self-belief, and self-worth. Self-esteem is the impression or opinion that the person has about himself. This perception may be based on the individual's personality and skills, on memories of the past, and on the perception of the self or the self-feeling. Self-esteem is the core of the personality. A person throughout his life develops a constellation of emotions, perceptions, and concepts regarding his value as a person. This constellation addresses the person's relations and skills, interpersonal relations, status in society.

Self-esteem is the degree to which the person sees the different aspects of the concept of self positively or negatively. A normal self-esteem creates the person's strong belief in himself and in his abilities and instills in them a feeling of stability and value. This concept includes two conflicting beliefs, for example, "I am or am not a worthy person" and conflicting emotions, sense of despair, or pride versus shame.

This position is formed according to experiences of successes and failures in the way in which the person explains them and attributes to them reasons. Therefore, self-esteem is based on the subjective comparison of the gap between the expectations and the degree to which they are realized throughout the person's life, from childhood through adulthood. The children's expectations themselves are influenced significantly by the goals set before them by the significant adults and authority figures in their lives, such as their parents and their teachers (Kaniel, 2006).

The self-esteem was studied by other researchers. Rozman et al. (1990) maintained that the self-image is a system of beliefs and opinions that the person has about himself, his values, his abilities, and his status in society. These beliefs determine how we perceive events in our lives, how we behave, and what we can do. The individual imitates positive models, parents, children, commanders, instructors. These greatly influence him and the shaping of his self-image.

According to the theory of Rogers (1967), which is based on the self, the self-image is defined as the organizing and stable structure of the individual's perception of his characteristics, the relations between him and others, and the perceptions of different aspects in life and the value that the person attributes to these perceptions.

According to Rogers (1967), there is a constant dialogue between the person's perception of himself and the way in which he is interested in others perceiving him, or his ideal self. These elements are basic stages in the way to achieving self-actualization.

Rogers (1967) maintained that the person's experience is subjective. It derives from the changing world of events in which he is found at the center. The person perceives objects and events that occur around him and gives them meaning and

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interpretation unique to him. The perception is both on the conscious level and on the unconscious level.

On the conscious level, the most important element is the way in which the person perceives himself, which Rogers (1967) called the *self*. The self is the constellation of the individual's perceptions and values about himself and about his relations with others and different aspects of life. Self-actualization is the tendency to maintain the physical and personal existence. The real self is the person's perceptions of himself as he is, while the ideal self is the person's perceptions of himself as he would like to be. The gap between the real self and the ideal self is what determines the type and direction of the person's motivation. Conditional regard is the regard provided only for behavior defined by others, while unconditional regard is the transfer of the message of regard for the person's choices, regardless of whether they concur with the other person's expectations or not. To cultivate the person for full functioning, he needs unconditional regard.

The person's self-image is steadily built during his life, from infancy. The first years have decisive influence on the shaping of the self-image, but changes in the image occur throughout the entire life. The self-image changes and adjusts itself to the physical, mental, social, and intellective changes that occur in the person.

The person's perceptions of himself constitute real self-direction. His perceptions of the desired future express his aspirations and they are called the ideal self. The real self and the ideal self both influence the person's behavior and are influenced by it. The degree of fit between the real self and the ideal self influences the quality of the person's adjustment; in other words, as the gap between them is greater, the person feels inferiority, since he perceives himself as far from being what he wants to be. In contrast, the absence of every gap between the real self and the ideal self causes the person to stagnate. Any gap between the two types of self-perception is desired, since it pushes the person to achieve objectives.

According to Rogers (1973), the development of the person's self-image is a result of the influence of the assessments of other people that are given to the person primarily in his childhood. The person's self is shaped through the interaction with the

others, which is significant to him, and with their responses. The environment can respond with two types of regard: positive conditional regard and positive unconditional regard. Children who receive positive regard, reinforcement, praise, and love, only when they meet their parents' expectations distance themselves from their true self, since they adapt themselves to the environment's expectations. In contrast, children who grow up in an environment that gives them unconditional positive regard, praise, reinforcement, and love, given unconditionally, will develop normally and their self will grow.

Rogers (1973) maintained that positive self-concept occurs during childhood and through the parents' positive regard, and in the continuation that of the teachers. He noted that this is conditional positive regard, in other words, it is not obvious but dependent on the child's deeds. He proposed to parents and educators to use unconditional positive regard, namely, to love the child unconditionally, with the goal that the child will develop for himself positive self-esteem and full openness and complete attention to his inner feelings, without mechanisms of defense of denial and perceptual distortion and adjustment of the self to the environment and construction of a 'distorted self'. This way the child will develop, through different experiences and dealing with them, and will construct a 'true self', grow, and hence self-actualize, as an innate biological motivating factor.

Fitts (1971) is among the important researchers in the field of the self-image. He spoke about the self-image as 'the total image', the image that the person experiences and is aware of. The self-image is the overall summary of all the recognitions or perception of his image with himself. Fitts maintained that the self-image is a variable with important meaning in the person's behavior. He asserted that a healthy 'self' contributes and is vital to correct and normal functioning, to the willingness to put forth effort to cope with adjustment difficulties in light of a new environment and new normative requirements. A supportive, respectful, and encouraging environment contributes to a positive self-image, which contributes to better adjustment ability and willingness to assume reasonable risks and to put forth effort so as to adjust to the changing environment. Fitts (1971) spoke of the following five elements of the image:

1. Personal image: The person's perception of his personality traits.

2. Physical image: The person's perception of his body, health, and external appearance.

3. Moral image: The person's perception of his morality and his behavior according to accepted norms.

4. Family image: The person's perception of himself in the family framework and his perception of his family's attitude towards him.

5. Social image: The person's perception of himself relative to others in social interactions.

Fitts (1971) defined the self as a framework of reference, with which the individual can have a relationship with the world. As the self is more realistic, integrative, and positive, its functioning is healthier. The importance of the self-image relative to the individual's functioning derives from the fact that the person's functioning is determined more by his subjective perception than by the objective reality. This opinion represents the phenomenological approach: the world of perceptions changes all the time but the concept of the self remains relatively stable and consistent, through a process of selection and elimination of things that are undesired or unsuited.

Fitts saw the concept of the self to be a dynamic and unified unit, comprised of a number of sub-units.

- The identity self: This is the most basic element, comprised of the realistic identity self (how the person sees himself) and the ideal identity self (how he wants to see himself).

- The behavioral self: This addresses the person's actions and responses.

- The judgmental self: This functions as an observer and sets standards regarding satisfaction with the self.

As all the experiences merge into an organized system, with self-acceptance, it is possible to say that the person has adjusted to the environment.

Brandon (1990) emphasizes self-esteem that is a combination of self-confidence and self-respect and that is built from the measure of self-judgment and the need to obtain respect from the environment of his abilities.

Leary (1999) suggested in the sociometer theory that the self-esteem system evolved as a monitor of social acceptance and that the so-called self-esteem motive functions not to maintain self-esteem motive per se but rather to avoid social devaluations and rejection. Cues indicating that the individual is not adequately valued and accepted by other people work to lower self-esteem and motives behaviors that enhance relational evaluation. The empirical evidence regarding the self-esteem motive, the antecedents of self-esteem, the relation between low self-esteem and psychological problems, and the consequences of enhancing self-esteem is consistent with the theory.

In the early years of a child's life, parents are the most significant influence on the development of the child's self-esteem and the main source of the positive and negative experience the child will acquire. The emphasis on unconditional love in parenting represents the importance of a child developing a stable sense of being cared for and respected. The opposite is the case of conditional love from the parents. These feelings translate into later effects on the children's self-esteem as they grow older (Olsen, Breckler, & Wiggens, 2008).

Hewitt (2009) in his work on self-esteem from the psychological aspect talks about the emotional assessment on the person's worth in terms of the characteristics of the emotions the person holds about the self. Self-esteem is a judgment of the self as well as an attitude toward the self. Self-esteem encompasses belief and emotions such as triumph, despair, pride, and shame.

McLeod (2012), citing Rogers (1963), describes this as conditional positive regard whereby individuals only receive positive attention from significant others (such as parents and teachers) when they act in certain way. This reinforces the children's belief that they are only a person of value when they act in certain way.

Low self-esteem can have a deeply negative impact on secondary students' life and can influence all aspects of their existence. Low self-esteem is caused by certain factors associated with the person's background and status, surroundings, and connection with the outside world and various experiences in childhood and adolescence (Laishram, 2013, in Enakoya, 2015).

Characteristics of People with Low Self-Esteem

According to Laishram (2013, in Enakoya, 2015), certain characteristics are displayed by a person with low self-esteem:

1. They lack social skills and self-confidence, and therefore they avoid social settings.
2. They are highly sensitive to criticism and lack the ability to accept criticism in the form of constructive criticism.
3. They tend to be very hostile and go on the defensive whenever they are faced with a negative situation.
4. They overanalyze and overthink their problems, and thus they are preoccupied with their own problems.
5. They might display physical symptoms such as fatigue, headaches, and insomnia.
6. They are likely to harbor several negative traits about themselves, such as feeling worthless, unloved, and incompetent.
7. They are subject to negative thinking and pessimism and also hold many fears about various things.
8. They are always anxious and fearful. They also tend to be overly sensitive and to take everything personally.

Over the years, there has been increasing realization that self-esteem is an important component that should be promoted in a growing child's personality, regardless of the physical differences, if any, in the early years when self-esteem is influenced strongly by the parental roles (Raboteg-Saric & Sakic, 2014).

Although the definition of self-esteem/self-image appears simple today, there is no consensus among the researchers on the best way of measuring it. Rosenberg (1965) developed a common index of a self-esteem scale, consisting of ten sentences, in which the respondents are asked to note the degree to which they agree with what was said. The index of Rosenberg includes simple questions that engage in the degree to which the person tends to see himself in a positive light. However, sometimes a person thinks about

himself as successful in one field and simultaneously his evaluation of his traits in other fields is low.

Self-Efficacy

Self-efficacy is the belief that a person holds about his ability to monitor and manage events that influence his life environment so as to achieve satisfaction of his needs and abilities and to muster motivation, the cognitive resources, and the actions (skills) required – in order to succeed in the tasks chosen. The increase of the self-efficacy, like the self-esteem, contributes to the individual in all aspects of life and in the different life systems: the family system in the period of childhood and adolescence, the school system, the social system outside of the school in the leisure time hours, and the rest of the systems in the life circle.

Bandura (1986) formulated the idea and laid the theoretical basis for the concept of 'sense of self-efficacy'. He defined it as a process that links between knowledge and action, as the evaluation of the ability to perform behavior that leads to a certain outcome. The extension of the definition to the belief in the ability to recruit motivation, cognitive resources, and courses of action, which require control over the task requirements, emphasizes the cognitive process.

Bandura (1997) coined the term self-efficacy when he said that self-efficacy can be developed through success in tasks, observation of the behavioral models, verbal persuasion, and positive level of psychological and physiological arousal. When the student will feel that he belongs and is accepted in his class, he will feel secure and will not fear being himself. He will realize his needs, will enjoy the learning, and will feel involved. Last, he will realize the potential innate in him. Bandura (1997) maintained that the empowerment of students was undertaken using the identification of the student's forces and abilities, and this with the aim to increase the awareness of his powers and abilities, develop his belief in himself, change negative attitudes of the educational staff towards him, and create personal and group opportunities for the expression of his abilities. The school's role is to enable the discovery of strong points and self-fulfillment until excellence. The perception of self-efficacy has behavioral and emotional influences.

A child who doubts his belief in himself will invest little effort, and if he encounters difficulties, then he will feel anxiety and negative emotional arousal in situations with which, in his perception, he does not have the ability to cope. Moreover, self-efficacy pertains to the person's belief in his ability and not his objective capacities. The factor of the motivation is an essential and necessary element in the student's processes of learning and without it there will be no learning and scholastic achievements will not be achieved. When the student feels that he has mastered his behaviors, then he is open to learning and to challenges and develops abilities of initiative and motivation.

Self-efficacy is built out of gradual acquisition of abilities through cognitive, social, verbal, and physical experiences. To realize the internal resources effectively and efficiently, and primarily in the performance of complex tasks, good skills and abilities are required as well as a high sense of efficacy, although there is not necessarily correspondence between the level of the skill and the abilities of the individual to perceive the ability to use them in different situations. Self-efficacy is a process of evaluation, judgment, and control, which creates a measure that determines how the person thinks, feels, and acts himself and that contributes significantly to motivation and to achievements.

Bandura (1997) noted five processes based on cumulative experience through which the general perception of self-efficacy forms:
1. Similar skills required in a variety of activities.
2. Simultaneous development of skills in different areas.
3. Mastery of mechanisms of self-direction.
4. Skills of coping that can be generalized and enable the individual to master situations of pressure.
5. Structuring of common behaviors of success in a cognitive manner in different activities.

The cognitive social theory maintains that people tend to perform tasks that they believe that they can accomplish. Thus, this belief influences their choice.

According to Bandura (1986, 1997), sense of efficacy is created from the processing of four sources of information.

1. Reconstructed Personal Experience or Performances of the Past

The experiences of success tend to raise the evaluation of the self-efficacy, while the failures tend to weaken it. The real influence that the personal experiences have on the self-efficacy depends on the conditions in which the task is performed and on the results. For instance, a high perception of self-efficacy is created following experiences of success of a task that was performed, returns for a task that is performed under conditions of challenge, and is reinforced (Ohad, 1998). In addition, the personal experience in the performance of specific tasks influences the individual's sense of self-efficacy. In the continuation, the personal experiences may contribute to the general perception of efficacy from a perspective of all the successes or failures that the person experienced.

2. Observation of the Performance of Others

Observation provides alternative experience based on the performances of significant others who constitute a model to which the individual can compare himself and from which the individual can draw conclusions about his personal ability. The source of this information is effective primarily if the person has little prediction in the evaluation of his personal ability in the certain field. This source too has a considerable weight in the shaping of the beliefs of specific and general efficacy.

3. Verbal Persuasion

The verbal and realistic persuasion of other people is expressed in the attempt of other people to cause the person to believe that he has ability or does not have ability to perform a given task. The persuasion is a factor with impact primarily if the people doing the convincing are significant others, such as parents or teachers. The source of this information may influence differently the degree of generality of the perception of self-efficacy. If the reference of the other person is to the successes or failures of the individual in similar situations, then the persuasion attempt will strengthen or weaken the

specific sense of efficacy. If the words of the others will be directed to successes or failures of the individual in tasks and in different situations, then the persuasion attempt will contribute primarily to the general aspect of the self-efficacy.

4. Physiological and Emotional Situation

According to this situation, the individual judges his abilities in light of situations of functioning or non-functioning. Physiological and emotional responses in conditions of calm and comfort or anxiety and tiredness illustrate for the individual his ability or non-ability to perform the task successfully. The influence of the physiological arousal is primarily on the individual's specific sense of self-efficacy, since it is expressed in him in specific situations and fields.

Self-Efficacy and Adolescence

Self-efficacy is a measure that exists in the child's belief when the child goes to judge his ability to persevere and to endure for the performance of the task (Perjures, 2006). The child's personal experiences and his evaluation of them are the most important source of and tool for the achievement of self-efficacy (Bandura, 1986; Perjures, 2005).

The influence of the peer group on the self-efficacy derives both from the adolescents' acquaintance with life skills and the development of independence and their values. Frequently they have little information that is found beyond the behaviors of their friends through which they evaluate their self-efficacy themselves (Schunk & Meece, 2005).

Schunk (1989) maintained that self-efficacy among adolescents can change during learning as they work on the tasks, acquire skills, and thus become more skilled – and therefore their sense of self-efficacy grows and their motivation increases. Feedback on the ability of success promotes the self-efficacy and influences the choice of actions, the effort, and the perseverance. A research conducted by Schunk (1986) in a middle school for learning disabled students showed that the students who received feedback in

the first term evinced greater self-efficacy than did the students who did not receive feedback.

Body Image

Body image is built from the day of our birth, through contact with our body in the environment and through the reference to us on the part of the significant adults in our lives – our parents. As we grow up, our body image changes, according to the reference of our peers. The child's body image changes with the growth of the body, through the stages of intellective, mental-emotional, and physical-sexual maturation.

Different theories in the field of the personality address the concept of body image in different ways. Freud (1927) does not directly use the concept, but according to his perception the body serves as a source and infrastructure for building the ego. Like Freud, Adler (1930) did not use the concept directly but some of his theoretical assumptions regarding the development of the personality are related to aspects of the body image. Additional researchers see the body image as the 'overall picture' that the person has about his body, consciously and unconsciously (Shilder, 1935; Witkin, 1965) or as the sum of the emotions and experiences that the person has towards his body (Fisher, 1973; Cach, 1994).

Gal-Or, Shuval, & Lancer (1983) defines the concept of body image in our awareness, when the representation is a product of conscious and unconscious reflection of the entirety of the emotions, feelings, expectations, and values related to the body in the static case or in movement.

Some maintain that the verbal definition of body image was created in the 13th century, when the word 'image' was created from the word 'imitate', meaning 'to make a copy of', and was intended to describe 'similarity to something' or a 'picture of the object'. In the 16th century, the mental part was added to the meaning of the word, when it referred to the visual perception of the object.

Definitions

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1. Interpretation of the concept of body image. Body image is defined as the mental representation of our body that reflects the entirety of the feelings, perceptions, emotions, expectations, cognitions, and behaviors related to the body.

2. Body image is built in a gradual process, from infancy and the stage of physical experiences, innate physical traits, feelings and emotions towards our body in its interaction with the environment and the reference of the significant others towards us in the physical context (Warner & Wapner, 1965).

3. In the beginning, the significant figures that influence the development of the self-image in general and the body image in particular are the parents. Later on, during the latency period and primarily during adolescence, members of the age group – the peer group – have considerable impact on the development of a person's body image.

4. The body image is a plastic concept, flexible and dynamic, changing during life. It is possible to change a negative body image through combined work of providing up-to-date information on the processes related to the body, strengthening of the relationship with the body, change of perceptions, beliefs, attitudes towards the body, and development of a critical attitude towards social pressure and towards messages that come from the environment and the media.

Body Image during Adolescence

One of the prominent characteristics during adolescence is the many physical changes that occur in this period. Sometimes these changes are extreme and trouble the adolescent. These changes, like changes in additional dimensions (emotional, cognitive, and social dimensions) have considerable influence (Ziv, 1984) and influence the identity of the adolescent, including in it the physical image.

The many physical changes directly influence the adolescent. He deliberates anew his body image. Those whose physical development occurs late or early may feel ashamed and embarrassed about their body. Some of the adolescents discover their developing body and enjoy it. It is important to be aware and to develop a conversation with the adolescents who address their feelings regarding their physical and sexual

development and the changes they undergo. Certain adolescents will use a mechanism of projection and will mock others or will project their embarrassment on other areas of life. The physical changes that influence the abilities and performances become central in their lives. The peer group begins to divide its members to the more attractive one and the less attractive ones. There is the aspiration to be similar to actors and models, who constitute models of imitation in this field and the gaps begin to be clear. The engagement in the body is a main engagement in the adolescent's life.

As the child reaches adolescence with a stable mindset of a positive self-image and better self-perception, he can cope with the social pressures from the outside and with the physical changes from the inside better. Models of imitation at home to which the young person is exposed as a child and as an adolescent are most significant. It is important to enable the adolescent to express his deliberations regarding his body and to be direct and believable regarding their perception and not to fake praises – which will greatly distant the adolescents from the feeling that they can rely on the adult's statements. These rapid changes occur over a few years. Along with the physiological changes the hormones cause changes in the mood and the beginning of the awakening of the sexual drive. Taking into consideration all the emotional and social aspects of this period, the influence of the hormones on the adolescents' internal world is tremendous and confusing.

Social categorization has considerable influence on the self-image regarding appearance and looks. A deviation from what is experienced as normative in terms of the appearance causes lack of satisfaction with the body and in the continuation a negative influence on the 'self' in general (Fisher & Cleveland, 1968). A negative body perception erodes the individual and causes him great harm to his self-esteem (Cach, 1994). The adolescent has knowledge and understanding of the social norms that arrange the dyadic connection and the limitations regarding what to do with the sexual drive. They must learn to take care of themselves and their body but since they do not know themselves what they want, they are confused with the physical and carnal drives that are not always commensurate with adolescence and the emotional and social desires, let alone the messages they receive from the parents. Many adolescents want to experience everything

possible. The curiosity on one hand and the drives on the other hand, along with social comparison and social pressure, bring them to sexual behaviors of experimentation and sometimes even to dangerous and irresponsible behavior.

In the past thirty years, the culture of thinness has steadily developed as a model of beauty, success, power, and control characterizing Western society. It has become an essential measure of happiness in society and thus influences the body image (Meshi-Tamir, 2010). In addition, there is agreement among most researchers that the body image is a multidimensional construct that develops during childhood but continues to change over the course of life. The body image is composed of a number of interrelated body images that include the perceptions and positions regarding different aspects, such as external appearance, body size, body boundaries, and so on. There is a distinction between two components of body image, the perceptual component, which is the person's perception of his body, and the attitudinal component, which is the person's perception on the emotional and cognitive level of the appearance. Positive attitudes are associated with self-confidence and social skills, while negative attitudes are connected to social regression, shyness, and wearing large and wide clothing. In extreme cases, these attitudes lead to social regression and avoidance of intimate physical contact (Teomim, 2005).

A negative body image causes social defeatism or the agreement ahead of time not to be accepted by the environment. Among girls a low body-image and low-esteem about their body, even to the point of hatred of parts of their body, are prominent (Shapira, 2009).

Main Factors of the Disruption of Body Image among Adolescents

The main factors for the disruption of the body image among adolescents, which were isolated in different research studies, are individual factors, social factors, and family factors.

Individual Factors. The person's temperament has a considerable role in the development of eating disorders. There are negative emotions that are characterized by

lack of flexibility, unquiet, agitation, and negative perceptions. In addition, a low level of cooperativeness and self-conduct influences the body image. Furthermore, early maturation in adolescent girls may create a situation in which the girl experiences change in the shape of her body that is characterized by a rise in the body fat. A girl who experiences early adolescence may feel unsatisfied with her body and may desire to be 'normal'. Dissatisfaction with the body may cause the development of eating disorders. The undesired effect is a negative body image that may cause behavior such as bingeing, skipping meals, eating unhealthy foods, and depression. Most research studies found that dissatisfaction with the body is caused by a low self-esteem.

Social variables. Exposure to images in the media may worsen the dissatisfaction with the body. Adolescents who are exposed more to television are found at a higher risk of developing eating disorders and undesired behaviors for maintaining the body weight. The media influences the perception about the desired and ideal body weight. The ideal of thinness commonly found in the media may cause messages about the desired weight and problems in the body image among adolescents.

Family factors. Pressure on the part of the parents to achieve a decline in weight can lead to problems with the body image. It was found that primarily mothers may be a model of incessant engagement in the appearance of the body and disturbed eating behaviors. In addition, in general, research studies report that a pressured family environment and tense relations in the family are the risk factor for the development of eating disorders.

Body Image on the Internet

In addition to the social circle, there are other factors that influence the adolescent, and they are the different channels of media. The different channels of media form a modern culture that sanctifies the contemporary ideal of beauty of thinness, muscular body development, and so on and creates negative stereotypes of a fat body structure (Wertheim, Paxton, Shultz, & Muir, 1997). The 'flood' that the Internet provides to adolescents exposes them to difficult and dangerous materials, and watching them may cause them a feeling of invasion and sexual harassment. With worrisome ease,

one person can reveal to another these materials, sometimes from a desire to share but also from social jealousy or harassment, without knowing how difficult the influence of these materials can be. Already at age eleven-twelve with an advanced mobile phone young adolescents send to one another pictures at school and their mastery of the computer and of social networks may be dangerous.

Most of the research studies show that the development of self-esteem improves other factors known for their contribution to the body image. For instance, the development of a positive body image and strong feeling of self-value can help children and adolescents become more satisfied with the shape and size of their body and help them withstand the non-realistic body ideal that is found in the media. Children with developed self-image are more capable of coping with tests, criticism, pressure, and anxiety, which are related to eating problems. The development of a positive body image that includes a wide range of aspects of the 'self' more than outside appearance can help children evaluate the difference in their characteristic and difference in the other. Such a development of the self-image can reduce the children's obsession for perfectionism and beliefs that he must be perfect or must aspire to perfection so as to be esteemed, accepted, and loved. Perfectionism is strongly related to problems with the body image and to eating disorders and therefore the use of techniques for the development of self-esteem can help young people accept themselves more and less aspire for the search for perfection.

2.2.3 The Peer Group during Adolescence

During adolescence, adolescents tend to spend a considerable amount of their time with other adolescents. The peer group has an important role during the years of adolescence, both as a source of support and help and as a source of behavioral norms. It is possible to see in general the five main stages of patterns of groups during adolescence. Most adolescents go from one stage to the next in order, but for some of them the membership in a certain stage lasts throughout the entire adolescence while others experience all the stages. The transition from the period of the threshold of childhood to the beginning of adolescence (ages twelve to fourteen) is characterized by a

social structure consisting of one sex. The group in this phase greatly occupies the adolescents and even creates pressure. To be free of this pressure, the adolescents shift to the structure of the good friend. This structure exists in parallel to the single-sex group. At the beginning of adolescence (ages thirteen to fourteen), there is a known phenomenon of close friendship relations of a single sex nature. Girls and boys separately have rich reciprocal relations with other members of their sex. This is a period in which the good friend has a main place in the adolescent's world. This friendship is based on mutual trust and absolute loyalty. The close relations between the friends enable them to act as a mirror for one another, to imitate one another, to support one another, and to be open and to hear and voice contents from their inner worlds. Another and most important stage is the group of friends (ages fourteen to sixteen), who constitute a most important group of reference.

The group of friends has both positive and negative aspects. One of the positive aspects is the ability to express the adolescent's positive and negative emotions. In addition, the group of friends enables the adolescents to practice social skills. Alongside the advantages, the group also has disadvantages, which are expressed in the pressure that the group exerts on the individual that may come at the expense of the development of individuality.

Another stage that characterizes adolescence is the phenomenon of task-oriented groups (ages fifteen to seventeen), or in other words groups comprised of adolescents who are united around a shared goal and whose main role is to increase the social involvement, which is one of the social expectations during adolescence. The task groups are not built necessarily on friendship. The emotional attachment in these groups is less, and the main emphasis is on the performance of the task. It is important to note that not all the adolescents take part in task groups. Towards the end of adolescence (ages seventeen-eighteen), among adolescents pairs of lovers are created. The adolescents create dyadic relations, which give them emotional and intellectual satisfaction. Thus, their involvement in the group decreases, although not completely. It is important to note that the transition from stage to stage is not sharp and that the adolescents can be simultaneously in a number of stages (Solberg, 2007; Ziv, 1984).

It is possible to see that the nature of the relations with the peer group changes during the years of adolescence in a number of ways and its influence on the other areas of development increases. The cognitive development of adolescence enables deeper and more mature understanding of others, which parallels the improvements that occur in the understanding of the self. In addition, the increasing cognitive ability enables investigation and reciprocal discovery, which contributes to the desire for self-disclosure. Thus, it is possible to see adolescents who spend considerable time on telephone conversations, or in face-to-face discussions, during which they disclose a variety of their inner emotions. This disclosure contributes to the increased depth of the relations and creates intimacy. The reciprocal understanding and emotional intimacy contribute to the creation of the trust necessary to maintain these friendships (Sroufe et al., 2004).

Another important aspect in this topic is the influence of the peer group on the behavior and development of adolescents. It is possible to note that during early adolescence the adolescents adopt a style of dress and behavior that differentiates them from others. They identify with their group, which constitutes for them a source of intimacy and involvement, which sometimes supersedes their relations with their parents. There is considerable conformity for the peer group, which sometimes threatens the parents and causes them to feel that their influence on their children is steadily diminishing (Sroufe et al., 2004). Research studies prove that the peer group does not take the parents' place and influence. Members of the peer group tend to influence superficial aspects such as clothing and external behavior, while the influence of the parents is on values, morality and important decisions in life (Britaain, 1963, and Sprinthall & Collins, 1995, in Sroufe et al., 2004).

To summarize, it is possible to see the considerable influence of the peer group on adolescents. In parallel to the rising strength of the age group, the parents' influence declines. However, it becomes clear that parents still have considerable influence. It should be noted that the influence of the peer group declines in the period of later adolescence, while the parents continue to influence during adulthood (Sroufe et al., 2004).

Friendship and the Peer Group during Adolescence

Friendship is one of the main areas in the development of social intelligence. Friendship from an early age has considerable importance. Friends promote the development of social skills in that they provide the child with an orderly approach to play groups. Friendships enable complex forms of play and provide guidance and practice in topics such as cognitive development, sexual functioning, creation of interpersonal relations, and control of aggression. Friends also fill emotional functions, in that they provide security and support in a variety of social situations (Smilansky, 1988).

In the period of adolescence, friendship develops more intensively than in any other earlier or later stage, since it serves many important functions in the adolescent's development and coping. In this period, the adolescent undergoes physical, mental, and social changes and in parallel he must cope with new adult tasks that modern society sets before him. Hence, his need for connection and support is most vital. One of the main developmental tasks during adolescence is the development of the ability to create and conduct systems of relations with members of the peer group and to create belonging to the social group, and thus the developmental tasks of this age are completed. Members of the peer group are found in a similar stage of development, in the transition from childhood to adulthood, and regarding him they are models of identification, groundbreakers, creating norms and giving social status (Smilansky, 1988).

The peer group becomes the top priority and of paramount importance at this age. The physiological, psychological, and social maturation of adolescents is accompanied by an increase in the sexual arousal, interest in members of the opposite sex, in the sexual identity, and in the sexual attraction. The peer group slightly eases the anxieties that derive from the disconnection from the family and constitutes a substitute for it. The group constitutes a source of power and social-status belonging. Its members experience the same experiences. They leave the place that is supposedly 'outcast' for adolescents who are no longer children. The group provides a mirror or constant and ongoing feedback, which the adolescents give for one another, so as to begin to establish their self-identity. The group enables the adolescent to examine and identify elements of his

personality and boundaries, without threat of the punishment of rejection or distancing. In addition, the group creates alternatives for the imitation of the parents who contribute to the crystallization of the self-identity. The group can provide social support, a listening ear, and advice and offers a refuge in which the adolescent can share similar feelings and feel that he is not found alone in all these processes that he experiences. In addition, the peer group constitutes a 'prototype' for relations in the future and teaches how to create a beneficial interaction and helps dissolve tension and aggression.

However, there are no advantages without disadvantages and dangers, and it is possible to find a number of these: the social pressure steadily increases. The stages in the formation of the group are stages of growth that are parallel to human development. These stages are constantly filled with power struggles, competitiveness, and objection. To these are added difficult emotions of anxiety, jealousy, insult, and tension. In the group negative mutual dependence is created: the group members assume that they will succeed to realize their personal goals only if the other group members do not succeed in realizing their goals. In addition, equality is the expectation and inequality is the law. At the beginning of the process, the friends may be at the same point, but over time a class differentiation is created. Certain individuals accept authority more than do others. In the group there are also pressures for heterogeneity and conformity: in groups where there is no legitimacy for difference, the minority will be forced to choose between belonging to the group and giving up his needs, between loyalty to his needs and social isolation. The choices for the most part are not conscious and always exact a heavy price. An adolescent who wants to establish his position in the peer group sometimes initiates behaviors that entail the taking of risks. This behavior is also related to the adolescent's perception of omnipotence and sense of independence. These risks may include smoking and use of drugs and alcohol, dangerous sexual behavior, dangerous driving and traffic accidents, and violent behavior. An adolescent who chooses not to be like the peer group may pay the price of loneliness and harm to the sense of self-worth (Muss, 1988).

Rejection from the peer group is a painful point in the development of adolescents, which can lead to depressed responses. When the adolescents distance themselves from the parents in their struggle for individuation, they turn to those their

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age as a substitute for the family's guidance and support. The peer group is comprised of other adolescents who search for the same thing. Unfortunately, the narcissism of this age group leaves the adolescents without ability or skill to provide guidance for anybody, even for themselves. Nevertheless, they search all the time for the group's approval, and rejection on its part is a main source of depression in the members of this age group (Riley, 1999).

Erikson (1968), who sees polarity in each one of the person's stages of development, determines that in the period of adolescence there is 'identity formation' versus 'identity confusion'. Loneliness and isolation are a negative developmental situation that cannot create a personal-intimate relation of reciprocal disclosure and reciprocal commitment. The biological, social, and cognitive identity and the changes that occur during adolescence make this stage for the adolescent a challenging period for the establishment and maintenance of relations with the peer group (Larson & Ham, 1933).

2.2.4 The Process of Identity Formation

The psychology of the ego or the psychology of the self is an approach in the field of psychoanalysis developed at the end of the 1930s on the basis of the structural model of Sigmund Freud. The approach focused on the main role of the theoretical construct called the ego in the person's mind and development. In contrast to Freud (1923), who saw the basic biological drives of the id to be central in the person's motivation and the ego to be the mediator between it and the demands of reality and the environment, the proponents of the psychology of the ego saw the ego to be a construct that develops independently of the id and that has a significant role in the person's adjustment to his environment. The approach focused on normal development and not on psychopathology and saw the ego's defense mechanisms to be extremely important in the development of adjustment and in the defense against drives of aggression, which are destructive to the person and his environment.

The ideas of Kohut developed following his work with patients who did not fit Freud's definition of neurosis; they did not suffer from focused symptoms but from

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general disorder in their attitude to themselves and to others, what is called today 'personality disorder'. Kohut's main focus was narcissistic personality disorder, a personality disorder named for Narcissus, a character in Greek mythology, a handsome prince who fell in love with his reflection – himself. According to Freud, at the beginning of life all the infant's libidinal energy is directed at himself, a situation he called primary narcissism. In this situation the infant feels omnipotence, a feeling that is cut off following events of frustration from the inability to realize the fantasy. Following the frustrations, the infant turns his libidinal energy to the people around him, so that the narcissist libido is transformed into libido directed at the object. Thus, a dependent relationship develops between the infant and his parents (or the care-giving figures). A person who did not succeed in passing this stage will invest his entire libidinal energy in himself instead of in others. He also defined secondary narcissism as a situation in which the person retreats from the relationship with his parents back to a situation of self-immersion. Since the psychotic patient invests most of his libidinal energy in himself, Freud thought that he will develop transfer to the therapist, and therefore psychoanalytical treatment will not benefit him. Patients with narcissist personality disorders are similar to psychotic patients in that they both cannot turn their libido to the object. Nevertheless, these patients can cooperate, even if superficially. Therefore, some classic psychoanalysts have addressed this disorder through constant frustration of the patient in the hopes that in this way object relations with the therapist will develop.

Kohut began his career as a classic Freudian psychoanalyst, and he was a prominent supporter of classic psychoanalysis until the last decade of his life, the years when he deviated from the mainstream of psychoanalysis. Although he saw himself as a part of the continuation of Freud, Kohut (1971) evinced increasing lack of satisfaction with the framework of classic psychoanalysis. In his article "Two Analyses of Mr. Z", he first presented the classic approach versus the approach he developed in his clinical work, which he called the psychology of the self. Kohut challenged Freud's theory of development, which saw to be a contradiction between self-love and love of others. He maintained that a certain degree of narcissism is required to enable the healthy personality to mature and address others. According to his method, Freud's theory of narcissism addressed the great fantasies of Mr. Z but ignored the feelings of dominance

and control of his mother in his life. The fantasy, therefore, was an outcome of his inability to provide his needs as a person who is separate from his mother. The theory assumes that under optimal development conditions the person will learn to internalize in himself the objects he needs, the providers of the necessary elements. In the end, he will be able to provide for himself self-esteem and an inner compass and understanding, if he always gives up a degree of his need for others. This process he called 'transformational internalization' and the way to achieve it is through gradual exposure to reality and not through conflict with reality, as classic Freudian theories maintain. Thus, the childhood fantasies will change gradually into more realistic fantasies. The patient's conflict with reality will cause, according to Kohut's method, the repression of the fantasies and consequently harm to the patient's essentialness. Some of the process of the exposure to reality occurs through the therapist's empathy towards the patient (what indicates the existence of transference). In contrast, in abnormal development, under the blame of a non-empathic parent who is not attentive to the child's needs, the infant cannot internalize the necessary objects and as a result he will become a narcissist drain that seeks the satisfaction of its needs and cannot be satisfied. Hence, a person with a damaged self does not ask when he meets a new person: Who is this person? What is special in him? What do we have in common? Rather, he asks: What will I get from him? How will he evaluate me? How will he influence my self-image? Therefore, he cannot build a true, mature relationship, know the other person, and address him. Alternatively, in another manner of abnormal development, denial of the need for another person is possible. Trampling the other person can constitute an extreme symptom of the repression of the need for him.

Kohut (1971) in his book *The Analysis of the Self* addressed the psychology of the self. He maintained that the term "self" is not subject to definition but that it can be said that the self in his perception addresses the overall experiences of the person in relation to himself and to the entirety of mental functioning and serves to explain the experience of continuity and cohesion of the mind. In terms of theoretical conceptualizations, Kohut primarily focused on narcissistic problems, and in the continuation he believed that it is possible to implement the basic elements of the psychology of the self regarding all pathology. Before him, narcissism (the libidinal investment) was perceived as a

developmental stage intended to give way to the love of the object. Kohut believed that narcissism is something positive, which develops in the person throughout his life as a developmental channel parallel and complementary to the development of the investment in the object.

At the start of life the individual experiences wholeness and narcissistic happiness. The parents are not perceived by the infant as separate entities bur rather serve for him as a "self-object"; in other words, the infant perceives them as a continuation of himself, as an integral part of his own mental life, from the lack of recognition of the specific traits of the parent as a separate object. The child's initial relations with the parent are narcissistic relations, in which the other exists because of therapeutic purpose that he fills for the self (calm, preservation, self cohesion, stability, and assurance of continuity). For the normal development of the nuclear self, the infant needs the self-object to provide basic needs. First, there is the need for mirroring, the need to feel admired, which is provided by reflection to the child (primarily by the mother) on how wonderful and amazing he is, the need for idealization, in other words the child's need to admire his parents (primarily his father), to create a perfect and omnipotent image of them and to feel valuable through his closeness to the self-object. When the infant's initial environment does not succeed in providing to a sufficient degree the needs for self-object, in other words, frustration of the needs is not optimal but is sharp and sudden, the development of narcissist mechanism is disrupted. The narcissist needs that are not supplied become unconscious and disconnected from the self. In this case, the development of the grandiose self and internalized image of the admired parent is damaged and they do not fit into the coherent self: the result is construction of a distorted self. In the child ambitions and life enthusiasm do not develop, the creation of ideals and the adherence to them are damaged, and in addition an inner world in which there is nothing to admire may develop in the child.

2.2.5 Support in Adolescence: Parent-Child Relations during Adolescence

The research literature greatly addresses the system of relations between the adolescent and his parents and presents different approaches. The first approach

represents the psychoanalytical psychodynamic school, which represents Freud and his followers, and maintains that during adolescence there is an unavoidable conflict between the adolescent and his parents on the background of his aspiration for independence. This process represents individuation and emotional disconnection (Solberg, 2007). In contrast, the second approach casts doubt on the argument that adolescence entails difficult crises between the adolescent and his parents and asserts that these conflicts characterize only about one-quarter of the population of adolescents (Rotter, 1967).

Despite the steadily increasing importance of the peer group in the teenagers' lives, the family remains the relationship with decisive importance to development during adolescence. The parents fill a main role in the creation of the identity among the adolescents. The parents' role in the transition from childhood to adulthood changes considerably, and this in light of the changes and biological influences of adolescence, which set before the parents a different adolescent. In addition, the development of the adolescent's thinking and the appearance of formal thinking set before the parents an active participant for the exchange of opinions. The sexual maturation requires of the parents a change of approaches and attitudes on the topic. In addition, the social expectations undergo changes, and the parents, who are the main agents of socialization, illustrate them. Ambiguous reference is created to the social expectations. On the one hand, the parents want to support the adolescent and protect him, but on the other hand, they know that the adolescent develops independence and distances himself from the family nest. This ambiguity also characterizes the adolescents' reference to their parents. On the one hand, they ask to be independent, but on the other hand, they need their parents' support. At this stage, it is possible to discern that a change has occurred in the nature of the relations with the parents and there is a transition from hierarchical relations to relations based on trust, respect, and reciprocal esteem, which are more reciprocal relations between the parents and the adolescents (Ziv, 1984).

The appearance of this equal power structure is not always devoid of problems, and sometimes it entails conflicts and arguments, the reason for which lies in the reciprocal activity between the parents and the adolescents. The period of adolescence is a period in which many parents enter middle age and cope with their own developmental

changes. They experience the distress of their body that is betraying them and the coming of old age. The parents look at their adolescent children, at their taut skin and pleasant body, and do not understand why they are not in a good mood. Each one of the sides feels loss of control. In parallel, there is a phenomenon of the examination of values, both among the adolescents and among their parents, but in opposite relation. The adolescents hold to absolute value, such as love is total, while the parents re-examine the values. The symmetry between the processes of the children's' adolescence and the middle age is supposed to strengthen the relationship between the parents and their children, but paradoxically it intensifies the conflicts between them. The adolescents need their parents as a source of encouragement and improvement of their value and find themselves harmed in light of the criticism their parents voice about them (Bar Av, 1998).

Some see the difficulty in the relationships between the parents and the adolescents to be a phenomenon related to the 'generation gap'; in other words, the gap between the patterns of education that the parents knew and those used today. In the general public, an erroneous impression is sometimes created that during adolescence there is a severe conflict between the influence of the friends and the influence of the parents. However, an in-depth study of the professional literature indicates that the picture is not as bad. Despite the considerable importance of the peer group, the parents are perceived as a stable source of help and support. There are conflicts during adolescence, but most adolescents undergo this period in a normal manner and without special professional intervention (Solberg, 2007).

Kagan (1979) in his book *The Development of the Child and His Personality* wrote that self-esteem is the mainstay for stable psychological adjustment, personal happiness, and effective functioning in children and in adults. The child's self-recognition is largely a product of his experiences at home along with the identification with the parents. This was clearly proven in research on children before adolescence and their parents. It was found that there is a relationship between warmth on the part of the parents and willingness to accept their child as he is. The chances of the children to have a high self-esteem would be greater if at least one of their parents evinced warmth and consideration, as opposed to both parents being cold and rejecting. In the middle of

childhood, these children have 'anxiety against expressing aggression', since their father is not fit to fill his role. Anxiety, frustration, and conflict are a part of the person's situation. A child whose parents have greatly disappointed him in some way is certainly expected to have psychological problems. The child who was victim to an infinite series of wrongs and rejections, who knew rigid, arbitrary, or inconsistent discipline and did not develop strong inner critical mechanisms of the superego, may be discovered to be enraged, rebellious, intractable, and generally unable to adjust to social models. Since anxiety is painful and unpleasant, people develop techniques to surmount it or to protect against it, what is called surmounting responses and defense mechanisms, and they help reduce anxiety feelings for problems that the person cannot address through adjustment.

In the use of these techniques generally some aspect of reality is distorted. During repression, which is the most basic defense mechanism, drives that create anxiety, memories, and the like are distanced beyond the awareness. When the individual's associations begin to draw close to these painful regions, the anxiety increases and the individual's thoughts grow distant in another direction, and consequently anxiety is developed. Hence when repression is used, the child is distanced from the event that inspires anxiety or threat. Repression is not the refusal to remember the event and is not the denial of its reality. It is correct that the thought or the event were distanced from the awareness by forces outside of the child's control. Projecting, the child recognizes the emotion or drive and does not accept them but rather ascribes them to different sources.

For abusive parents who exert physical/verbal force, in many cases often the violent brutality has no educational purpose but serves to release or express in-depth rage. These are emotions of frustration and misery – responses to the intolerable conditions of their lives. Research studies have found that abusive parents were themselves frequently victims of abuse or neglect. Every serious tension, such as marital conflicts, inability to care for the child appropriately, unemployment, lack of satisfaction at work, and certainly loss can cause frustration in the parent and abuse of the child. Younger siblings in a family tend to suffer more emotions of powerlessness and lack of fit, but concurrently they acquire abilities that lead to social and popular success. The display of power on the part of the parents, in other words control through physical force or punishment, negation

of privileges, and threats, effected a significant change, especially in the use of induction as having a clear and positive relationship to this type of pro-social behavior, such as empathy and shared emotional responses the child experiences when he receives another person's emotional response.

Winnicott (1956) contributed to psychoanalysis the understanding of psychology of relations, especially those between the infant and his mother. In his book, *Play and Reality*, he argued that the infant himself should not be considered; rather it is necessary to consider the infant in the context of the relationship with his mother and the infant is born as an entity with potential in a situation of lack of integration. In his opinion, the infant's formation into a mental entity depends on the mother's presence, since she enables the infant to be formed into an integrative unit. Winnicott distinguished between a 'good enough mother' and a mother who is not good enough. When the mother can respond to the infant's spontaneous gesture, without putting her needs above the infant's needs, a "true self" develops in the infant.

The true self is related to physical essentialness, originating in the vitality of the body tissues and physical functioning, from which the spontaneous gesture and thought and personal identity derive. The true self is the source of authenticity and creativity and it has a sense of realness and essentialness in the world. When the mother does not recognize and respond to the infant's needs, is invasive and demanding, then the "false self" develops, which is the 'satisfactory front, which the person needs to organize for himself to cope with the world and to adjust his needs to those of his caregivers. This is the 'layer of protection' intended to protect the true self that experienced trauma and now must be protected against further harm. The role of the false self is to conceal the true self and to protect it against exploitation. It does this through response to the environment's requirements. The person can adopt a false self that makes the environment happy while he himself feels awful. When the false self is exploited and addressed as if it is the true self, a sense of despair and lack of value grows in the person. However, Winnicott, when speaking about the coping with the environmental pressures during adolescence, emphasized that processing the conflict between the environment's requirements and expectations and the person's desires and needs is a task assigned to the adolescent, and

another person cannot resolve it for him. He ascribed considerable importance to creativity and play and, in contrast to Freud, did not see in them sublimation of drives but rather innate needs of their own.

An important concept in Winnicott's theory is the "transition object". The process of the infant's separation from his mother entails great frustration on the infant's part, since he feels and understands that he is not an integral part of his mother, as he imagined at the start. To compensate himself for the frustration and anxiety that he feels due to the disconnection from his mother and his transformation into a separate entity, he adopts any object (for instance a blanket or doll), and this object symbolizes for him the calming presence of his mother and the unity with her and he projects his emotions onto this object. This is a 'transition object'. The infant especially needs the transition object in the difficult moments, such as separation, going to sleep, or travelling to an unknown place. Through the transition object the infant realizes his ability for the experience of omnipotence, which is the feeling of complete power, like that of the Creator, when there is an object over which he exerts boundless control and does with it what he wants, in contrast to the mother with whom his control is limited. The transition object enables the infant to develop symbolic reference to life, and it constitutes the basis for creativity and play and for enjoyment of all the phenomena found in the "intermediate space" of the experience, the twilight region between reality and imagination, between inside and outside, between invention and discovery. The treatment, according to Winnicott, provides an accepting, holding, and containing environment, in which considerable attention is given to the voice and needs of the "true self". The therapeutic relationship constitutes an enabling environment for self-discovery and for the formation of an 'intermediate space' for imagination, creativity, play, and liberating experience of going on being.

Klein (2003) was the first to lead object relation theory. In her book *Selected Writings* she divided the infant's first year of life into two psychological modes, which she called 'positions', when a position is a way of psychological organization. It has a typical form of anxieties, defense mechanisms, and object relations. Klein divided the first year into two positions, when the infant goes from one to another during

development and growth, but the two positions continue to accompany the person throughout his entire life, including in his adulthood.

The first position is the Freudian-schizophrenic position. At the beginning of his life, the infant still cannot perceive the mother (the object) as a whole figure and addresses only parts of her – the breast. As long as the object provides milk to the child and calms him, it is considered 'good', but when the breast empties it is considered 'bad', frustrates the child, and seems dangerous. The infant does not perceive that this is the same breast at different moments, and he divides between the mother's two sides. This defense mechanism is called *split*. The mechanisms used by the infant to create this bipolar world are split and projection.

Split addresses the way in which the infant (and the child and the adult at a later stage of development) splits the picture of his object (one mother) into two objects that are experienced as completely separate: a good object and a bad object. The concept of split addresses the unconscious fantasy in the subject's inner world. He split unconsciously the characteristics of the single object and divides them in his inner world between at least two objects.

Klein took Freud's ideas on the power struggles between the life and death instincts and maintained that the infant is found in this struggle from his first days and is forced to cope with the anxiety they create. Therefore, he attempts to get rid of them. He projects his death instinct outside using the projection mechanism and attributes to his environment, his mother, and her breast in particular destructive intentions, and thus they are experienced as threatening and persecuting. Klein described the schizoid position as a part of the child's experience until he reaches six months of age. Then the child learns to experience the mother, and through her the world, in a more complete manner, so that the dependence on the split as a defense mechanism declines, a development that enables transition to the depressive position.

The second position is the depressive position, when the infant undergoes more good than bad experiences and perceives the mother as a whole. He perceives that the good experiences as well as the bad ones originate from the same mother. This is an

important developmental achievement. However, he understands that he has both feelings of hatred and feelings of love towards the mother, who now has already been perceived as a whole and not partial object. So the infant is anxious that his destructive forces will cause him to harm the mother and thus he will lose her good sides, which are so needed by him. This is depressive anxiety that is characteristic of the depressive position. The healthy personality will cope with this anxiety through 'correction' that has real content; in other words, he can live in peace with his loving and aggressive sides, which will constitute a solid basis for successful relations with other people.

Mitchell and Black (2006) in their book *Freud and Beyond* addressed one of the most important contributions of Fairbairn to psychoanalytic theory that presented an alternative viewpoint regarding the libido. In contrast to Freud, who presented the libido as pleasure-oriented, Fairbairn thought of the libido as object-oriented – namely, as directing the creation of a relation with another person. The first and most significant relationship is that created between the child and his parents, a relationship that brings a very strong connection between them and shapes the child's emotional life. The initial objects of the parents constitute a prototype for the future relations and the initial relation with them largely determines the child's emotional experiences during his life. He argued that the objects the child acquired in the first stages of his life constitute a model for all the future experiences that pertain to relations with others. The internal object relations describe relations that exist in the person's mind. Normal parents created in the child an orientation towards real people and the creation of real relations. When the child's psychological needs are not provided by his parents, then a pathology of the avoidance of turning to the outside reality develops and instead of real relations with others the person develops internal, imaginary objects and has fantastical relations with them According to Fairbairn, a child of parents who are not emotionally accessible will separate between the responsive aspect in his parents (the good object) and the non-responsive aspect (the inadequate object). The child internalizes the aspects that do not respond in his parents and perceives these characteristics as a part of himself, since they are not present in reality. This defense mechanism is called 'self splitting', and in it the parent's good and bad characteristics are separated, and there is no room for the integration between the two parts and for feeling the process of separation-individuation.

The attachment theory of Bowlby is a theory well known to developmental psychologists and in the past decade to psychoanalysts, mainly those from the relational school. Its first clinical uses developed in the field of relations of young people and parents. Today this theory is considered most rich in conceptual terms and well established in research terms. It provides a basis for the steadily expanding explanations of individual development in the social-emotional realm from infancy to adulthood. In the field of human emotional development the initial system of regulation, involved in the regulation of anxiety and distress, is the attachment system. No person is born with the ability to control his emotional responses by himself: since the human infant is so powerless he experiences situations of distress that change in their intensity and sources. The control of these situations occurs in the pair of caregiver and infant.

The theoretical and research literature proposes a number of complementary explanations of the relation between the quality of system of relationships between the parent and the infant and the development of the emotional control ability in the developing child and the adult person. The developers of attachment theory, with Bowlby (1973, 1969) at their head, assumed that when changes from moment to moment in the infant, which indicate his situation, are interpreted successfully by the caregiving figure and controlled by her, then the infant learns that in situations of distress he does not reach lack of control and that the presence of an adult helps him create again equilibrium of sense of comfort. Moreover, as the presence of a sensitive, caring, and protective adult is more felt, a safe basis for a steadily broadening investigation is created. Bowlby (1973) described the phenomenon of the 'safe basis', which allows the infant to take the risk in distance from the safe area and from the parental protection in favor of the drive of curiosity, daring, and learning: the physical and psychological presence of the parent in the background allows the infant to return to him for the purpose of control of a situation of anxiety or excessive arousal. The tension between the infant's need for security and the drive to investigate, as well as the child's gradual exposure by the parent to easy and temporary situations of tension, challenge in the child the development of new abilities and strategies for control, which do not depend on the parent's physical and immediate presence. Thus, from the initial innate abilities of attachment behavior - adherence, crying, search for closeness - more advanced abilities develop, such as communication

through a call from a distance, speaking abilities, courtship behaviors, provocation, and so on. The child learns to use other symbolic and imaginary 'transition objects' and other symbolic and imaginary means of self-calming.

Already at the end of the first year, a consistent and stable attachment pattern has been created in the child, based on the accumulation of real experiences. This is, in essence, an internal work model, which includes inner representation of the self, of the other, and of relations and which constitutes an internalized system of expectations or an instrument for the interpretation of the 'reality'. This pattern is awakened and is especially prominent after infancy in situations of anxiety and distress. Children who have formed a secure attachment experience themselves as deserving of love and support and as competent and experience others as somebody who is beneficial and whom they can rely upon. These children have flexible and enjoyable interpersonal relations.

Additional works of researchers of attachment theory, such as Insworth, Maine, and Saroff (in Fonagy, 1999), clarified the maladaptive patterns of emotional control that develop and form as a part of the personality of children who did not receive appropriate emotional control on the part of a sensitive caregiver. Children who experienced parental rejection during their first year of life and whose needs for security and calm were not provided by an adult (children who are classified as anxious avoidant in terms of attachment) learn to adopt on their own mechanisms of defense for emotional control. They protect themselves from dependence and expected rejection and attempt to excessively control their emotions. Through denial and avoidance of a sense of anxiety they display behaviors of extreme self-reliance, while taking risks and testing boundaries, or alternatively they limit ahead of time their area of interest and their needs, so that they will not enter situations of dependence and distress (for instance, "I'm not interested", "This is stupid", and "Who needs a hug"). These two strategies are adaptive for the purpose of controlling anxiety in conditions where it is impossible to rely on the adult, but they are not adaptive in developmental terms, since they limit the development of flexibility and creativity and the range of significant interpersonal experiences. These solutions do not preserve the two extremes of the inner conflict but rather eliminate one (the need for relationship, warmth, and security) in favor of the other (independence), and

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consequently there is a loss of complexity, flexibility, and a variety of possibilities. Another group of children (who are classified as having ambivalent anxiety or opposition attachment) who experienced ineffective or inconsistent care display sub-control in emotional situations and find it difficult to control themselves even with small amounts of distress. They are found in a chronic situation of the broadcast of distress and the dependence on the adult and all their energies are invested in the monitoring of the relationship with the adult. The child is always frustrated, since the adult does not succeed in satisfying him. In these two groups, the control mechanisms the child adopts do not allow him to successfully uphold the tension between the ability to investigate and the ability to be calm, between the need of dependence and for the other and the need for independence and sense of self-confidence. This situation has a high cost in the process of development of interpersonal relations and of many different aspects of adjustment, especially in situations of coping with situations of pressure, as indicated by many longitudinal research studies (Cassidy & Shaver, 1999).

It is possible to see in this coping an inability to contain the conflict of dependence and independence and a surrender of the complexity in favor of the development of dependence alone. An even more serious situation in terms of the acquisition of strategies of emotional control occurs when the parent is a source of pressure and threat for the child. In this situation the child may develop disorganized attachment. This pattern is characterized by a sense of 'being stuck' that cannot be resolved of situations of extreme fear, since the figure who is supposed to help with the control of the fear is also the frightening figure. The behavior of these children shows lack of control strategies and hence dissociative characteristics and behaviors; their development is characterized by social difficulties and considerable difficulties in emotional control.

The explanations presented until now for the development of emotional control ability are incorporated in innovative tasks that engage in neuro-psychological-developmental aspects and primarily in the examination of the conditions under which the control ability develops both on the level of the brain and on the behavioral level. Siegel (2001, 2004) asserted that the brain is a 'social organism'; in other words,

development is not only because of genetic influences but also due to interpersonal external stimuli. Research studies showed that experiences lead to nerve activity that activates genes to produce proteins enabling the creation of new synapses. It is thus possible to assume that experiences in the framework of attachment relations shape the relations in the developing brain and primarily the regional development in the peri-frontal brain, which is the region in which messages from different parts of the brain collect for integrative functioning. When there is good integration along with rich differentiation, flexible, creative, and stable functioning is enabled.

Bowlby (1988) proposed that these internal work models are the building blocks of the individual's attachment style, which are stable models of the individual's cognition, emotions, and behaviors in the systems of relations. According to Bowlby (1980), the individual organizes and assimilates the attachment behavior into his personality in such a way that this becomes the pattern of emotional context throughout his life.

On the basis of the theoretical assumptions of Bowlby, Ainsworth, Blehar, Waters, and Wall (1978) researched interpersonal differences in the response of infants to the separation from and re-encounter with the mother and defined three prototypical styles of attachment: secure, avoidant, and anxious/ambivalent. Infants with a secure attachment style have positive expectations of the mother's availability. They respond with protest when separated from the mother and search for her after the separation. Infants with an avoidant pattern perceive the mother as less available and distance themselves from her actively after the separation. Infants with an anxious/ambivalent style perceive the care-giving figure as less available and respond with despair, anger, and anxiety at the time of separation and ambivalent responses upon the re-encounter with her.

An important contribution of the theory was made by Bartholomew (1990, 1997). According to the conceptual analysis of Bowlby of the 'inner work models' of the self and others, she delineated four types of attachment style in adulthood: secure, preoccupied, fearful, and dismissing. Bartholomew (1990) differentiated between two

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types of individuals with avoidant style: those who were classified according to Hazan and Shaver (1987) as avoiding intimacy because of fear of rejection and were called by her 'fearful' and those who were classified as 'dismissing' according to the structure interview of Main et al. (1985) who distance themselves from close relationships.

The individual who is characterized by the secure style has positive models of the self and of others: the self is considered deserving of love and support, others as available and deserving of trust. The individual who is characterized by a preoccupied style has a low self-esteem and high esteem of others. The individual who is characterized by a dismissing style has a high self-esteem and low esteem of others. Last, the individual who is characterized by the fearful style had the negative perception of the two: the self is perceived as undeserving of love and others are perceived as rejecting (Batholomew, 1990, 1991, 1997).

The tripartite typology of attachment style in adulthood was widely supported in many research studies. In general, it is found especially relevant to the understanding of the interpersonal differences in cognition, emotions, and behaviors (Brennan & Shaver, 1993; Freeney & Noller, 1990, 1991; Mikulincer & Erev, 1990). In particular, this typology was also found to contribute to the explanation of difference of beliefs regarding control (Collins & Read, 1990), self-worth (Bartholomew & Horowitz, 1991; Mikulincer, 1995), cognitive processing of the information (Mikulincer, 1995), conflict resolution (Pistole, 1989), defense mechanisms (Mikulincer & Horesh, 1999), and psychopathological responses (for instance, Brennan & Shaver, 1995).

According to Bowlby (1969), it is possible to conceptualize behaviors intended to achieve closeness as a psycho-evolutionary system for the management of distress. In his opinion, attachment figures function as a 'safe haven' where the individual can go when he needs comfort, support, and re-approval in situation of pressure. These figures also act as 'auxiliary egos' in the management of distress and as a 'secure base' where the individual can develop his personality in a supportive and approving atmosphere. On this basis, it is possible to see the closeness to the significant others as an innate device for the

regulation of emotions, which enables the individual to cope and manage his distress with the other's help (Mikulin & Florian, 1998).

Every crisis or sense of distress awakens different manners of coping among different people. Coping is defined as behavioral and cognitive means, which the person implements to end a situation of pressure and to control the emotional awakening that accompanies the experience of distress (Williams & House, 1990). Many research studies examined the effectiveness of the different coping strategies described by Lazarus and Folkman (1984).

The optimistic approach of secure people leads them to attempt to remove the source of pressure through coping strategies focused on solving the problem and on the search for instrumental and/or emotional support from another person. They can find in this experience that distress can be managed and does not threaten their existence and that it is possible to surmount external obstacles (Mikulincer & Florian, 1998). Furthermore, these people can learn about the good intention of other people in situations that cause distress and about the control that they can implement over the process and the results of outside events. In this way, secure people can develop personal resilience following the stressful event - feelings of belief in the responses of other people and feelings of control and self-efficacy. The experience of significant others as a 'secure base' also informs people about the effectiveness of attachment strategies. First, people with a secure style may discover that recognition of the distress and its expression outwards produce positive results in another person. Second, these people learn that their active responses are not beneficial to the beginning of the chain of events whose end is the easing of the distress. Thus, people with a secure attachment pattern will tend to control their emotions through the basic guidelines of the attachment system: recognition and expression of distress, attempts to act for the solution of the problem, and request for emotional and/or instrumental support from the other person (Mikulincer, 1998).

In the case of non-secure attachment, negative attachment experiences may disrupt effective implementation of the system of attachment and adoption of less effective ways of control of the emotions. The assumption is that these people experience

the pressuring event as overwhelming, stifling, and awakening fear and threat of collapse. They experience themselves as having insufficient resources for coping, and therefore they find it difficult to adjust well to changes and remain behind weakened in powers and connect this attempt to the strengthening of their basic belief that the availability of others is not stable and that their ability to cope with these situations is deficient (Mikulincer, 1998).

However, although people from both non-secure patterns (avoidant and anxious-ambivalent) have a negative evaluation of reality (Collins & Read, 1990), they are different in their ways of coping with the distress. Those with an avoidant style adopt a response of flight in the coping with the other person's lack of availability; they disconnect contact and attempt to maintain distance from him (Mikulincer 1998).

2.2.6 Risk Factors in Adolescence – Profile of Adolescents at-Risk

Children at-risk are defined by the welfare authorities as living in situations that endanger them in their family and in their environment, and as a result of these situations their ability to realize their rights is harmed in the areas of physical existence, health and development, belonging to the family, learning and acquisition of skills, welfare and emotional health, belonging and social participation, protection from others and from their own endangering behaviors (Shmidt, 2006). The concept of children at-risk ranges on a continuum when levels of risk are expressed in the composition of a number of different areas in which the problem exists, in the severity of the problem in each field, and in the duration of time that the child suffers from the problem or problems. In general, it can be said that at one end are found those defined as low risk and at the other end are those defined as high risk (Ben Rabi & Kahan-Starvinsky, 2003).

The treatment approach accepted in Israel divided the population of children at-risk into three primary groups:
1. Children and youths found in direct and immediate danger - these are children who are victims of abuse and neglect, children and youths with behavior problems, delinquent youths, youths who use drugs, and victims of abuse in the family.

2. Children and youths who live in an endangering environment and are found in indirect risk - these are children who witness violence between their parents, addiction, delinquency, children who live in poverty, and children who live in communities that endanger them.

3. Children and youths who live under circumstances that may create risk - these are children from families that are suffering a crisis because of divorce, single-parent families, families that suffer from unemployment, and immigrant families.

The results of this situation of risk may lead the children in terms of personality to have low self-esteem and behavior problems, to suffer from alienation and rebelliousness, deficient social skills, isolation, and social rejection, to have a tendency to evade dealing with situations and difficulty meeting social pressures, and sometimes even to have deviant and/or delinquent behavior.

The educational influences also are apparent. It was found that the educational achievements of these children are significantly lower than those of their classmates, and this situation frequently causes them to drop out of the studies.

The main task at this age is, according to Erikson (1960), to shape the personality. The personal identity has a cognitive aspect and an emotional aspect. The cognitive aspect addresses the perception and opinion of the world that the person holds and the understanding that he is separate and unique and has his own will (Erikson, 1960). The emotional component addresses the person's acceptance of himself, his gender, his appearance, his opinions, and his traits. The process of the construction of the identity is undertaken alongside conflicts and identity confusion, until the adolescent succeeds in forming an optimal self-identity. The process of the formation of the self and the acquisition of independence is undertaken in parallel to the process of separation from the parents. At this stage, the peer group constitutes a main and supportive part in the adolescent's life. One of the emotional changes is the fluctuations in the moods; one day the adolescents appear happy and glad and the next day they are sad and depressed, and this because of the conflict between their aspiration for independence and their need for dependence. Another reason lies in the hormonal changes and in the awakening of the

sexual drives. Following these changes, the adolescent suffers from over-sensitivity, both because of the physiological changes and because of the fact that the adolescent feels himself in a minority group, without his own defined status. On the one hand, the adolescent feels he is an adult, and on the other hand, he cannot meet all the duties of an adult. This excess sensitivity is an example of the lack of confidence that characterizes the adolescence.

In conclusion, it is possible to see how the physical, cognitive, and social changes create emotional and psychological difficulties, with which the adolescent must cope (Solberg, 2007).

2.2.7 Adaptation Mechanisms and Maladjustment Factors

Erikson (1976), a psychoanalyst who belonged to the ego psychology school, emphasized the influence of society on the person's patterns of development and on the crystallization of his identity during life, from infancy to old age. He believed that the individual and the community culture in which he lives influence one another incessantly. The 'ego' is revealed during a continuum of stages, when each stage is characterized by its identity crisis – a critical turning point in which there is development, whether positive or negative. Every psychological stage is adjusted to the physiological development that occurs in that time, with which the person needs to cope. The stages are called epigenetic (epi=standing, genesis=revelation), since they are set at birth and occur in a predefined order but are expressed only over time. The person goes through stations in life that are motivated by biology, and the manner of coping with each one of these stations is what in the end shapes the identity and personality. Erikson based the first five periods on Freud's stages of sexual development, while the next three stages occur at the end of adolescence and through to old age. Each one of the stages is characterized by physiological, psychological, and social coping and by a main crisis, when the successful resolution of this crisis leads to developmental achievement that Erikson called virtue. The eight stages are: (1) oral-sensory stage, (2) muscular-anal stage, (3) locomotor-genital stage, (4) latency stage, (5) adolescence stage, (6) early adulthood stage, (7) adulthood stage, and (8) old age stage.

In the oral-sensory stage, the crisis is trust versus mistrust, and the quality is hope. This stage occurs in the first year of life, when the physiological development is focused on the region of the mouth. The infant learns to 'swallow' and to insert into himself the world through the senses. In parallel, he learns about ways in which he can reject things (such as closing his mouth, vomiting, etc.). Thus, according to Erikson, the first physiological task the infant faces is nutrition. However, it is not enough for the first care-giving figure to see to the infant's basic physiological needs alone. If the care-giving figure responds to the infant's needs in a loving and reliable manner, then the infant will receive an experience of security in the environment and the surrounding world, through which he achieves basic trust. If these first physiological needs of the infant are not satisfied, then he will feel that he cannot rely on himself and on his environment and he will develop mistrust or lack of basic trust. If the crisis is resolved in the correct mix of much basic trust and little mistrust (since it is not effective to trust without expecting any danger), then the infant will achieve the first psychological quality, which is hope – a positive feeling regarding the future and the possibility of coping with it.

In the muscular-anal stage, the crisis is autonomy versus shame and doubt and the quality is will. This stage occurs at the age of one to three years and is characterized by the physiological task of the infant's control over his eliminative functions. In addition, in this stage the child learns to hold objects and let them ago, according to the requirements of the parents and the environment. The main psychological task is the achievement of autonomy and this is achieved when the parents have strict demands of the infant but simultaneously support his aspirations to do things alone and do not harm his belief. When the parents expect the child to show independence in places where he is not prepared or alternatively when they do not let him cope with any task by himself, then the child has feelings of shame and doubt. Such a child may grow to be a rigid and compulsive adult and may lose the trust he attained in the previous developmental stage. When the correct balance is achieved between considerable autonomy and a little doubt and shame, then the infant will achieve the quality of will and can advance to the next stage.

In the locomotor-genital stage, the crisis is initiative versus guilt and the quality is sense of purpose. This stage occurs between the ages of three and five. Erikson did not disagree with Freud in terms of the centrality of the question of sexual identity at this stage, which is expressed primarily in the Oedipal conflict. However, he added no less important goals, such as the development of control over movement and the enrichment of language ability. The main psychological task in this period is the achievement of initiative: the child becomes active, takes responsibility for matters such as interaction with other children and care of younger siblings, and receives the approval of the environment. In parallel, the child understands that he competes for his mother's attention against his father. This understanding increases hostility towards the father and may lead to feelings of guilt. The successful solution, as in the classic Oedipal model, lies in the identification with the father and the internalization of the prohibitions and standards he sets. In this case, the child builds a positive sexual identity and achieves the quality of the sense of goal – the ability to set goals and advance towards their actualization, without feelings of guilt or fear of punishment.

In the stage of latency, the crisis is industry versus inferiority and the quality is sense of competence. This stage occurs between the age of six and eleven, parallel to elementary school age in the Western world. In this stage the child goes outside to the world and is massively exposed to elements of society and culture outside of the family. The requirements of the child steadily increase: he must have high learning ability, succeed in studies, and evince responsibility. Industry develops through the child's understanding that work leads to a product. If the child experiences failures in the achievement of the industrious identity, then he may develop feelings of inferiority, and the child may feel that he is not suited to the challenges that life sets for him. The quality created in the successful resolution of the crisis is a basic sense of competence, which influences the child's productive and professional identity in the future as well.

In the stage of adolescence, the crisis is identity versus role confusion and the quality is fidelity. This stage occurs at the age of twelve to eighteen and incorporates all the needs and roles worked through in the previous four stages. During these years the adolescent asks himself the classic question of: Who am I? He does not need an

unequivocal answer. This is a period of moratorium, a time-out for the adolescent during which he can examine different identities and roles, with the goal of attaining a relatively crystallized personal, sexual, professional, and social identity. In contrast to the classic psychoanalysts, who maintained that the main conflicts in this stage occur between the ego and the id, Erikson argued that the conflict is between different functions in the ego. The crystallization of the identity includes three important elements: sense of uniformity and consistency in the identity of the adolescent himself, sense of uniformity and consistency in the way in which other people see him, and fit between the personal perception of the personality and the social perception of it. Success in this task leads to self-definition of the identity and personality. If the experience is negative or the environmental conditions do not enable an appropriate experience, then the result is role confusion and the adolescent's inability to choose for himself a clear and consistent identity over time. Another result can be choice of a negative identity, such as a delinquent identity. The quality achieved is fidelity, characterized by consistency in self-identity and identification with the family and society in which the adolescent was raised.

In the stage of young adulthood, the crisis is intimacy versus isolation and the quality is love. This stage occurs for the most part between the ages of 19 and 35, when the person finishes adolescence and enters adulthood. The main tasks in this stage are the achievement of intimacy with the partner and the acceptance of responsibility in the framework of the job. The person's confidence in the self-identity he crystallized for himself needs to be fulfilled so that he will not fear losing himself in the intimate dyadic relationship. When the person is not sufficiently crystallized or is not willing to make the necessary sacrifices for intimate partnership, then he will suffer from loneliness. Successful resolution of the crisis yields the quality of love, which is a situation of reciprocal devotion that enables continuation of examination and self-acquaintance in the system of relations.

In the stage of adulthood the crisis is generatively versus stagnation and the quality is care. In this stage, which occurs between the ages of 35 and 50, the main attention is directed at the care of the children and the investment of resources to ensure security for the coming generations.

In the stage of old age, the crisis is ego integrity versus despair and the quality is wisdom. This stage occurs from the age of fifty and until the end of life, and in it the person summarizes the achievements and failures of his life.

Factors of the Adjustment Mechanism and Adjustment Difficulties

The term adjustment is defined in the literature as becoming accustomed to a new situation, as acclimation, as acquisition of the ability to fit to a new situation, as fit to given conditions. It is defined as a process measured for the most part on the time axis and in a number of areas; physical, social, and psychological (Avneon, 1997).

Different researchers addressed differences in the children's responses to situations of adjustment in which they are found and the reasons for it. It was found that adjustment difficulties in the new environment and the ability to cope with the adjustment difficulties depend on the child's degree of maturity. As the age is younger, the adjustment is slower and takes longer. As the children are more mature, the level of anxiety is lower. The educator's beliefs were found to influence the students' abilities. A positive relation was found between the early childhood educators' perceptions and the social and scholastic achievements in transitions in the educational system.

The clinical expressions of the adjustment difficulties are diverse and include depressive mood, anxiety, concern (or a mix of the three), feeling of inability to cope, to plan ahead of time, or to continue in the existing situation and some degree of inability to function in the everyday routine. The person may feel a tendency to dramatic behavior or to violent outbursts, but these occur rarely. Behavior disorders, such as aggression, or antisocial behavior can be an accompanying characteristic, primarily among adolescents. No symptom is serious or prominent in itself to justify a more unique diagnosis. Among children regressive phenomena such as a return to bedwetting, infantile speech, or thumb sucking are frequently part of the pattern of the response. The disorder begins generally within a month from the occurrence of the stressful event or the change in life and the duration of the symptoms for the most part does not exceed six months. Beyond this period, it is necessary to change the diagnosis according to the clinical picture.

Adjustment Difficulties of Children and Adolescents

During the child's first years of life, he is required to adjust to many changes in the environment. In each and every stage he is required to cope with different developmental tasks. Frequently the transition is accompanied by excitement and happiness but also by fears and concern. All transition situations – studies, apartment, birth of a sibling, or any other change that perhaps appears simple and obvious – may constitute a source of concern and difficulty for children and adolescents. Most children cope successfully with the challenges that face them. However, sometimes there are difficulties with the adjustment to the change, which may significantly influence the child's self-image and his sense of efficacy and systems of relations.

Many children do not directly describe the difficulties with which they cope. It is possible that they do not completely understand the source of the difficulty and do not know how to explain it to the environment. Others are ashamed because of the feeling that they are unusual, and they are afraid to cause others worry or to make other angry. The child's adjustment difficulties may be expressed in a broad variety of ways. Sometimes we see a change in the mood, considerable sensitivity, anxiety, or increased closure. Other children will express the difficulty through stubbornness and objection to authority. Emotional symptoms of adjustment difficulties include:

- Sadness
- Lack of hope
- Lack of enjoyment
- Fits of crying
- Agitation
- Suicidal thoughts
- Anxiety
- Excessive worry
- Despair
- Sleeping problems
- Concentration difficulties

- Distancing from family members of friends.

- Decline in achievements in the school

- Tendency to miss studies

- Destruction of property

Clinical Symptoms

Different events of crisis shake our world and erode our sense of security. Sometimes we succeed in using our emotional resources and the support of the environment and in coping with the difficulties but sometimes an adjustment disorder develops, expressed in unquiet, agitation, and anxiety, which cause a feeling of distress and harm in the social and occupational functioning. In addition, among children the distress may be expressed in physical symptoms and may lead, primarily among adolescents, to suicidal risks.

Types of Adjustment Disorders

Adjustment disorders may be expressed in different symptoms, as follows:
- Adjustment disorder with anxiety: The dominant symptoms are the symptoms of anxiety that are expressed in agitation, heartbeats, and feeling of anxiety and unquiet.

- Adjustment disorder with depression: The dominant symptoms are a poor mood, crying, and sense of despair.

- Adjustment disorder with behavior disorder: The dominant symptom is the appearance of behavior that is not commensurate with social norms or that violates another person's rights, such as vandalism, wild driving, fights, theft, and so on. There are situations of emotional or behavioral disorder, which appear in the period of adjustment to significant change in life or as a result of an event that causes pressure (stress factor, distress factor). In these situations, the power of the emotional distress as a response to the cause of the stress goes beyond what is expected and/or there is significant damage to the scholastic or the social functioning.

There are factors that influence the creation of adjustment disorder and its strength, as follows.

- Stress factor: The timing of the appearance of the stress, the way in which it is perceived by the person, and the combination with other life circumstances have considerable influence on the disorder.

- Environmental factors: A supportive environment may moderate the influence of the pressuring event, while the absence of support may increase the risk of the disorder.

- Psychosocial and personality factors: As a part of the developmental process, children develop mechanisms of coping with pressures.

2.2.8 Socialization Style in the Family - Disorders and Corrective Actions

Socialization Theories

Some researchers who addressed socialization from the individual's perspective, as in the example of Sigmund Freud, George Herbert Mead, and Charles Horton Cooley, while other researchers addressed socialization from the perspective of society, such as Alex Inkeles. Other researchers addressed socialization in the relationship between the individual and society, such as Lawrence Kohlberg, Jean Piaget, and Howard Becker.

Socialization in the Family

Socialization is a process of continuous social and cultural experience, which gives the individual the patterns, rules, and values of culture in the society in which he lives. The process of socialization is a basic process, critical to the shaping of the personality, the emotional conduct, and the patterns of thinking of the individual in society.

The process of socialization begins already in childhood and lasts during adolescence, adulthood, old age – until death. There is no stage in life where the process of socialization ends and it is considered a constant process.

Importance of Socialization

Things are considered moral or socially accepted in the cultural context, and therefore it is necessary to learn them during the development. The individuals in society take part in the social structures and institutions, and thus they learn the rules of behavior and values relevant to that society.

Through reciprocal activity with others the individual forms a singular identity. The prevalent assumption is that if a process of socialization is not performed or does not succeed, then the individuals' personal and social development will be harmed. The process of socialization represents two complementary processes of, on the one hand, the inculcation of social and cultural heritage and, on the other hand, the development of the personality. From the functional aspect, it can be said that the process of socialization fills functions such as the inculcation of basic rules of behavior and discipline that are relevant to the culture in which the person lives, planting aspirations, and creation of a family, group, and sexual identity. From the conflictual aspect, it can be said that the process of socialization teaches the individual patterns that exist in society and thus perpetuates, in most cases, stereotypes and social and gender stratification and even prevents in some cases social mobility and change of social status. In addition, there can be a situation in which society will convey conflicting messages, and this is a situation that can create confusion and shattering of the social values.

Agents of Socialization

The process of socialization is performed by different groups that the individual encounters during his life in the different social contexts. Main agents of socialization include:

- Family. In the stage of childhood the family is the main agent of socialization, because it is the center of the child's world. Small children depend almost totally on others, and the responsibility to provide their needs almost always falls on the shoulders of the parents and other family members. At least until the beginning of the studies in the school, the family is the factor that instills in the child the values, attitudes, and prejudges of the culture, about themselves and about others. In addition, the family provides the child with a social position. In other words,

the parents bring their children not only into a material world but also place them in society in terms of race, ethnicity, religious, and class. In time these elements become part of the child's self-image.

- The school. In the school the child's world and areas of interest are extended. In the school the child learns about the collective social values relative to the different areas of life.

- The peer group. The social group comprised of others of the same age and status, with shared areas of interest.

- Mass media. The media means serve as an important factor in the process of socialization, because of the exposure to different messages that create a tremendous influence on the positions and behavior in many countries.

Processes of Socialization

The process of socialization begins in the person's first years of life according to his social development. Play has an important role in the process of socialization since it provides opportunities for social interactions. Through play the child can internalize social norms and improve social skills, while maintaining rules and respect for others. The process of socialization continues in the framework of the educational system and the schools.

Primary and Secondary Socialization

Although during his adolescence the youth is exposed to frameworks other than his family, such as teachers, instructors, friends, youth movements, the media, and so on, it is necessary to remember that there may be influences in different ways, sometimes even contradicting ones.

The family is distinct from other agents of socialization in that the young person, as a child, learns in it to be a member of society as a whole, unlike in the process of secondary socialization, in which the youth is instructed by the other frameworks for only a certain social world, and thus the learning in the family framework is called primary socialization.

Types of socialization are:

- Class socialization. Children and youths, from different classes, set according to the family affiliation, understand after a very short period of time to evaluate their position in society and accordingly they develop a behavioral style. The social gaps are expressed in the nature and contents of the learning, in the choice of the friends in the school, and even in the residential areas that are different in terms of class.

- Gender socialization. This is the constellation of gender perceptions and rules instilled in the boy or the girl. This is, in essence, the process in which the individual develops the behavioral traits and personality characteristics that are culturally defined as suited to the biological sex. This socialization constitutes an example of the great influence of socialization on the personality, since the children's identity is acquired following the reference of society to them and the behavioral expectations of them.

The social norms that lead to moral development, to be discussed in-depth in this chapter, are of the researchers Piaget and Kohlberg.

<u>Moral Behavior according to Piaget</u>

Piaget differentiated between moral judgment and moral behavior. Moral judgment is the evaluation of a certain action as good or bad. In contrast, moral behavior is the person's ability to implement in actuality, in his behavior, the values of society, such as the prohibition to steal, even when he is facing the temptation to violate these values.

Piaget found that before the age of four there is no moral judgment, since there is the need for a certain development of the inner representations, and primarily initial words and concepts of good and bad. Piaget noted three stages in the moral judgment (two stages and between them a transition stage).

1. Moral realism (age four to seven).

- The rules are an inseparable part of the reality, a 'Divine writ', and therefore the child does not understand that rules can be changed.
- Immanent justice. Every action has a result. (A good person has good, a bad person has bad.)
- Because of the cognitive egocentrism the judgment is by results and not intentions.

2. Transition stage (age seven to ten). The children gradually become free of egocentrism and realism, and therefore, from rigidity. They understand that it is possible to change rules but believe that only those older than them can do so.

3. Moral relativism (age ten onwards). Following contacts with others, the intentions are also taken into account and the children understand that they too can change rules (following experiences with friends).

Cognitive development enables moral development. The ability to take into consideration the intention and not only the results (moral relativism) depends on the decentralized thinking (the ability to take into consideration two or more dimensions at the same time), on the departure from egocentrism (entering the shoes of the other person), understanding cause and effect relations, and drawing logical conclusions (concrete and abstract). As the cognitive level is higher, the judgment is more flexible and takes into consideration more internal factors (intentions).

Moral judgment is the evaluation of a certain action as good or bad. Moral judgment is the person's ability to implement, in actuality, in his behavior the values of society. There is a relation between moral judgment and moral behavior – a person with moral judgment (differentiates between good and bad) may behave in a more moral manner than a person whose moral judgment is deficient but the moral judgment is only one of the factors that influences the moral behavior. Other factors include reinforcements from society, punishments imposed by society, and imitation of behavior models.

Every stage has a pace of its own. In addition, there are interpersonal and intercultural differences in the duration of every stage. Piaget notes that our thinking ability develops with age and is the result of reciprocal activity with the environment.

According to Piaget, who focused in his research on children, moral behavior is behavior according to social norms. There are a number of approaches.

- Psychoanalytical approach. Moral behavior is a result of the superego that develops as a result of the Oedipus complex.
- Social learning approach (Bandura) Moral behavior is learned through imitation and reinforcements.
- Cognitive approach (Piaget and Kohlberg). Moral behavior is a result of cognitive development. Children are not passive with their environment. They examine it, ask questions, and search for solutions actively.

Piaget focused on the cognitive processes of the collection and processing of information (and not the knowledge the children acquire). He compared the development of intelligence to the physiological development.

Piaget's theory, like that of Freud and Erikson, is a theory of stages. His theory proposes four stages. He differentiated four main stages in the intellective (cognitive) development. In every stage, the children acquire new cognitive skills, based on what he acquired in the previous stages.

Figure Number 3: The Four Stages in Piaget's Theory of Cognitive Development

The Four Stages in the Cognitive Development Theory of Piaget

- **Senso-motor stage** — The first stage lasts till the age of one and a half
- **Pre-operational stage** — The second stage from age one and a half till age seven
- **Concrete operations stage** — The third stage from age seven to age twelve
- **Formal operation stage** — The fourth stage till age twelve
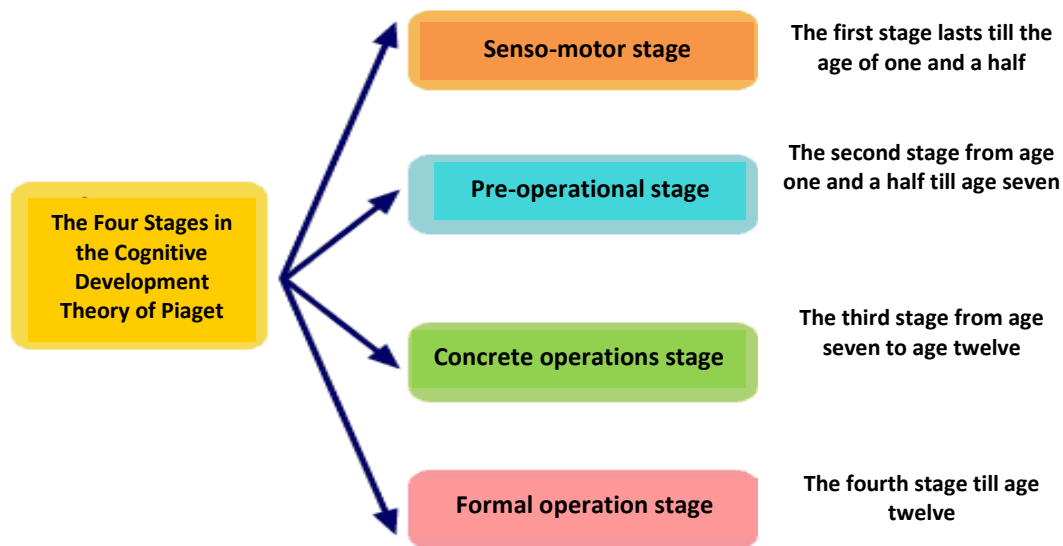
Source: Educational Technology Center

It should be noted that although the continuum of stages is set, every individual has his own personal pace. In addition, there are interpersonal and intercultural differences in the duration of every stage.

Piaget maintained that a person's thinking ability develops with age, and is a result of the reciprocal activity with the environment, which presents us with stimuli all the time, when we respond to these stimuli, initiate, change, and take part in the occurrences around us. Reciprocal activity leads to learning.

The basic assumptions and main terms in Piaget's theory are schemas, assimilation, and accommodation. The theory of Piaget discussed the intellective (cognitive) development. The main general principle is balance (equilibrium) and progress towards balance. Equilibrium is achieved when there is a fit between the stimuli and the world of knowledge, but, as we know, balance is never achieved. The desire and need for balance are attained through two mechanisms: assimilation and accommodation.

Piaget further maintains that our knowledge on the world is organized in the mind in cognitive constructs, called schema.

Schema. A schema is a basic unit – visual, behavioral, acoustic, or semantic – of knowledge of the world. This knowledge dictates to us the way to look at the world and guides us how to respond to a certain stimulus. Through schema we process the absorbed information in different ways of information processing: perception recall, learning, interpretation, and so on.

Assimilation and accommodation are processes through which we address the stimuli in our environment.

Assimilation. In the process of assimilation the new stimuli are absorbed into the old stimuli. In other words, we perceive the stimuli and address it according to the knowledge we have on the stimuli. Thus, children assimilate unfamiliar stimuli from the environment into their schema and behave to these stimuli according to their cognitive constructs (in the schema they have).

Accommodation. In many cases, to progress towards balance, we must change the schema, the cognitive constructs, so that they suit the environment. Thus, we perform accommodation. Accommodation is the change and adjustment of the schemas to the knowledge we have and even to the experience we acquired. This change extends our database and increases it.

From all the stages included in the theory, in this chapter we extend on the stage that addresses the period of adolescence, the stage of formal operations.

Figure Number 4: The Stage of Formal Operations in Piaget's Theory
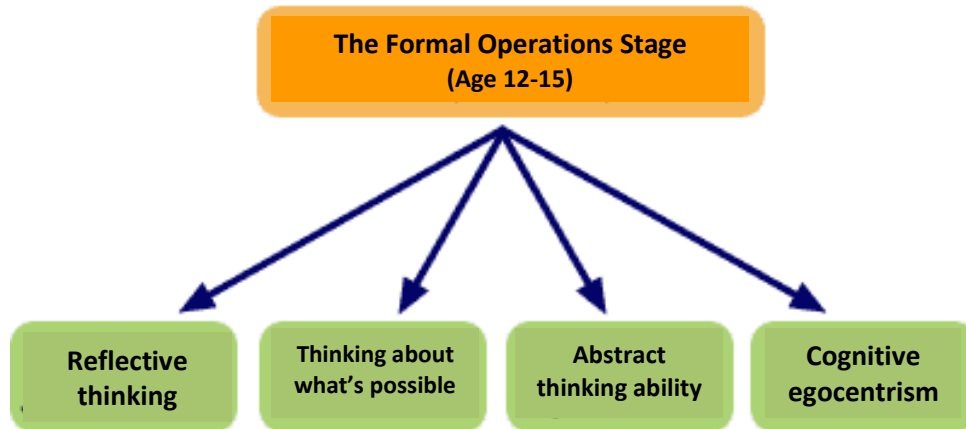
Source: Educational Technology Center

In the stage of formal operations, the intellective development reaches an apex. Its characteristics are: cognitive egocentrism, abstract thinking, thinking about what is possible, and reflective thinking. An operation is an action of logical thinking. Therefore, formal operations are the abilities of adolescents to examine whether there is logic in the statements, regardless of connection to planning but only according to the form of the relation between them. The transition from concrete thinking, thinking about the existing situation, to formal thinking, thinking about the desired situation, is not the only characteristic of this stage. Since the thinking is already mature, now there is also the ability of abstraction, which did not exist previously, in the stage of the concrete thinking.

Moreover, thinking about what is possible enables hypotheses to be hypothesized. Hypotheses examine the relation between variables. This ability does not exist in younger ages. Thus, when small children perform an investigative work, they just ask a research question. Children of elementary school age (stage of concrete thinking) who are not cognitively flexible find it difficult to raise possible solutions to the problem, plan the stages of the solution, and respond in a controlled manner. In this stage, the youths can also examine hypotheses in a scientific and methodical manner.

The pinnacle of the development of thinking in the stage of formal operations is expressed in the ability of reflective thinking. In other words, the ability to analyze our personal thoughts and the ability to judge whether our thoughts are logical, correct, and so on. In the words of Piaget, reflection is operations on operations, thinking about thinking.

An interesting phenomenon at this stage is cognitive egocentrism, which is very different from the child egocentrism. Adolescents tend to attribute to their thoughts great power and even think that they are the only ones who have such strong feelings. In their opinion, others (primarily the parents) cannot understand them, since they do not experience the events as they do. However, the chronology of this stage is linked to adolescence, but it should be remembered that not everybody succeeds in reaching this stage, which requires a high level of abstract thinking.

Moral Development according to Kohlberg

Kohlberg (1958) extended Piaget's work on the topic, to adolescence and adulthood. He also conducted a longitudinal research and addressed later ages and how they faced a moral dilemma.

Kohlberg's research was conducted primarily in the United States. Sample researches were conducted in a number of other countries, and in each of those countries the researchers found the same stages of thinking that Kohlberg found in the United States. The main stages did not appear in subjects in societies with a tribal social order.

Kohlberg's research was based on the research infrastructure of Piaget on thinking. Kohlberg examined the relation between moral thinking and thinking in general. He found that the main factors that drive the development of moral thinking until the advanced stages and that limit it to a limited civil viewpoint are limited cognitive ability according to Piaget's scale and a narrow social perspective according to Selman's scale.

For years, Kohlberg, his students, and his colleagues paved the way to new areas of research in moral education and contributed greatly to the philosophy of morality and to moral education.

Three words – development, moral, and cognitive – can summarize the essence of their doctrine.

- Development. The person goes through, during his life, stages of thinking on issues of justice and fairness.
- Moral. Making decisions in situations in which universal values, such as the sanctity of life and upholding of the law, conflict with one another.
- Cognitive. Focus on organized and consistent processes of thinking.

The original research group of Kohlberg operated for twenty years. Once every three years, fifty children and adolescents (who were at the beginning of the research study ages eight to thirteen) were interviewed, so as to examine the changes in their moral thinking. In parallel, additional longitudinal interviews were held with children and adults from around the United States and the world: Turkey, Mexico, Taiwan, Canada, Britain, the Bahama Islands, Zambia, India, Japan, and Israel. The interviewees were presented with moral dilemmas, namely, dilemmas in which there is a conflict between values and a decision is required. The interviewers presented to every respondent at least three different moral dilemmas, when in each one there is a story that happened when the values conflicted. The researchers asked the interviewees questions of clarification and classified the considerations and explanations that arose from their responses. Following the analysis of the responses, six stages in moral thinking, different from one another in nature, were defined.

Small children thought in terms of avoidance of punishment or winning the sympathy of authoritarian figures. Older children spoke in terms of worthwhileness and reciprocity. Adolescents spoke about commitment to group norms or commitments to maintain the law for the existence of a civilized society.

Kohlberg differentiated three levels of moral development, when on each level there are two stages (it is difficult to determine when each stage beings but the continuum of stages is set).

A. The Pre-conventional Level (Stages 1 and 2)

On this level people are influenced in their moral development by the power of authority figures or the physical results of actions, such as punishments, salary, or concrete benefits. On this level there are two stages;

- Stage 1: Orientation of Punishment and Obedience. In this stage the physical results of a certain act are what determine whether the act is good or bad, fair or unfair. The person thinks about ways to avoid punishment or to obtain a prize, and he submits to the authority figures or to prestigious figures. He is focused on himself, focuses on his own interests, and does not think about himself as having responsibility towards others or as a person who belongs to the group.

- Stage 2: Orientation of Worthwhileness. In this stage the person thinks about another only if he may help him satisfy his needs. The thinking leads to an action that provides his needs and sometimes the needs of others. Frequently it is possible to find in stage 2 elements of fairness, but this derives always from pragmatic beneficial reasons and not from a sense of justice or loyalty. In this stage, the person still seeks to serve his own interests, but he already can expect ahead of time the response of another person. He has the willingness to negotiate and to take others into consideration, so as to obtain what he seeks to achieve.

B. The Conventional Level (Stages 3 and 4)

People on this level are a part of the group and fill the expectations of people, of the belonging group, of the community or the nation, without considering the immediate results of the action for them. On this level they express loyalty to the social circle and commitment to its existence.

- Stage 3: Orientation of interpersonal partnership in the group. In this stage, the person identifies with good behavior, with all that is liked or is accepted by his peers, family, or the group to which he belongs. The person can see things from the perspective of the system of relations in the group, such as concern, belief,

and attitude of respect. He makes decisions according to his perception of the norms accepted in the group, since it is important to him to belong and be accepted. The thinking is based on conformity to norms and is sometimes accompanied by stereotypic perceptions and even submission to group pressure.

- Stage 4: Orientation of Existence of Society and Its Laws. In this stage the thinking is intended to maintain the law and maintain the social order. The meaning of good or fair behavior is the fulfillment of the person's duties, the display of politeness towards the law or towards the factor that maintains the social order. In this stage the person can see the situation as other see it, and people whom he does not know at all. He expresses concern for society and for its normal operations.

C. The Level of Principle (Stages 5 and 6)

- Stage 5: Orientation of commitment to values anchored in the social compact. In this stage the person tends to define correct action in terms of the values of the person's rights, as agreed upon in society and in the official document such as a constitution. Acceptance of the authority of the law in this stage, unlike in stage 4, depends on the fact that the law does not contradict the values of society or the principles of universal justice accepted in society. When this condition is not fulfilled, the possibility of the change of the laws rises, so that it will provide a just response and serve the good of society at large.

- Stage 6: Orientation of Commitment to Universal Values of Justice. In this stage, the person's commitment is to the universal values of justice, beyond personal or group belonging. The stage of moral thinking is a consistent model of thinking on problems that arise in situations in which there is the conflict between moral values.

The stages of thinking do not indicate character types. In the world, there is no person like the stage 2 person. There are only people who think in a certain stage about their development in the perspective of stage 2, in which the concern for the fairness is limited by the belief that people must care for themselves, and therefore they must 'trade' with one another. The stages of thinking do not characterize behavior. There is no

behavior of stage 2, but the person who is found in stage 2 may choose a situation of a dilemma in a certain method of action and then protect it with arguments of stage 2. For this reason, the expression 'stage 2 behavior' is meaningless.

Educational Implications

Since the fundamental assumption that the education of a moral person is undertaken through cognitive conflict and the attempt to build a new thinking style, it is necessary to expose the young learner to situations in which there is a complex moral conflict (that has a number of reasonable solutions), in which he can understand types of possible solutions from a number of perspectives of those involved in the matter.

The teacher must provide for the student situations that inspire the asking of questions, conflict, disagreement, argument, raising other opinions, listening to another person, examining different perspectives, experience in role play – so as to cause the student to think about a problem or deficiency in his manner of thinking, to recognize more viewpoints, and to know new aspects he had not seen before, which constitute a condition to the transition to the next stage.

Adolescents at-risk are young people who are found in a scholastic framework and are experiencing a certain difficulty that may cause them to drop-out of their educational framework and even deteriorate to the margins of society. The risk factors among adolescents are a result of processes comprised of personality variables, family, friends, and the ecological-social environment where they are found and live. Adolescents at-risk are characterized by the lack of basic learning and work skills and habits, poor scholastic achievements over time, poor self-image and self-esteem, low motivation, limited perception of the future, and problematic, non-normative behavior.

In many cases, adolescents at-risk feel rejection on the part of their peer group. This rejection is a painful point in the development of young people and can lead to depressive responses. When adolescents become distant from their parents in their struggle for individuation, they turn to their age group as a substitute for their family's guidance and support. The peer group is composed of other adolescents who are looking

for the same thing. Unfortunately, the narcissism of this age leaves adolescents without the ability or skill to provide guidance for others, and even for themselves. Nevertheless, they search all the time for the group's approval and rejection by the group is a main source of depression among adolescents (Riley, 1999).

In groups where there is no legitimization of differences, the people in the minority are forced to choose between belonging to the group and resultant surrender of their needs and loyalty to their needs and social isolation. For the most part, the choices are not conscious, but they always necessitate a heavy price. An adolescent who wants to establish his position in the peer group often initiates behaviors that entail risks. This behavior is also related to the adolescent's perception of omnipotence and feeling of independence. These risks may include smoking and use of drugs and alcohol, risky sexual behavior, and violent behavior. An adolescent who chooses not to be like the peer group may pay a heavy price: isolation and harm to the sense of self-worth (Muss, 1988).

2.2.9 Relations with the Surrounding Reality and the Self

Social development influences the interpersonal relationships that the person creates over the course of his life and is related to the field of social psychology.

Allport (1985), one of the fathers of social psychology, defined it as the "the scientific attempt to explain how the thoughts, feelings, and behaviors of individuals are influenced by the actual, imagined, or implied presence of other human beings". The social group in which people are found indicates the social role they are supposed to fill at that moment and for which they direct their behavior.

More recent researchers present their definitions of social psychology. According to Brehm, Kassim, and Fein (1999), social psychology is the scientific investigation of the way in which individuals think, feel, want, and act in social situations, According to Baron and Byrne (1994), social psychology is a scientific field that attempts to understand the nature and reasons for the individual's behavior and thoughts in social situations. According to Smith and Mackie (2007), social psychology is the scientific research of effects of social and cognitive processes on the way in which the individual

perceives, influences, addresses other people. Thus, social psychology is the scientific research of emotions, thoughts, and behaviors of individuals in social situations.

Thus, social psychology addresses the following main areas:
- The way in which people (real or imagined, in the past or in the present, in direct contact or in mediated contact) exert social influence and the way in which other people respond to these attempts.
- The way in which people understand the world – who they believe, how they interpret the motives, the personality, and the abilities of others, and how they perceive the causes of events in the world.
- The way in which the person's role influences his social behavior.
- The way in which the presence of other people influences the individual's performances or his perception of the situation.
- How it is possible to convince people to perform actions that they would not normally do.
- When people say something that contradicts their opinions, do their opinions change in the direction of their statement or do they adhere even more tightly to their belief?

All these issues have answers that are well supported in the research. Some of these answers are surprising to many people, including the researchers who perform the research studies themselves, since they run counter to intuition. In cases in which the findings are commensurate with the intuition, social psychology extends the explanation and searches for explanations that stand at the basis of the phenomena.

Examination of the definition raises the emphasis of two main subjects, as follows:
- Scientific research. There are different approaches to the understanding of people. It is possible to learn about human behavior from books, films, history texts, and philosophy works. What makes social psychology different from these areas is that it is a science. Namely, it is knowledge created and accumulated through the

use of methods of observation, methodical description, and measurement both in the field and in the laboratory, so as to learn human behavior.

- The social aspect – other people. Social psychology is different from other areas of psychology in its social aspect. It addresses behavior, feelings, and behaviors in relation to other people and how they change in relation to other people. What makes social psychology unique (as implied by the name given to the field) is the emphasis on the individual's social nature. The other individuals about which the definition of social psychology speaks do not have to be real or present. Even implied or imagined presence can influence people. For example, Allport (1985) believed that if people imagine they receive a positive or negative response from others, then their self-image can be influenced significantly (Leary, Haupt, Strausser, & Chokel, 1998).

According to Smith and Mackie (2007), it is possible to differentiate important characteristics that are shared by the research in all areas of social psychology. It can be said that these characteristics give rise to a picture of the person that is reflected by the field. The researchers differentiate between the fundamental assumptions of the field, the basic movies of the person, and the basic principles on the way of social thinking of people.

<u>Fundamental Assumptions</u>

The basic assumptions in social psychology are that people structure their reality and that the social influences can penetrate into this structure.

Structuring of Reality. At first glance, it seems that the investigation of social behavior is an obvious exercise. In our routine we grasp the world around us as it is – that the objective reality is placed there for all to see. When we go with our friends to see a movie or eat in a restaurant, we assume that everyone sees and experiences the same thing. When we meet a new person, we immediately form for ourselves an opinion about who he is. Since we assume that our impression of the environment is accurate and correct, we expect another person in the same situation to have impressions that are identical to ours. Periodically we are forced to think twice and to understand that this is

not the case. Our lack of awareness of the way in which we structure our world is eroded when we discover how the response of people can be so different from our response to the exact same thing. In these situations we discover that we do not share the same occurrences in life. The reality we experience is personal structuring that is in part shaped by cognitive processes, the way in which our mind works, and in part by social processes, the influence of others who are found in the situation or who are found in our imagination. Cognitive processes act when we collect together pieces of information, draw from them conclusions, and attempt to adjust them into something coherent. Social processes enable us to influence and to be influenced by the opinions of other people, until we succeed in agreeing upon the nature of reality. In the groups that are important to us, agreement is the touchstone for the interpretation of things and for the response to events. We adapt ourselves to the interpretation of others regarding things and use these interpretations as a basis of our responses. In this sense, the person's look at reality is at least in part a whole reflection that is seen in the eyes of another person.

Penetration of Social Influences. Other people influence our behavior in public, and our deeds can influence what others say or do. It is important to remember what was said previously both regarding the influence of the imagined presence of others. Others have influence on all our thoughts, feelings, and behaviors, whether they are present or not. Our thoughts regarding the responses of other people and our identification with social groups shape the perceptions, thoughts, feelings, motives, and even self-perception. Our loyalty (identification) can be on a small scale, such as close family, groups, and communities or on a large scale, such as race, ethnicity, gender, religion, or the society and culture in which we live. The groups provide us with a framework and a filter through which we examine social events. Sometimes we experience social influence as social pressure, but social influence is deeper when it is less felt: when it shapes our most basic assumptions and beliefs regarding the world without our knowing it. Social influences exist around us from our childhood, and therefore it is not surprising that we do not notice them. The incentive we need to become aware of social influence is a change of perspective. Such changes are familiar to all of us: take for example a parent who sets a curfew for his adolescent children although he himself rebelled against his parents in his youth, and so on.

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Main Motives

When individuals or groups structure reality and are influenced by and influence on others, they direct their thoughts, feelings, and behavior towards three important goals.

Aspiration for Understanding and Control. This means that every one of us attempts to understand and predict events in the social world so as to attain different types of awards. The achievement of this ability is an important motive in our attempt to shape and holds opinions and beliefs on the world since precise beliefs can guide us to effective and satisfactory deeds. For instance, if you are interested in the last position that is offered in a certain place, then the ability to shape the boss's framework of requirements in that workplace and familiarity with your abilities that you can present in an interview can help you get the job. In many everyday decisions, individuals and groups decide to act in a certain way that seems to them as having a higher likelihood of bringing rewarding results, on the basis of the most reliable and precise information that can be achieved.

Freedom after Belonging. Every person attempts to create and maintain feelings of reciprocal support, affection, and acceptance by others who care about them and are esteemed by them. It appears that conformity to standards of a certain group, even if this has a destructive meaning for members of other groups, fills the need for belonging. However, the results are not always destructive; the same motivation is the glue that connects between systems of relations that cause us, as well as our families, friends, spouses, and so on, happiness.

Positive Self-evaluation. We have the motivation to see ourselves and everything related to us in a positive light. Our outlook on ourselves and on those linked to us can explain why people from different groups tend to see the same events differently.

Processes of Information Processing

Three principles describe the social and cognitive process at work when we structure the reality, influence others, and are influenced by others.

Conservatism. Change of established outlooks is very slow. The outlooks of individuals and groups on the world change slowly, and in general they tend to maintain themselves. There are countless examples of this phenomenon: the first impression created by the job candidate, the stereotypes that we have regarding a certain group, and our preference for tastes that we know from childhood. The principle in all these examples and others is similar: established knowledge tends to maintain itself.

Accessibility. Accessible information has considerable impact. The information that is most accessible to us is generally also the information that has the most influence on our thoughts, emotions, and behavior. Most of the time, our judgments and deeds are based on a very small part of information that can be relevant. Every social situation provides so much information that we cannot take all the data into consideration. Consequently, it is most likely that we will consider, remember, and use only the information that is most accessible to us. In many situations, what comes to mind most easily is what we think already in any event. In other situations we base our judgment on the information and the most prominent interpretation.

Superficiality versus Depth. People can process information in a superficial manner or in a deep manner. Most of the time, it seems that people function automatically with little investment of mental energy. What is obtained is a superficial picture of the reality, with reliance on the most accessible information. In contrast, sometimes, especially in situations in which we discern that events are not commensurate with our expectations, or when we feel that goals that are important to us are under threat, we invest time and attempt to process the information at greater length. The lack of consent or rejection challenges not only our feeling of understanding and control but also our feeling of belonging and awakens anxiety and lack of certainty. A threat to our goals creates the motivation to consider the information more cautiously and to think in-depth about our beliefs and deeds.

Social Perspective according to Selman (1980)

Following the characterization of the nature of the stages of thinking, Selman (1980) examined another developmental dimension – the person's social perspective. He found that the person's social perspective of those around him develops and rises in level.

The Pre-Conventional Level (Stages 1 and 2). In the first stage, the person does not have the ability to notice the individual and his needs. He is focused on himself and on his personal needs (ego-centered). This is not a value-oriented determination that he prefers himself; rather he is not capable (cognitive-developmental) of seeing another person's needs. In the second stage, on this level, a person begins to be aware of the fact that others feel or think differently from him but he still cannot think simultaneously about himself and others. The personal interest appears preferable.

The Conventional Level (Stages 3 and 4). On this level, the person has the perspective of belonging and membership in a group or society. This level also has two stages. In the third stage, the person is connected and belongs to a certain group, but not to the entire society. In the fourth stage, the person is connected to the entire society and feels belonging to it. In this stage there is reference of reciprocity. In other words, a person can respond to others and think about possible responses of others to him.

2.3 Drama in Group Therapy as a Form of Support for Adolescents at-Risk

2.3.1 Definition of the Group

The concept of the 'group' can be presented on a continuum, when the power of the 'group' is determined by the intensiveness of the relationship and the mutual dependence. This definition emphasizes primarily contacts among people (Rosenwasser, 1997). Ziv and Baharav (2001) in their book *Group Journey* and Rosenwasser (1997) quoted Levin, who contributed greatly to the study of groups and defined the group as a dynamic whole based on reciprocal dependence among the members of its parts. In addition, he maintained that the group is more than the sum of all its elements, namely that the 'we-ness' is greater than the sum of the individual elements of the group. Reciprocal dependence among the group members is an indicator of the group. This dependence exists when the action of the individual and its results are influenced by the activity of the others and when the action of the individual influences the action of others and the results of their activity.

Rioch (1997) in his article "The Work of Wilfred Bion on Groups" wrote that Bion defined a group as a dynamic realm found in a relationship with other areas. He was not interested in individuals but in the group as one functioning unit and spoke of the relationship between the need for company and belonging and the need for independent identity. The common reality, according to him, is reciprocal dependence. We want to believe that we are free from 'unconscious forces' outside or inside of us, but frequently these forces flood us and become a source of non-rational group behavior. He differentiated between two main tendencies in the life of the group: the tendency to work on the main task and the work group mentality, which frequently is unconscious, and the tendency to avoid work on the main task. Bion called this the basic assumption mentality. These contradictory tendencies can be thought of as a wish to cope with the reality and the wish to avoid it when it is painful or causes a psychological conflict in the group or among its members. According to Bion, there are three basic assumptions: dependency, fight-flight, and pairing.

Much of the supposed non-rational and chaotic behavior that we see in the group can be seen as deriving from basic assumptions shared by all the group members. Every assumption raises another complex system of emotions, thoughts, and behavior. Bion (1992) also called the assumption of the group that it is meeting to be helped by its instructor the dependence assumption, according to which the group members assume that they have gathered to receive treatment and protection from the instructor. The group members will act like a wandering flock and will attribute to the instructor traits of omnipotence and omniscience. The basic assumption is found at the basis of the behavior and it is unconscious, and although this fantasy cannot be actualized in reality, the group members act as if they really can create a situation that fits their desires. Bion thought that people can learn about their earlier problems with authority and thus will understand their natural adjustment ability and basic assumptions and thus can build more equal and satisfactory relations. This theoretical orientation led to a unique style of intervention, in which the instructor tends not to intervene, although infrequently he will offer interpretations that will help the group members examine the ways of expression of the basic assumption according to which they function.

Amnon and Shneider (1998) noted the psychosexual stages in the child's development as stages that describe the development of the small group.

- The anal expulsive stage. The instructors are perceived dichotomously as 'good' and 'bad'. The instructors convey survival and durability, which will constitute a counterweight against the destructive transfers of the group members and enable every transition to the next stage.

- The anal retentive stage. This stage comes after the rebellion against the instructor. During it the members achieve a feeling of cohesion regarding the identity as a group. The limits of the self become defined, and representations of the self and objects become distinct. This brings to mind the stage of separation and individuation. Internalized representations of the group as a whole develop among the members, and they establish their identity as separate individuals, distinct despite their belonging to the group. The group begins to observe itself and to identify unrealistic transfers that delayed until now the remedial growth.

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The group boundaries have now coalesced, and from the dependence on the instructor the group has grown into a group that develops autonomously and that can evaluate itself and prepare to use its resources. As there is individuation, in the group there develops a sense of melancholy about its coming end.

- The phallic stage. In this stage feminine and masculine wishes arise, when their role is to organize the group members around relations with the instructor who represents the maternal or paternal Oedipal figure.

- The genital stage. The genital and final stage is characterized by the absence of relations of transference distortions and establishment of the level of differentiation in the internalized object relations. The expressions of language and thinking become higher and more abstract. The level of effectiveness of the problem solving in the group rises, with appropriate assessment of their elements and the development of coping techniques. The study of the small treatment group from the perspective of development of the early stages raises the question of group regression.

Agmon and Shneider (1998) cited the words of Saravay and Kernbeg on the mechanism of regression in the group. Saravay spoke of the connection between the regression and the raising of contents of internalized object relations that exist before the stage of the determinations of the object and before the crystallization of the superego and the id. Kernberg emphasized that the regression mechanism is what underlies the dynamics that implements the group psychology, since, when we lose the social structure that we are used to or when we stop functioning according to the functioning we are used to, this encourages the creation of a field of initial, internal object relations that are externalized into the interpersonal field.

Birne (in Rosenwasser, 1997) described the development of the group in relation to the phases described by Klein in object relations theory. Birne cited Kernberg (1980), who defined the object relations theory as an analytical approach to internalized interpersonal relations that studies how interpersonal relations determine intra-psychic constructs, how these intra-psychic constructs are retained or changed, and how they cause re-awakening of the internalized relations from the past, in the context of current

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personal relations. Object relations theory addresses the interactions between the subjects' internal world and the current interpersonal relations. Thus it will be possible to explain a person's behavior in his relations with others in the present as an externalized expression of his relations with significant figures in his past in his first years of life. Birne looked at the group through the theory of Klein; the relations between the infant, the group, or the patient (the subject) and the mother, the instructor, or therapist (object) are the relations that the subject experiences and connects through them with his social world. The person brings a pattern, introjections, something emotional from childhood and projects them onto other people with whom he forges relations. In the group, which is like a family, a person can make a change in his object relations and be reborn. Object relations are the psychology of two, since there is no infant without a mother. The conceptualization of Birne describes parallelism in the relations between the instructor and the group and the mother and the infant. The group's normal development is related to the instructor's ability to be good enough. This is the challenge that the instructor faces. Just like the mother needs to function to the best of her ability and not be perfect, the instructor too needs to provide experiences of the non-perfect mother along with providing space for the participants to return to their initial patterns, to where things went wrong, and to enable the group to use them as an object of projection throughout the sessions.

2.3.2 Stages of Development of the Group

Foulkes (in Pines, 1985), like Bion, addressed the group as a whole but in a different manner. He asserted that through the experience in group work we can evaluate the extent of our shared situation caused through unconscious forces. He said that the fact that we can easily understand one another and that this understanding extends to such a depth is a symbol of our membership in a shared culture. He called this shared culture the 'foundation matrix' (Foulkes, 1990). The matrix is a concept based on the communication network fashioned by its participants over time. On the basis of this communication network a form of psychological organization develops in the group, based on shared experiences, system of relations, and understandings. The shared history of interpersonal systems of relations in the group and the shared work lead to meaning

and forms the matrix of this dynamic group. The members of the group for the most part enter the group hoping to find ease from some suffering without a radical change. The search for self-understanding gradually becomes the main motive, when people discover that this is the main point that the situation has to offer: help in self-understanding through work with others who also engage in this. Self-understanding is the search for what unifies the diverse experiences with our illusions, our relations with others.

Terms such as hope, self-understanding through others, which Foulkes coined, are found in Yalom (2005) in a slightly different manner. In his book *Group Therapy – Theory and Practice* Yalom defined eleven basic factors that compose the therapeutic process in the group: instilling hope, universality, inculcation of information, altruism, remedial reconstruction of the initial family, development of socialization techniques, imitation, interpersonal learning, group cohesion, catharsis, and existential factors. It is important to note that these therapeutic factors are related to one another and influence one another and that they appear in different stages of the group.

2.3.3 The Powerful Force in the Group Process

Instilling hope. This is a powerful force in the group process and in its success. The therapeutic forces are interconnected and reciprocally dependent and none happen or act alone. The reciprocal relations between them may change considerably from group to group, because of individual differences. The participants in the same group derive benefit from completely different arrays of therapeutic factors. The participants in the group are found in different places along the continuum of coping-collapse. The viewpoint in the group and the ability to see a member in the group steadily increases and improves, and great hope, positive influence, inspiration, and expectation for change are created. The hope is flexible, defining itself anew and according to immediate parameters. The hope gives comfort, self-respect, and connection with the other and primarily a minimum of physical distress. The personal stories of participants about success in coping with the loss greatly help others in the group and show them that there is a way to cope with loss and that alongside pain there is hope.

1. Remedial reconstruction of initial family experiences. Group therapy is in many respects similar to the family. It is possible to find authority figures who are parallel to the parental figures in the family and sometimes intentionally the group will be led by a man and a woman, so as to reconstruct the parental figures as closely as possible. In the group there are other participants, who parallel the siblings in the family. There is in-depth self-revelation, strong emotions among the participants, profound intimacy – as well as hostility and competitiveness. In the earlier stages of the group and after the initial discomfort is overcome it is almost impossible that the members of the group will not reconstruct their early relations with their parents and siblings in the origin family, with instructors and other participants in the group. Early family conflicts are reconstructed in the presence of other therapists and participants, and there is the possibility of working on them in a challenging manner and of studying the nature of the relations from the participants' responses. Thus there is an opportunity for re-interpretation and for addressing unconscious material.

2. Cohesion. The concept of group cohesion is the closest concept to the relationship between the therapist and the patient in individualized therapy, but in group therapy it is more complex and addresses the relationship between the instructor and the participant, between the participant and other members of the group, and between the participant and the group as a whole. This is a subjective concept and each person in the group can perceive the level of cohesion in a different manner. The cohesion is expressed in the group in different ways, such as stable presence, participation, reciprocal support, and preservation of the group values. Members in a group with a high level of cohesion will feel warmth, intimacy, acceptance, support, and strong feeling of belonging, and they will chose to come to the group over any other alternative. It is important to note that a group with a high level of cohesion will not necessarily be a group in which the communication is pleasant, and it is in such a group that there will be conflicts and expressions of hostility. The reason is that the participants perceive the group as a sufficiently safe place and can cope with the conflicts and perform through them learning and progress. Research studies have proven that there is a significant positive correlation

between a high degree of group cohesion and success. The good relationship among the participants raises their sense of self-worth and encourages the participants to take risks and undertake processes of observation and self-learning. As the group is more important to the participant, he will place higher value on the feedback he receives from it and will attempt to obtain the group's help to learn and change. In the group where the theme is shared, cohesion is of great value, since it enables the participants to feel confident and to reveal difficult and personal contents related to their experiences of loss.

3. Universality. Universality is a concept that addresses the way in which participants in the group at first fear that what they experience/feel/think/do is unique. In the continuation, throughout the life of the group, the participants discover that they are not alone and that there are other participants who feel and think similarly. The understanding that "I am not alone" can reduce the level of anxiety or fear and cause the participant to feel confident and "normal" and thus feel comfortable in opening up and sharing (Yalom, 2005).

Additional researchers have addressed the healing powers of the group. Ziv and Baharav (2001) noted the following five rationales and saw them to be the basis for group work.

1. Reconstruction of behaviors in the initial group out of the opportunity for a remedial experience.

2. Opportunity for normalization of emotions and sense of identity and equality, which gives a sense of normality, "I am not an exception".

3. Opportunity for a focused look at mirrors and thus for awareness of the parts in the person, including the patterns and behaviors.

4. The peer group – Opportunity for focused feedback on the part of the members of the peer group.

5. Acquisition of social skills. A learning and experiential laboratory for the acquisition of social skills that were not acquired in previous stages of development.

2.3.4 The Group and the Self – An Interpersonal Perspective

Loweld (1978) claimed that, like there is no inside and outside, there is also no self and no other, no reality and no illusion. He did not negate the existence of reality as opposed to illusion, but in his outlook this distinction is one way of organizing the experience and structuring it. However, for life to be meaningful, vital, and stable, a complete separation between illusion and reality must not be drawn. Sometimes illusion is necessary to be able to experience reality.

Bennis and Shepard (1956) said that the person can resolve his inner conflicts, muster his strengths, and adopt intelligent action, only if the anxiety does not interfere with his ability to derive benefit from his experience, to analyze, to assess, and to expect. Anxiety prevents the person's inner system of communication from functioning appropriately. Similarly, group development includes the overcoming of obstacles in front of valid communication among the members or the development of methods for the achievement and examination of consensus. As the group is more heterogeneous, the group becomes closer to a microcosm of the rest of the member's interpersonal experiences.

Agmon and Stanley (1998, in Fox, Anthony, Whitaker, and Lieberman) indicated that dominant unconscious wishes or fantasies unite the members in every given group and influence their behavior in the group. In the group a dynamic of shared fantasy is created, essential to the creation of a group and to the transition as a group from stage to stage. This fantasy is reflected in the connection among the individual, the group, and the instructor. Every member of the group, with his unique personality, assumes a role in the context of the unconscious fantasy in the group.

This brings to mind the valency of the group according to Bion. The members of the group who feel a part of it connect to their system of drives, with the response of "I am supreme" and others, represent the defense mechanisms that are awakened by an unconscious wish. In this way psychological conflict, based on an unconscious infantile wish, achieves representation in the group as a whole (Agmon and Shneider, 1998).

2.3.5 Work Groups in Art Integrating Psychodrama

Art is an important therapeutic and educational tool, which enables the increase of awareness and coping with different mental situations. The symbolic language of images in art encourages spontaneous self-expression that enriches the inner space and enables creative and significant communication. The created emotional experience facilitates personal and interpersonal growth (Storr, 1971). The artistic medium helps lessen defenses. There generally is no control over the created product in spontaneous artistic expression, and this fact helps the person discover the inner conflicts; the spontaneous emotional expression during creative activity helps alleviate mental tensions (Kramer, 1971).

History of Psychodrama

While all of Europe stood open-mouthed in light of the powerful and revolutionary activity and publications of Freud, Professor Jacob Levi Moreno worked to create a tool that is of no less therapeutic power than Freudian psychoanalysis. The classic sofa, the sofa of the psychoanalyst, gives its place up to the stage that serves as the focus of action, the place of re-experience of the important moments in the patient's life. Moreno addressed the issue when he said "Well, Dr. Freud, I start where you leave off. You meet people in the artificial setting of your office. I meet them on the street and in their homes, in their natural surroundings. You analyze their dreams. I give them the courage to dream again. I teach the people how to play God." (Naharin, 1985, p. 19)

Moreno (1921/2000), a physician by profession, established in 1921 the theater of spontaneity, from which his interest in the use of drama and social relations as a therapeutic method developed. Moreno believed that in every person there is the power to create, which is expressed through his creativity. To find the creativity in a person, the person must discover his sources of spontaneity (Artzi, 1991). Moreno created psychodrama to enable the person to relive failures in different developmental stages through practice and exercise of the dynamics in a safe therapeutic environment. He was the first to address psychodrama as an avenue that enables re-integration of new experiences through clinical role play (Moreno, 1921/2000).

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Definition of Psychodrama

Psychodrama, developed by Moreno (1921/2000), is a method in group psychotherapy that constitutes a part of the methods of art therapy. The word psychodrama is composed of two words in Greek: *psyche* (mind, soul) and *drama* (action). In other words, it means the mind in action. The work method in psychodrama is based on dramatic action and role play through which the participant presents problems, difficulties, and personal and interpersonal difficulties as well as solutions and ways of coping, so as to reveal the individual's inner world, understand his system of relations, and clarify patterns of behavior. Through psychodrama it is possible to change inadequate and/or undesired situations and responses and to act in new and more suited ways, such as the identification and release of emotional barriers so as to achieve mental balance (Website of the Israeli Association for Psychodrama, http://www.iafp.org.il). Psychodrama enables the participant, through physical and verbal action, to reconstruct his experiences, in the framework of the group and with the help of the group members. In this way, psychodrama accompanies the participants into their inner world, which they describe and express in drama. Through the group activity in psychodrama, the participant has the possibility of experiencing a corrective experience of the original event, of changing his perspective on it, and of finding alternatives for coping with the loaded mental topics (Artzi, 1991; Blatner, 1973; Naharin, 1985).

☐   Psychodrama enables the reconstruction of the participant's experiences in the group framework and with the help of the other group members. In psychodrama, through physical and verbal activity, the participant relives parts of his life, which he can investigate from the raising of feelings, observation, and coping. After the activity there is the possibility of changing the events, re-organizing them for clarification, and finding alternatives for dealing with the loaded topics (Artzi, 1991; Blatner, 1973; Naharin, 1985). Dayton (1994) maintains that psychodrama is a method of treatment in which emotions that have been repressed in the past are released and surface in the present, all in an atmosphere that inculcates a sense of safety and holding.

"Psychodrama is a method in psychotherapy in which patients are encouraged to continue and complete unfinished issues through dramatization, role play, and dramatic self-presentation. The instructor uses verbal communication. A number of scenes are acted out and describe memories from the past, inner dramas, fantasies, dreams, preparations for future situations, and expressions of mental situations in the here and now. Scenes represent situations in life itself or inner mental processes. The members of the group take on roles as needed. Some of the techniques are role reversal, double, mirror, concretization, and so on. The stages of the encounter are warm-up, dramatic action, and conclusion that include sharing (Kellerman, 1992). Psychodrama enables reconstruction of the participants' experiences in the framework of the group and with the help of its members. In psychodrama, through physical and verbal action, the participant relives parts of his life, which he can study from the raising of the feelings, observation, and coping. After the action it is possible to change the events, to re-organize what is clear, and to find alternatives for coping with charged issues (Artzi, 1991; Blatner, 1973; Naharin, 1985).

According to Dayton (1994), psychodrama is a therapeutic method in which emotions that had been repressed in the past are released and flood the present – all in an atmosphere that inculcates a sense of security, holding, and protection. Psychodrama accompanies the patients into their inner world, while they describe it and express it dramatically. The psycho dramatist helps the person (the patient) raise to the surface contents that had been deeply hidden. This action serves as a trigger of emotion that accompanies the contents from the unconscious to the conscious. The emotion is experienced as it originally had been, and the mind can re-examine the contents according to their re-editing. Last, the instructor "returns" the protagonist to the group through "sharing". At the end the natural forces of healing of the mind continue with their work, towards illumination of the materials that are supposed to be examined. The process enables the entry into the person's inner reality and validates it as it exists, without the intention to change or adjust it according to the opinions of other people. Psychodrama also enables the remedial experience of the original event.

Karp, Homs, et al. (1991) addressed psychodrama as therapy that does not label. Psychodrama investigates unique situations and 'normalizes' them, focuses on health and not pathology: this is one of its great advantages. Another essential element that adds to this advantage lies in the work of the therapist/instructor: he is more a partner than in any other therapy method, where he usually observes from the side, interviews, etc. Here, under his guidance, with his body language, mimicry, the emotions are revealed and exposed, since he is found in a situation of sharing of the self as a part of the creation of the process on the stage. In addition, he has the option of sharing his own personal contents during the "sharing".

Basic Concepts in Psychodrama

Spontaneity: According to Moreno, spontaneity is the force that motivates the person to appropriate and constructive responses.

Creativity: The creative work is always related to spontaneity. "It can be said that spontaneity is the force that preserves the vitality of the living spring inside of us and the inspiring power in it; creativity is the welling and flowing of the spring. (Artzi, 1991, p.23).

Moreno spoke about five fundamental elements: protagonist, instructor, auxiliary ego, group, and stage, and about many techniques.

Structure of Psychodrama

There are three important stages in classic psychodrama (Naharin, 1985): warm-up, enactment, and sharing and closure.

Warm-up. The stage in which the group and instructor prepare themselves for action. This is a transition stage between the outside world and the internal world that occurs in the group, the preparation of the grounds. This is the stage in which the warm-up is sometimes the goal that achieves the entry into the group work. This stage is characterized by opening conversations between the participants, short games, movement exercises, and guided imagery. The goal of the warm-up is the creation of trust among the

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participants, the creation of a feeling of safety and closeness, while reducing the anxiety, before the participants' exposure. During the warm-up it is possible that a participant will stand out and/or the instructor will direct the exercise to a certain participant so that in the continuation, in the stage of action, his topic will be processed in psychodrama. This participant is called the protagonist.

Enactment. The beginning of the 'presentation' presented on a defined space, such as a stage. Some of the participants take part actively in the presentation and others serve as observers. First, the protagonist tells about himself and the problem that is taken from his life (in the past or in the present) or from the world of his fantasies and dreams.

Sharing and closure. Transition from the world of the group to the world of reality. In this stage the protagonist returns to the group circle and needs encouragement, protection, acceptance, and support. The group members are given the opportunity to share their emotions, ideas, and experiences with the protagonist and to share with one another the experience they experienced with him in particular and in the group as a whole.

Participants

Protagonist

According to the translation from the Greek, it means the 'first to the struggle'. Following the ancient tribal drama, Greek classic defined the protagonist as a person whose suffering is told on stage. The coping with the suffering and the purification at the end of the drama represented a process that each and every person in the tribe or community experienced (Artzi, 1991). In the group, too, relationship to this rationale can be found, when the group chooses the protagonist as one who represents the group topic/voice. It arises after utmost warm-up in relation to the group. It is ready and prepared to study any problem, topic, or conflict. During the event he lives in his own world, a world that he raised and exposed with great power through the different techniques. He raises the true figures and experiences (even if they are imaginary, their core is real). He is playing the game of his life. With the help of the therapist/instructor,

he instructs the auxiliary ego and the action and thus he meets with the figures involved in his mental conflicts.

The Instructor

According to Moreno, the instructor has different roles. He is the director, the therapist, the analyst. Kellerman added a fourth role, the group instructor. He chooses the protagonist or helps him be chosen and encourages him to be exposed, to overcome his objections, and to be at the center of activity. He is attentive to absorb every hint that arises from the protagonist, verbal or nonverbal, and to direct it to dramatic activity through warm-up, presentation of the problem, experience in a variety of roles, and involvement of members from the group. The instructor navigates the psychodrama towards catharsis and integration, to the end, cooperation, and sharing closure.

Rosenheim (1990) in his book *Man Meeting Himself* speaks about the duality of the therapist, who accesses the person/patient, from the professional aspect even when his human existence is involved. This is especially true regarding the psycho dramatist who is found on the 'treatment stage'. He is exposed in his physical and mental conduct to every viewer's eyes. The mental occurrences that are so powerful in psychodrama also touch upon the mind of the therapist/instructor and he needs to act simultaneously, emotionally and cognitively. This is a task assigned to every therapist/instructor, but in psychodrama you 'don't speak about' but rather 'you experience', and therefore the task is more demanding in terms of the mental powers required for integration among all the parts.

The Auxiliary Ego

He is any member of the group who participates in the psychodrama (except for the instructor) in order to help the protagonist work out his topic. The auxiliary ego can pass through the borders of time, age, gender, and form, life and death. Psychodrama enables the entire cosmos to be brought into the play (Moreno, 1921/2000). The auxiliary ego can act close figures, such as husband, wife, son, daughter, parents, and siblings, or more distant figures. The auxiliary ego also can represent absent or abstract figures, such

as an absent father or mother, ideals, God, or Satan. For the most part, the protagonist chooses the auxiliary ego.

The Group

There are two references to it, one when the group is at the center, in the group process, and the other when the protagonist stands at the center and the group members function as auxiliary ego. It is possible, of course, to combine between them. The protagonist is a person who acts his true life (not like an actor), and therefore the scenes acted by the group members create the group texture of the stories.

The Stage

This is the place of psycho dramatic occurrence. Moreno addressed the special structure of the stage as inviting action and acting at every level, both conscious and unconscious.

Psycho-dramatic Techniques

There are many psycho dramatic techniques, and each one meets diverse needs and goals.

Double

"This is the most important of all the roles of the auxiliary ego. Its goal is to help the protagonist express emotions and thoughts, promote him towards the encounter with repressed conflicts, find the spontaneity in him, and provide support and sympathy, so that he can feel secure and open." (Artzi, 1991, p. 82) The double is generally sent by the instructor to be another 'self', which may help the protagonist express what it is hard for him to express. He is the other side, the different side, the concealed side. His role is to awaken the protagonist, to get him out of his stagnation, to help him go over obstacles and to dare more, through the reflection of his psychological experiences. In addition, he helps him express emotion.

Role Reversal

This is a basic technique through which the participant presents somebody or something else that is not him. The protagonist presents the figures or objects involved in his topic and the auxiliary egos present, in turn, these figures or the protagonist.

Empty Chair

This represents the person with whom we must continue the clarification, because of unfinished business. A person from the group, who represents the person with whom the protagonist needs to have words, sits on the chair, and his involvement is most free since the true person is not there and he does not delay or obstruct his spontaneity. The chair can also symbolize an absent significant figure, and then it is possible to turn to this figure with a request or a plea, in anger, to rebuke it. Two chairs can serve two different parts of the self. One chair will stand as the submissive, frightened, small, and powerless part, while the other chair will be the angry, exploding part that recognizes its self-worth and is fighting back. Artzi (1991) addressed the social atom and said that it is the smallest structure to which the person belongs. She noted that the psycho dramatic experience shows that the social atoms are imprinted on the person at a very young age. As a small child, he absorbs the systems around him, the relations among their participants, and their 'roles'. He translates the information according to his ability, and the translation is entrenched in his 'self'.

Social Atom

The crystallization and development of the social atoms are influenced by two areas:

1. The area of the first social system nearest to the self: mother-child and extension to child-family.
2. The area of the outside social system, such as community, nationality, and so on, which do not have a direct relationship to the child.

The child expects that the social atoms will provide him with his initial needs, but frequently he experiences disappointments. The experiences of loss or separation are

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imprinted into the child's social atom, as well as into the adolescent's. When these experiences occur, the longing for balance in the social atom is created, which will enable some existence for his partners. The longing for balance is represented in the pattern of the systems of relations and in the roles that the child develops. To process the individual's social atom, the psycho dramatic group instructor collects the data during his work in psychodrama and sociometry in action. If the individual processes the social atom in which members of his group participate, then the instructor adds the data of all those who belong to this atom.

Hollander (Artzi, 1991) classified the social atom into the following three different types:

1. Collective social atom. The smallest number of groups to which the individual belonged, so that he will feel whole with himself.
2. Individual social atom. The smallest number of people needed by a person so that he will feel he has a place in the group.
3. Emotional or psychological social atom. The smallest number of people the individual needs to feel whole with himself. In this atom emotional or psycho dramatic roles related to the self-image and to intimate systems of relations are expressed. In the stage of 'warm-up' it is possible to offer the protagonist to use the social atom as a bridge to psychodrama itself. The emotional social atom is completely or partially spread in each and every scene throughout the action and reflects a certain picture of life, a certain mental situation, for instance, in case of a loss that is related to deep untreated pain, such as a dear person (parent, sibling, spouse, etc.) who died. However, the person who died belongs to their emotional social atom.

Psychodrama can encourage them to meet the person, to find a new way of referring to him, and to teach to include the atom as it was. In the background of the emotional social atom, there is the mark in his first basic emotional atom pattern, in other words, the same atom that the child internalized at a younger age. The atom includes seven to nine participants. Naharin (1985) addressed the social atom as representing the social relations the protagonist had with individuals with meaning for him. This term was

coined by Moreno for the constellation of significant figures, whether real or imaginary, related to the person's psychological experiences. The establishment of the social atom is first through investigation towards the psychodrama, through which the protagonist can examine every social environment in which he is found. Through psychodrama it is possible to 'meet' the pain and any emotion or reality. The patient is active in the process of his recovery. Moreno said: "In psychotherapy and psychodrama we can actually 'enter the pain' and this is done in psychic healing and in meditative healing as well. It is very much like a role reversal with the affliction. One is not asked to eliminate the pain, but asked to go into it and, by these means, it often disappears" (p. 49).

In therapy with psychodrama it is possible to observe the variety of personal and professional roles that the person fills in his life. When the person embodies another figure from his world or from the world of other participants in the group, in essence he is attempting a new role, and thus there is extension of his repertoire of roles. The ability to see reality in the eyes of another person opens possibilities for cooperation on an empathic basis, with openness to a different viewpoint, openness that is the foundation stone of the deeper recognition with the 'self' (Artzi, 1991). In psychodrama there is use of many games in warm-up and in the opening of the group, such as sociometric exercises that contribute to the mapping of the group. This recurring familiarization brings the individuals closer and forms a realization that is not verbal but is physical. The individuals find themselves involved in a bloc of group members in an atmosphere of happiness, acceptance, and comfort and they feel that they are an inseparable part of it (Naharin, 1985).

Psychodrama exercises can be used as a means to tell the story of the participant in the group. The participant presents a situation that he wants to bring to the group. Some of the participants will actively participate while others will be observers. This part is in essence the presentation of the reality in the microcosmic world of the participants. The protagonist reveals a problem from the past/present or even fantasies or dreams. His excitement, which develops with the presentation of these matters, leads to catharsis, which is the climax of the action, which can be expressed in laughter, in yelling, in crying, and afterwards the protagonist feels physical and mental relief. Eventually, there

is a closure, in which he expresses emotions on the true situations that he did not succeed in presenting there and then. In addition, words are said, which hadn't been said before, and this causes relief and is a remedial experience. At the end of the work there is sharing in the group. This is a very important stage in which the protagonist is free from his role and returns to the group as one of its members and in essence returns to reality. The members in the stage of the sharing can express their identification with problems similar to the problem presented and in essence each one of them undergoes a healing process following the watching of the 'presentation' and the subsequent sharing. In essence, the group story is born from the personal story.

Blatner (1973) noted that structured psychodrama helps the protagonist's drives, associative fantasies, memories, and projections be clarified sharply and serve the expression of the emotions and concurrently develops self-awareness. He called the experiences that arise in psychodrama 'acting in'. The action transforms drives into insight; it is a process of integration. In contrast, Baromberg (1958) described this action as an unconscious return of the past to the present instead of remembering ingrained and depressing events.

2.3.6 Therapeutic Factors in Psychodrama

Spontaneous acting has powerful therapeutic potential. Moreno (1921/2000) established the first spontaneous theater in one of the quarters of Vienna. He aspired to influence through the mode of spontaneous expression not only the acting in spontaneous theater but also the audience. Actual events that have tension that did not diminish, an unresolved mystery, topics that were not realized and that everyone speaks about and are close to everyone – all these and good acting may cause the actors to express themselves spontaneously and the audience to be awakened, internally and freely, deriving from the way in which the characters or occurrences on stage will touch their inner souls and create in them a therapeutic process. Dayton (1994) wrote about the healing power of psychodrama as enabling the person to work on his painful roles and to attain a remedial experience on stage and to aspire to release repressed emotions, during role play. Mental

health is related to the ability to move from role to role. Freedom of choice is necessary to be the "self" completely and not to be captive in a role that takes over the self.

Kellerman (1985) implemented Yaalom's idea and performed a similar research study in the field of psychodrama, in which thirty participants in a psychodrama group were asked about the factors found most beneficial in therapy. In his article Kellerman presented tables with the results of different research works conducted in the period 1970-1983 on the factors that help the most in group therapy. They are: interpersonal learning, catharsis, and self-understanding (insight). Most of the factors listed have especial importance, since they are expressed in the group. In other words, members of the group undergo shared experiences and processes that help the healing. Kellerman (1992) continued and developed this research study and years later published his book *Focus on Psychodrama*, which refers extensively to the therapeutic factors according to the psychodramatic outlook. He divided the factors into seven categories:

1. Skills of the psycho dramatist.
2. Emotional abreaction (catharsis, easing of pressures, etc.)
3. Cognitive insights during action (The need to illustrate the insight through a new action or situation. Knowledge and familiarity are not enough to heal.)
4. Interpersonal relations (learning through the encounter with another, *tele*) reciprocal relations, investigation of transference and counter-transference.
5. Learning in action (learning new behaviors – acting out, not from a position of objection but internal stimulation that has an external expression)
6. Imagination (simulation, as-if play).
7. Nonspecific healing factors – magic.

Surplus Reality

Moreno (1921/2000) referred to surplus reality (SR) or meta-reality as an extended experience of reality that excels in the removal of boundaries. The origin of the concept is from Marxist philosophy, surplus value, which Marx called the part of the profits that the employer takes from the employee. In contrast, SR is addition to what exists; it enriches the reality through the use of imagination. The meaning of the concept

surplus reality addresses the part of the experience that remains inside of us when we shared the experience with the outside world. In essence, the mental reality expands, and layers that until now were implicit now are expressed.

Z. Moreno, his wife and follower, extended the reference to this topic. In her opinion, SR is an experience that enables the person to walk outside of his narrow world and to break boundaries. She addressed this experience as a surrealistic experience in which there are moments of transition; end and beginning are the same thing. This is a total experience, in which the idea is to sink into the experience, to flow and to live the moment. This is the meaning of Zen philosophy as well. In her opinion, the most profound catharsis is when the SR scenes are acted, since these interactions and magic moments cannot happen in real life. According to Moreno (in Blatner, 1985), we cannot truly achieve all that we want, but we can through dramatic acting satisfy these desires, even if not totally, to a sufficient degree. Winnicott (1995) described the role of play as a 'transition space' or 'potential space', in which the infant creates so as to bridge over the separation from his mother. He noted the need for play as a social mental construction for mental health. He understood the use of the intermediate zone between 'outside reality' and 'inside reality', the only place, in his opinion, where a subjective experience forms and occurs. In the potential zone the play occurs and the person's creativity is expressed. Moreno called the concept SR, to differentiate it from illusion, since he wanted to emphasize that this is a type of reality (that exists in the field) and not only to leave it as a process that is the result of the inner imagination. Kiffer (2001) noted that the most important condition of work with SR is a clear definition of the action space in the treatment room. He listed four areas of interaction: external reality, treatment room, group space, and action space. Regarding psychodrama, the action space in essence is the only place where the protagonist, in action, is free of all constraint of time, place, and reality; in other words, this is the place over which SR laws are in effect. In the action space a combination of breaking boundaries in the agreed-upon action space and keeping them outside of it is created.

To conclude, psychodrama uses imagination, symbolic acting, and ability to act and go from the realm of reality to the realm of imagination. Surplus reality is the

dimension that enables these transitions, extending and emphasizing the ability to play and imagine. Through it the person presents his personal, subjective truth and extends the repertoire of improved experiences. Blatner (1985), Kellerman (1992), and others maintained that the use of SR has therapeutic value that strengthens the functioning of the ego (reality test, judgment, regulation and control of drives, object relations, thinking processes, defenses, regression in the service of the ego, etc.) through the training of the coping with the inner and outer pressures. The psychodramatic techniques use these means so as to reach the optimal situation of spontaneity that yields creativity. The creative person is open to the extension of the repertoire of roles. When the person acts different roles, on the one hand he presents his internalized roles and on the other hand he extends the existing repertoire. On this topic Moreno said "Roles do not come from the self but rather the self comes from the roles" (Kellerman, 1992, p. 118).

2.3.7 Development of the Self through Drama

Only at the end of separation-individuation during childhood does the child begin to perceive himself as a separate self with borders of his own. In this stage the child is free of the internalized objects, so as to create an autonomous ego, which will enable individuation and achievement of the development tasks, which also include finding an object of love outside of the family, with the possibility of 'mergence' with another without being afraid of losing the self.

The sociologist Goffman (1989) in his book *The Presentation of the Self in Everyday Life* compared our lives to one great theater. We are all on stage, and we all present our everyday lives. This statement comes to describe the person's entry into a new area in which the people around us examine him, in appearance and body movements. This initial encounter is called the first impression - it is very difficult to change, it is inscribed in the awareness, and it is necessary to put forth effort to change it. However, we create the impression in another person. Goffman (1989) asserts that there are two ways: expressions that the individual gives, verbal and language, and expressions that the individual conveys: body language. The person attempts to adjust the expressions he gives to the expressions he conveys. Goffman (1989) maintains that the person does

not always present to the same extent. Every person has a front stage, where in social places he wears a mask and presents on a high level, and a back stage, where he is without the mask and presents on a low level.

The sociologist Cooley (1902) spoke about an approach similar to that of Goffman, and they both addressed the broad influence that society has on the shaping of the individual's personality. Cooley spoke about the 'looking glass self', a concept that addresses the way in which we create our social self with our social environment. The self is 'what I think that I think that others think that I am'. This is the core of the process of interaction. Both sides are found in unending dynamic negotiations in which we develop the thinking and the analysis ability about what others think about us. We have processes in this self that change as it looks at us in the mirror.

Other researchers such as Slade (1954) and Way (1973) developed activities based not on direct theater approaches and scripted plays but on the central technique of drama improvisation. The activity became known as 'Drama in Education' or 'Educational Drama'. At a time when theater was not staged for children professionally, Way believed that plays should be written with an educational purpose for a specific age group and presented informally on the floor of the school hall. They provided professional actors who understood children and education, who interacted with them, and who worked in small, well-rehearsed companies that traveled from school to school. Nationwide, their efforts became increasingly successful with enlightened directors of education, despite resistance from traditionalists, who were then probably in a majority**.**

Slade (1954) developed a body of theory and practice based on those early observations. He noticed two distinct types of play:

- Projected play - with objects - this enabled the child to develop concentration
- Personal play - with the whole body - which enabled the child to develop confidence and mastery.

Slade (1954) realized that both types of play were essential for a balanced development, but that it was important to enable the child to move from projected play into personal play if they were to fulfill their potential.

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Differences between Psychodrama and Drama

At the end of the 20th century, drama is the most popular art of them all. In the past decades, there has been important development in the uses of dramatic activity. Community theater, psychodrama, and drama in the school are dramatic strategies for the goals of education, teaching, group communication, and mental help.

These areas have much in common, but there are also differences between them. In drama in the educational system, there is shared activity of students and teachers, approaches of theater or plays, scripts, and producing a show. Drama uses existing texts, while psychodrama builds dramatic situations from the materials that the child brings. There are many points of tangency, in which the words integrate the artistic experience.

In psychodrama, the participants works on his emotional difficulties as he knows them and brings to the therapy a certain problem in awareness at some level or another. In contrast, in drama the work is through stories, presentations, culture theater, and different projective tools through which the child projects his inner world and difficulties onto an imaginary world and sometimes links to the world in reality and sometimes not. It depends on the child's ability to accept and digest the relationship between his dramatic work and his reality. Psychodrama is a structured method with techniques, suited to group work in which the child stages scenes from his life, processes them, and understands them. This is a powerful and effective method. The speech serves for the processing of the experience and is an important part of the therapy.

In drama projections are used through the characters that are acted in the show. Psychodrama is more direct.

The Group and the Process of Individuation

Erikson (1987) and Blos (1962) see adolescence to be another birth or the end of the psychological birth that began at age three. The departure from the symbiotic relationship at birth is parallel to the departure from the important contributions of Fairbairn to psychoanalytic theory, in its presentation of an alternative viewpoint regarding the libido. In contrast to Freud, who presented the libido as guided by pleasure,

Fairbairn considered the libido as object-oriented, or in other words, as oriented to create a relationship with another person. The most significant and primary relationship is the relationship created by the child and his parents, a relationship that leads to a very strong connection between them and shapes his emotional life. The initial objects of the parents constitute a prototype for future relationships, and thus the initial relationship with them largely determines the child's emotional experiences in the continuation of his life. He maintained that the objects that the child acquires in his initial stages of life constitute a model for all his future experiences that pertain to relationships with others. The inner object relations describe relationships that are held in the person's mind. Normal parents created in the child an orientation directed towards real people and the formation of real relationships. When the child's psychological needs are not satisfied by his parents, pathology of avoidance of the referral to the outside reality is created and instead of true relations with others the person develops inner, imaginary objects and holds with them fantastical relations. According to Fairbairn, a child of parents who are emotionally unavailable will separate between the responsive aspect in his parents (the good object) and the non-responsive aspect (the unsatisfying object). The child internalizes the non-responsive aspects in his parents and perceives these characteristics as a part of him, since they are not present in reality. This defense mechanism is called 'self-split', and in it the parent's good and bad characteristics are separated and there is no room to combine between the two parts and to feel a process of separation-individuation. Kohut (2005) noted that abnormal development is the fault of a non-empathetic parent who is not attentive to the child's needs. The infant cannot internalize the necessary objects and consequently will become a narcissistic 'vacuum' that requires another to satisfy his needs and is never satiated. Therefore, he cannot build a true and adult relationship. According to Blatner (1985), it is possible that the most meaningful source for the correction of experiences from the past is the possibility of imagining and acting through extended reality scenes that reconstruct situations with an inadequate experience and exchanging them for scenes with more supportive and positive experiences. In his opinion, through SR the person temporarily withdraws from the world of reality and experiences a new imaginary dimension. Paradoxically, it can be said that this process helps simultaneously deny the reality and confirm it as it is. It is also possible to achieve

insights and close circles. According to Karp (2000), conversation with a deceased person (and role reversal with him) is an opportunity to free an obstacle of emotion or expression. Dayton (1999) described surplus reality as the sum of all that we bear within ourselves, in our personal history, influencing all that we are and how we refer to life. In the psycho dramatic journey we in essence embark on a pilgrimage to our surplus reality. This is a brave journey into the self, through our feelings and fear, humiliation, and shame, the most concealed, through hopes and dreams, in the attempt to bridge over the inner gaps of the self. Imagination games are brought to life on the psychodramatic stage.

3. Research Methodology

3.1 The Theoretical Basis of the Research Design

The proposed research study is constructed according to the paradigm of the mixed methods design, combining the qualitative research approach (interviews, participative observation, and case study) and the quantitative research approach (questionnaires) so as to best provide answers to the research questions. Mixed methods research is defined by Johnson, Onwuegbuzi, and Turner (2007) as a type of research in which the researcher or a group of researchers combine elements from the quantitative research approach and qualitative research approach (namely the use of qualitative and quantitative viewpoints, collection of data, and techniques for drawing conclusions), for the goal of the increased breadth and depth of the understanding and validation of the findings.

According to Bryman (2006), the use of the mixed methods research design, combining quantitative research and qualitative research, can be accomplished only if it meets one or more of the variety of advantages this research offers. In the proposed research study, these advantages include *triangulation*, which is the comparison between the findings of two types of research studies for the purposes of the validation of their findings, *completeness*, which is the use of information from the two types so as to obtain a more complete picture of the studied topic, *enhancement,* which is the addition of information of another type of *research* to the findings of the second research, and *explanation*, which is the use of one instrument to explain the findings discovered in another instrument. Denzin (1978) recommended the use of mixed methods research since in his opinion the bias innate in each of the sources of the data, the researchers, and especially the method can be eliminated when used in combination with other information sources, researchers, and methods.

This research paradigm was chosen because the use of quantitative research, which will occur in the proposed research to examine the scope of the researched phenomenon, may ignore possible aspects embodied in the content and cause

oversimplification of the findings. In contrast, qualitative research emphasizes the experience of the individual in the natural context of the learned phenomenon and focuses on the individual's perceptions and insights (Levy, 1986). Therefore, the combination between the scope of the phenomenon and the perceptions of the individuals involved in it encompasses the research topic from all sides. Till now, the mixed methods research design has not been used to examine the influence of psychological treatment with psychodrama among adolescents at-risk.

The following three types of figures present how I am going to examine the research.

1. Examination in the experimental group three parameters that examine the change: case studies, interviews, and questionnaire, at three points of examination – before the beginning of the year, in the middle of the year, and at the end of the year and after the treatment.
2. Examination in the control group two parameters: quantitative and interviews, at three points of examination – before the beginning of the year, in the middle of the year, and at the end of the year.
3. Large examination that performs a comparison between the two groups.

Figure Number 5: The Research Diagram

Time 1	Time 2	Time 3
Questionnaire	Questionnaire	Questionnaire
Interview	Interview	Interview

| The beginning of the year | After half a year | At the end of the year |
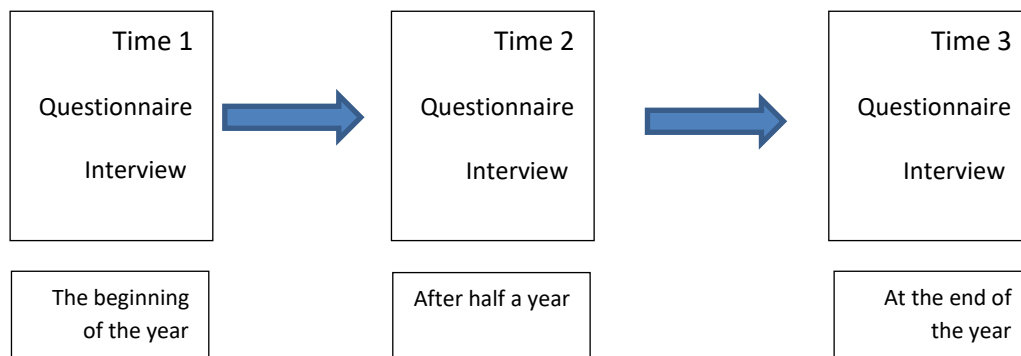
3.2 Theory of Research Objectives

To increase the sense of self-esteem and belief in the self of adolescents at-risk, in the transition from the middle school to the high school, in a group program incorporating psychodrama.

In psychodrama, through physical and verbal activity, the participant relives parts of his life, which he can investigate from the raising of feelings, observation, and coping. After the activity, there is the possibility of changing the events, re-organizing them for clarification, and finding alternatives for dealing with the loaded topics (Artzi, 1991; Blatner, 1973; Naharin, 1985).

First, the concept of "self-esteem" has many meanings, including self-confidence, self-belief, and self-worth. Self-esteem is the core of the personality. Self-esteem is the impression or opinion that the person has about himself. This perception may be based on the individual's personality and skills, on memories of the past, and on the perception of the self or the self-feeling. Self-esteem includes the individual's self-confidence and ability to think and find solutions to everyday difficulties with which he copes during life. All people are born with a high sense of self-esteem. This self-esteem declines over time, primarily because of social and family reasons (Sandelands, Brocknet, & Glynn, 1988). Self-esteem is the degree to which the person sees the different aspects of the concept of self positively or negatively. A normal self-esteem creates the person's strong **belief** in himself and in his abilities and instills in them a feeling of stability and value. This concept includes two conflicting beliefs, for example, "I am or am not a worthy person" and conflicting emotions, sense of despair, or pride versus shame. This position is formed according to experiences of successes and failures in the way in which the person explains them and attributes to them reasons. Therefore, self-esteem is based on the subjective comparison of the gap between the expectations and the degree to which they are realized throughout the person's life, from childhood through adulthood. The children's expectations themselves are influenced significantly by the goals set before them by the significant adults and authority figures in their lives, such as their parents and their teachers (Kaniel, 2006).

Second, transition is defined as a change or progress from one place, action, situation, or topic to another one. Many researchers, including Steinberg and Yinon and Rodniki, have defined the topic of transitions and have presented different approaches regarding coping with changes in the transition from the middle school to the high school. Transition to a new learning framework is a normative life transition. During the transition, the student may experience increased pressure and sensitivity to the changes to which he must adapt. In a transition the individual may experience behavior problems, decline in the scholastic achievements, increase of anxiety, primarily regarding social issues (acceptance by the peer group), and the need to meet the expectations of the new learning environment.

Educational transitions influence the individual's system of self, which includes the following aspects:

- Emotional: Low self-esteem and lack of love and belonging
- Educational: Low achievements and sense of alienation from the school
- Social: Difficulty with acceptance and belonging to the peer group
- Behavioral: Behavior problems, verbal and physical violence

Third, in many cases, adolescents at-risk feel rejection on the part of their peer group. Rejection from the **peer group** is a painful point in the development of adolescents, which can lead to depressed responses. When the adolescents distance themselves from the parents in their struggle for individuation, they turn to those their age as a substitute for the family's guidance and support. The peer group is comprised of other adolescents who search for the same thing. Unfortunately, the narcissism of this age group leaves the adolescents without ability or skill to provide guidance for anybody, even for themselves. Nevertheless, they search all the time for the group's approval, and rejection on its part is a main source of depression in the members of this age group (Riley, 1999).

Erikson (1968), who sees polarity in each one of the person's stages of development, determines that in the period of adolescence there is 'identity formation' versus 'identity confusion'. Loneliness and isolation are a negative developmental

situation that cannot create a personal-intimate relation of reciprocal disclosure and reciprocal commitment. The biological, social, and cognitive identity and the changes that occur during adolescence make this stage for the adolescent a challenging period for the establishment and maintenance of relations with the peer group (Larson & Ham, 1933).

3.3 Research Objectives

There is a problem in transitions that causes a low self-esteem and difficulties in the coping in the transition from the middle school to the high school in scholastic, social, behavioral, and family terms. Adolescents at-risk face a dual risk in transition, since they have difficulties even before the transition.

The process of the transition from the middle school to the high school increases the difficulty in the coping of adolescents at-risk with the new requirements, because of the natural erosion of the sense of self-esteem that occurs in a transition in general and in this complex transition in particular. The intervention programs of the Ministry of Education in Israel on the topic of transitions from the elementary school to the middle school and from the middle school to the high school does <u>not</u> address the issue of children at-risk, for whom coping with changes has additional risk, since they are defined as at-risk in emotional, cognitive, behavioral, and social terms. The main assumption of the research is that it is necessary to understand the double risk that this population faces in the transition and it is necessary to adjust tools and skills specifically for these children, so as to facilitate their coping with the many changes entailed by a transition.

Psychodrama is an effective and successful instrument that helps adolescents at-risk belong to a dynamic group and through it to effect a change, increasing their self-esteem and obtaining new skills and tools with which to cope with the difficulties they experience in the transition from the middle school. The objective of the present research study is therefore:

1. To study the impact of psychodrama on the development of self-esteem of adolescents at-risk in the transition from middle to high school.

4. To investigate the extent to which the program contributes to the change among the adolescents:

   o in self-esteem,

   o in dealing with the transition from the middle school to the high school,

   o in the scholastic and social aspects

5. To examine the skill level and ways of dealing with the changes caused by the transition from middle school to high school, in which there is a strong desire to belong to the peer group.

3.4 Theory of Research Problem

The Group

It is possible to present the concept of "group" according to a continuum, when the "group" strength is determined according to the intensiveness of the relationship and the reciprocal dependence. This definition primarily emphasizes contacts among people (Rosenwasser, 1997). Ziv and Baharav (2001) and Rosenwasser (1997) quote Lewin, who contributed greatly to the research of groups and defines the group as a dynamic whole, based on reciprocal dependence among the member parts. In addition, he argues that the group is more than the sum of all its components, namely the "we-ness" is greater than the sum of all the individual elements of the group. The reciprocal dependence among the group members is the hallmark of the group. This dependence exists when the individual's actions and their results are influenced by the actions of others and when the individual's actions influence the actions of others and the results of their actions.

Kramer (1971) addresses children who do not often share their troubles but through art are willing to express a wide range of emotions. The child is more willing, through art than in words, to meet his pathological parts that include conflicts. Piaget (1962) believes that play assimilates reality so as to reconstruct it, control it, or compensate for it. Children re-experience the experiences of the past through play. They also resolve conflicts through practicing them in play. The goal of the instructor in psychodrama is to allow the child to form a positive self-perception, to control conflicts and anxieties, and develop the ability to cope with events from life, for instance, to deal

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with fears. Children use symbols in their play. A child can imitate adults, invent scenarios, cope with them, or correct them.

Singer (2004) speaks of the humanistic model regarding therapy through play. The instructor provides an empathic response, respects the child, and responds to him through play and words. The therapist sets realistic boundaries and builds trust between him and the child. The therapist accepts the child as he is. The child can express every emotion freely, and the therapist reflects to him his emotions so that the child learns to understand himself better. Humanistic therapy uses traditional play techniques such as doll house, art materials, figures, and other play devices. It uses role play such as brother and sister and doctor and patient, and it also uses imagination techniques and positive reinforcements. For young boys and girls at risk who experience difficulties at home the struggle they have when they experience the crisis of adolescence is doubled and redoubled.

Blos (1962) addresses regressive behavior that constitutes an obstacle in therapy. Karp et al. (2000) write about specific difficulties that adolescents experience, such as the need for excitement, regression to an infantile state or exaggerated maturity, difficulty with channeling energies, anxieties that prevent self-disclosure, arguments on the topic of authority, and extreme extroverted behavior. My professional experience indicates that in art therapy there is an element that softens the resistance at this age, since art therapy enables release and excitement and bypasses the resistance to exposure. In addition, art therapy has a degree of involvement for all, thus reducing competitiveness and aggressiveness.

3.5 Research Problem

What is the impact of psychodrama on the development of self-esteem in the transition from middle to high school of adolescents at-risk?

<u>Detailed Problems</u>

1. What is the level of self-esteem of adolescents at-risk?

- How do adolescents at-risk perceive themselves against a background of their peer environment?
- What is the evaluation of competencies (cognitive, emotional, and social competencies) of adolescents at-risk?
- What is the level of self-confidence of adolescents at-risk?
- What beliefs about the opinions of others do adolescents at-risk have?
- Do adolescents at-risk suffer from low self-esteem because of the lack of parental authority and what are the influences on the self?
- Which factors are influenced by low self-esteem among adolescents at-risk and how are these factors expressed in the group?

2. What are the aspirations, dreams, and life plans of adolescents at-risk?

- What is the level of aspirations and dreams of adolescents at-risk?
- How do adolescents at-risk evaluate their own aspirations compared to the aspirations of others?
- To what extent are their aspirations, dreams, and life plans fulfilled?

3. How do adolescents at-risk perceive their capabilities and opportunities in the implementation of their plans and aspirations?

- How do adolescents at-risk assess their possible self-realization?
- Which determinants, according to adolescents at-risk, can influence the realization of their plans and aspirations?

4. What is the connection between the level of self-esteem and demographic (i.e. age, sex, place of residence) and sociographic/psychographic (i.e. culture, lifestyles) determinants (factors)?

- What is the connection between self-esteem and age of adolescents at-risk?
- What is the connection between self-esteem and sex of adolescents at-risk?
- What is the connection between self-esteem and place of residence of adolescents at-risk?

5. How does the transition influence the 'system of the self' and its elements?

- Which characteristics and adjustment variables occur in the transition and in dealing with it?
- Does coping with the transition increase the difficulties that naturally exist during adolescence for the adolescents at-risk to a double risk?
- What are the factors that influence the coping with these transitions?

6. To what extent does the participation of adolescents at-risk in the drama program influence their self-esteem?

- How does the influence of drama on adolescents at-risk change their sense of self-esteem through the acquisition of new competencies?
- Is there a relation or system of relations between participation in the psychodrama group and change in the self-esteem and self-development?

3.6 Research Hypothesis

The self-esteem of adolescents at-risk who are found in the transition from the middle school to the high school and who participate in a psychodrama group will be higher after their participation in the group than their self-esteem before their participation in the group, in contrast to the control group which did not participate in psychodrama and in which these differences will not be found.

Detailed Research Hypotheses

1. The psychodrama group: The respondents' self-esteem will be higher in the middle of the experiment than before the experiment and higher at the end than in the middle.
2. The control group: A similar self-esteem will be found at all stages of the examination (beginning of the year, middle of the year, and end of the year).
3. This has three parts:
A. The self-esteem of the respondents in the experimental group and in the control group will be similar at the beginning of the year (before the beginning of the psychodrama treatment, at the start of the experiment).

B. The self-esteem of the respondents in the experimental group (psychodrama) in the middle of the year will be higher than that of the control group at the same time (middle of the year).

C. The self-esteem of the respondents in the experimental group will be higher at the end of the year (after a year of treatment) than that of the control group at the same time (end of the year).

3.7 Research Variables

Dependent Variable: **Self-esteem**

Many researchers defined the concept of self-esteem as the constellation of the person's beliefs on himself that give him different meanings. Self-esteem is the overall self-definition of the individual, including the individual's experience of recognition and adjustment to society and its requirements. Self-esteem includes the individual's self-confidence and ability to think and find solutions to everyday difficulties with which he copes during life. The concept of self-esteem has many meanings, including self-confidence, self-belief, self-worth, self-image (body image) and self- efficacy.

Most researchers asserted that the self-image is the way in which the person perceives himself and his status in society regarding the others in the social integrations and it is influenced by the self-esteem.

According to Rogers (1973), the development of the person's self-image is a result of the influence of the assessments of other people that are given to the person primarily in his childhood. The person's self is shaped through the interaction with the others, which is significant to him, and with their responses. The environment can respond with two types of regard: positive conditional regard and positive unconditional regard. Children who receive positive regard, reinforcement, praise, and love, only when they meet their parents' expectations distance themselves from their true self, since they adapt themselves to the environment's expectations. In contrast, children who grow up in an environment that gives them unconditional positive regard, praise, reinforcement, and love, given unconditionally, will develop normally and their self will grow.

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Fitts (1971) is among the important researchers in the field of the self-image. He spoke about the self-image as 'the total image', the image that the person experiences and is aware of. The self-image is the overall summary of all the recognitions or perception of his image with himself. Fitts maintained that the self-image is a variable with important meaning in the person's behavior. He asserted that a healthy 'self' contributes and is vital to correct and normal functioning, to the willingness to put forth effort to cope with adjustment difficulties in light of a new environment and new normative requirements. A supportive, respectful, and encouraging environment contributes to a positive self-image, which contributes to better adjustment ability and willingness to assume reasonable risks and to put forth effort so as to adjust to the changing environment. Fitts (1971) spoke of the following five elements of the image:

- Personal image: The person's perception of his personality traits.
- Physical image: The person's perception of his body, health, and external appearance.
- Moral image: The person's perception of his morality and his behavior according to accepted norms.
- Family image: The person's perception of himself in the family framework and his perception of his family's attitude towards him.
- Social image: The person's perception of himself relative to others in social interactions.

Brendan (1994), a major figure in the self-esteem approach, stated firmly that an individual's self-esteem has far-reaching consequences for every aspect of human existence, and more pointedly, that he cannot think of a single psychological problem, ranging from anxiety and depression through fear of intimacy or success to child molestation, which is not traceable to the problem of low self-esteem. According to Shamrock (2007), adolescent girls and boys have low self-esteem from the age of thirteen to eighteen and that the self-esteem of girls is as twice as low as that of boys. Rothman (2008) asserts that as many as 50% of secondary school students are at risk in school because they have poor self-esteem and thus they are easily influenced or manipulated by others and are often subjected to be scapegoated by others. They can be seen either

withdrawing from social contact or trying to prove their significance by showing off. In other words, low self-esteem is detrimental to the student's psychological well-being and a student's low self-esteem can negatively influence others, since a student may behave in anti-social ways against societal expectations.

In the early years of a child's life, parents are the most significant influence on the development of the child's self-esteem and the main source of the positive and negative experience the child will acquire. The emphasis on unconditional love in parenting represents the importance of a child developing a stable sense of being cared for and respected. The opposite is the case of conditional love from the parents. These feelings translate into later effects on the children's self-esteem as they grow older (Olsen, Breckler, & Wiggens, 2008).

Self-esteem is a judgment of the self as well as an attitude toward the self. Self-esteem encompasses belief and emotions such as triumph, despair, pride, and shame (Hewitt, 2009).

McLeod (2012), citing Rogers (1963), describes this as conditional positive regard whereby individuals only receive positive attention from significant others (such as parents and teachers) when they act in certain way. This reinforces the children's belief that they are only a person of value when they act in certain way.

Low self-esteem can have a deeply negative impact on secondary students' life and can influence all aspects of their existence. Low self-esteem is caused by certain factors associated with the person's background and status, surroundings, and connection with the outside world and various experiences in childhood and adolescence (Laishram, 2013, in Enakoya, 2015).

Characteristics of People with Low Self-Esteem

According to Laishram (2013, in Enakoya, 2015), certain characteristics are displayed by a person with low self-esteem:

- They lack social skills and self-confidence, and therefore they avoid social settings.

- They are highly sensitive to criticism and lack the ability to accept criticism in the form of constructive criticism.
- They tend to be very hostile and go on the defensive whenever they are faced with a negative situation.
- They overanalyze and overthink their problems, and thus they are preoccupied with their own problems.
- They might display physical symptoms such as fatigue, headaches, and insomnia.
- They are likely to harbor several negative traits about themselves, such as feeling worthless, unloved, and incompetent.
- They are subject to negative thinking and pessimism and also hold many fears about various things.
- They are always anxious and fearful. They also tend to be overly sensitive and to take everything personally.

Over the years, there has been increasing realization that self-esteem is an important component that should be promoted in a growing child's personality, regardless of the physical differences, if any, in the early years when self-esteem is influenced strongly by the parental roles (Raboteg-Saric, & Sakic, 2014).

In addition, I used in the research the theories of Rogers, Kaniel, Fitts, Brenden, and Hewitt in my research on children and youths at-risk who come from families in distress, from families that do not function normatively in which the child grew up without a significant adult and a beneficial parental authority. I greatly connected to Rogers, who maintained that the parents' home is the primary and main factor that contributes to the shaping of the self-image and self-esteem. I connected to Roger's argument that a child whose parents appreciate him will form a 'positive self' and the reverse, a child whose parents reject him adopts a 'negative image'. I identified with the argument of Kaniel (2007), who argued that the person's self-esteem forms according to the experiences of successes and failures and is determined by the reciprocal relations between the environment's behavior towards the person and his interpretation of the responses. Fitts (1971) in his theory connected me to the difficult characteristics of the

background of children and youths at-risk when he referred to the five parts that compose the self-image: the personal, physical, moral, family, and social parts.

Brandon (1990) emphasizes self-esteem that is a combination of self-confidence and self-respect and that is built from the measure of self-judgment and the need to obtain respect from the environment of his abilities. Hewitt (2009) in his work on self-esteem from the psychological aspect talks about the emotional assessment on the person's worth in terms of the characteristics of the emotions the person holds about the self.

The research began with low self-esteem, and I greatly connected to the researchers who spoke about the characteristics of low self-esteem, its characteristics, and the risk influences among boys and girls.

Rosenberg (1965) studied the self-esteem and developed a questionnaire that became the most popular tool for measuring self-esteem, the Rosenberg Self-Esteem Scale (RSES). The questionnaire is a one-dimensional tool that concentrates on the perception of self-esteem individuals have for their own value. The questionnaire consists of ten questions, with five positive and five negative graded statements

In this research study, I used this questionnaire to examine the self-esteem at three points of time: before the beginning of the group, half a year after the opening of the group, and at the end of the year

Self-Efficacy

Bandura (1997) coined the term self-efficacy when he said that self-efficacy can be developed through success in tasks, observation of the behavioral models, verbal persuasion, and positive level of psychological and physiological arousal. When the student will feel that he belongs and is accepted in his class, he will feel secure and will not fear being himself. He will realize his needs, will enjoy the learning, and will feel involved. Last, he will realize the potential innate in him. Bandura (1997) maintained that the empowerment of students was undertaken using the identification of the student's forces and abilities, and this with the aim to increase the awareness of his powers and abilities, develop his belief in himself, change negative attitudes of the educational staff

towards him, and create personal and group opportunities for the expression of his abilities. The school's role is to enable the discovery of strong points and self-fulfillment until excellence. The perception of self-efficacy has behavioral and emotional influences. Self-efficacy is a measure that exists in the child's belief when the child goes to judge his ability to persevere and to endure for the performance of the task (Pajares, 2006). The child's personal experiences and his evaluation of them are the most important source of and tool for the achievement of self-efficacy (Banrua, 1986; Pajares, 2005).

The influence of the peer group on the self-efficacy derives both from the adolescents' acquaintance with life skills and the development of independence and their values. Frequently they have little information that is found beyond the behaviors of their friends through which they evaluate their self-efficacy themselves (Schunk & Meece, 2005).

Self-Image - Body Image

Some maintain that the verbal definition of body image was created in the 13th century, when the word 'image' was created from the word 'imitate', meaning 'to make a copy of', and was intended to describe 'similarity to something' or a 'picture of the object'. In the 16th century, the mental part was added to the meaning of the word, when it referred to the visual perception of the object.

Body image constitutes an integral part of the self-image. It can be influenced by the self-image, while the self-image can be influenced by the body-image. These two images influence one another to some extent, and therefore it is not possible to separate between them or to discuss them separately.

Body image is built from the day of our birth, through contact with our body in the environment and through the reference to us on the part of the significant adults in our lives – our parents. As we grow up, our body image changes, according to the reference of our peers. The child's body image changes with the growth of the body, through the stages of intellective, mental-emotional, and physical-sexual maturation.

Different theories in the field of the personality address the concept of body image in different ways. Freud (1927) does not directly use the concept, but according to his perception the body serves as a source and infrastructure for building the ego. Like Freud, Adler (1930) did not use the concept directly but some of his theoretical assumptions regarding the development of the personality are related to aspects of the body image. Additional researchers see the body image as the 'overall picture' that the person has about his body, consciously and unconsciously (Shilder, 1935; Witkin, 1965) or as the sum of the emotions and experiences that the person has towards his body (Fisher, 1973; Cach, 1994). Gal-Or, Shuval, and Lancer (1983) define the concept of body image in our awareness, when the representation is a product of conscious and unconscious reflection of the entirety of the emotions, feelings, expectations, and values related to the body in the static case or in movement.

In the past thirty years, the culture of thinness has steadily developed as a model of beauty, success, power, and control characterizing Western society. It has become an essential measure of happiness in society and thus influences the body image (Meshi-Tamir, 2010). In addition, there is agreement among most researchers that the body image is a multidimensional construct that develops during childhood but continues to change over the course of life. The body image is composed of a number of interrelated body images that include the perceptions and positions regarding different aspects, such as external appearance, body size, body boundaries, and so on. There is a distinction between two components of body image, the perceptual component, which is the person's perception of his body, and the attitudinal component, which is the person's perception on the emotional and cognitive level of the appearance. Positive attitudes are associated with self-confidence and social skills, while negative attitudes are connected to social regression, shyness, and wearing large and wide clothing. In extreme cases, these attitudes lead to social regression and avoidance of intimate physical contact (Teomim, 2005).

A negative body image causes social defeatism or the agreement ahead of time not to be accepted by the environment. Among girls a low body-image and low-esteem

about their body, even to the point of hatred of parts of their body, are prominent (Shapira, 2009).

Independent Variable: **Psychodrama**

Psychodrama was developed and formed in the years 1921-1973 by Jacob Levy Moreno, a physician by profession. Moreno (1921/2000) established in 1921 the theater of spontaneity, from which his interest in the use of drama and social relations as a therapeutic method developed. Moreno believed that in every person there is the power to create, which is expressed through his creativity. To find the creativity in a person, the person must discover his sources of spontaneity (Artzi, 1991). Moreno created psychodrama to enable the person to relive failures in different developmental stages through practice and exercise of the dynamics in a safe therapeutic environment. He was the first to address psychodrama as an avenue that enables re-integration of new experiences through clinical role play (Moreno, 1921/2000).

In the year 1936, he opened a hospital for the mentally ill in Beacon, New York, which became the center for the development of psychodrama. He viewed psychodrama as a treatment method that creates an important turning point in the transition from psychotherapeutic treatment that situates the patient in spiritual and social isolation to group therapy, in which he is a partner in the group dramatic activity (Feingold, 1996).

Psychodrama is a method in group psychotherapy that constitutes a part of the methods of art therapy. The word psychodrama is composed of two words in Greek: *psyche* (mind, soul) and *drama* (action). In other words, it means the mind in action. The work method in psychodrama is based on dramatic action and role play through which the participant presents problems, difficulties, and personal and interpersonal difficulties as well as solutions and ways of coping, so as to reveal the individual's inner world, understand his system of relations, and clarify patterns of behavior. Through psychodrama it is possible to change inadequate and/or undesired situations and responses and to act in new and more suited ways, such as the identification and release of emotional barriers so as to achieve mental balance.

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Pendzik and Poupko (2013) developed six keys for the assessment and intervention in drama therapy in the continuation of the concept of 'dramatic reality' of Moreno. In her book, she notes the original and most important contribution of drama therapy to the treatment realm as a whole. In her articles on dramatic reality, Pendzek (2015) cites Moreno who coined the term 'surplus reality' to express the experience of enrichment that occurs in the protagonist when he invests his imaginary world in the regular reality.

Johnson (2009), who presents an approach based on acting, speaks about the space of acting. However, it should be assumed that most thinkers will agree with the island of imagination that occurs in the here and now through dramatic instruments and additional means.

Bateson and Martin (2013) strengthen the opinion from the field of biology and emphasize the relationship between thinking and 'acting' behavior among people and the creative development of ways of coping with challenges. In the treatment process in drama, we work on a number of dimensions and strengthen the forces of the ego.

Most researchers agreed with Moreno about the importance of spontaneity. Merino (1989) describes the importance of spontaneity according to Moreno: the individual has the ability to respond with a suitable response to the new situation or to display a new response to the old situation. The individual is required to respond to what occurs before him in the 'here and now' and not according to what was learned in the past. Moreno emphasizes creativity as a part of the spontaneous response. Children are not yet 'ruined' by conventions, stereotypes, and cultural influences, and therefore they are Moreno's model for spontaneity.

According to Blatner (2000), spontaneity is one of the brilliant discoveries of Moreno. Spontaneity is a physical, mental, and interpersonal process, which effectively leads to creativity in thought, planning, and cautious drawing of conclusions. However, in essence the creative process involves play improvisation, which is the live and undefined occurrence that occurs when distracted, or in other words, it is unplanned.

According to Artzi (1991), spontaneity is one of the guiding principles in psychodrama. The motivating force is 'here and now', which creatively causes a new response to the old situation, or an appropriate response to a new situation. This is a healthy and authentic source of power, an infrastructure of joy of life motivated by the hunger/drive to act.

According to Dayton (1994), spontaneity enables its participants and observers to connect to the primary creative sources that served them so naturally in their childhood games. This is unplanned occurrence (without a prepared script). The 'observer from the side' gives his place to the one who 'lives the moment', is involved, active, and fully creative.

In addition to powerful spontaneity, researchers agreed with Moreno that psychodrama is a method of therapy and developed theories based on the doctrine of Moreno and continued in his path in their works. These researchers include Kellerman, Blatner, Artzi, Naharin, Merino, Dayton, and Homs and Karp.

Psychodrama is a method in psychotherapy in which patients are encouraged to continue and complete unfinished issues through dramatization, role play, and dramatic self-presentation. The instructor uses verbal communication. A number of scenes are acted out and describe memories from the past, inner dramas, fantasies, dreams, preparations for future situations, and expressions of mental situations in the here and now. Scenes represent situations in life itself or inner mental processes. The members of the group take on roles as needed. Some of the techniques are role reversal, double, mirror, concretization, and so on. The stages of the encounter are warm-up, dramatic action, and conclusion that include sharing (Kellerman, 1992). Psychodrama enables reconstruction of the participants' experiences in the framework of the group and with the help of its members. In psychodrama, through physical and verbal action, the participant relives parts of his life, which he can study from the raising of the feelings, observation, and coping. After the action it is possible to change the events, to re-organize what is clear, and to find alternatives for coping with charged issues (Artzi, 1991; Blatner, 1973; Naharin, 1985).

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Merino (1989) describes the theory of Moreno as a treatment method based on the exposure of everyday life situations and conflicts through experiential means presented on the treatment stage. "To be the… not to speak about…" Psychodrama exposes what is concealed, the hidden truth with regard to people and to the environment.

According to Dayton (1994), psychodrama is a therapeutic method in which emotions that had been repressed in the past are released and flood the present – all in an atmosphere that inculcates a sense of security, holding, and protection. Psychodrama accompanies the patients into their inner world, while they describe it and express it dramatically. The psycho dramatist helps the person (the patient) raise to the surface contents that had been deeply hidden. This action serves as a trigger of emotion that accompanies the contents from the unconscious to the conscious. The emotion is experienced as it originally had been, and the mind can re-examine the contents according to their re-editing. Last, the instructor "returns" the protagonist to the group through "sharing". At the end the natural forces of healing of the mind continue with their work, towards illumination of the materials that are supposed to be examined. The process enables the entry into the person's inner reality and validates it as it exists, without the intention to change or adjust it according to the opinions of other people. Psychodrama also enables the remedial experience of the original event.

Karp, Homs, et al. (1991) addressed psychodrama as therapy that does not label. Psychodrama investigates unique situations and 'normalizes' them, focuses on health and not pathology: this is one of its great advantages. Another essential element that adds to this advantage lies in the work of the therapist/instructor: he is more a partner than in any other therapy method, where he usually observes from the side, interviews, etc. Here, under his guidance, with his body language, mimicry, the emotions are revealed and exposed, since he is found in a situation of sharing of the self as a part of the creation of the process on the stage. In addition, he has the option of sharing his own personal contents during the "sharing".

I also chose to go in-depth in the research study on the theory, way, and belief in the therapeutic power of psychodrama in the group process, when this treatment method

is also in my training and through it I experience many successes. The program I wrote for the coping with the transitions from the middle school to the high school was developed according to Moreno's theory, the techniques in psychodrama and the different stages, and the theories of researchers who based on his studies, which are fascinating and sophisticated on the level of the understanding and implementation in the field.

As a part of the research instruments at my disposal, I chose as a researcher to be a 'participative observer' since I am the group instructor. During the development of the group, from the opening of the group (beginning of the year), I was in the role of the participative observer in the observation of and participation in the group dynamics and instruction and in the development of the group, from the getting to know one another, belonging, and cohesion. In the middle of the year, after the stage of intimacy and entry into the social atom in psychodrama, I served more as an observer in the psychodrama process and as its director and led the participants according to the roles they chose, such as protagonist, double, and ego auxiliary. I observed the body language, facial expressions, verbal and nonverbal behavior. I wrote about the participative observation in which I analyzed the nonverbal behavior. This was an empowering experience and a challenging observation.

Detailed Dependent Variable

The analysis of the psychodrama sessions examines the participant's acceptance of roles in the stage of action, which is the main stage in the group psychodrama activity. These roles are: protagonist, ego auxiliary, role play, and partnership in the social atom.

In the analysis of the participant's actions in the framework of these different roles, the following are examined:
1. The verbal ability to express positive emotions
2. The non-verbal ability to express positive emotions
3. The verbal ability to express negative emotions
4. The non-verbal ability to express negative emotions
5. The willingness to take on a role / frequency of taking on a role
6. The independence of decision making in taking on a role

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7. The way of presenting a role alone or in collaboration with others
8. The courage to participate and present the self in the group
9. The manner and extent of communication with other members of the group
10. Receiving positive feedback from other members of the group
11. Receiving negative feedback from other members of the group

These analyses indicate the participant's degree of confidence and belief in himself and in his group mates. This degree of confidence is supposed to increase from session to session and to allow the individual to discover himself through the feedback from his peers in the group and from the instructor. The group has the power to allow the individual to translate his abilities and strengths into practice. Through this power the participant learns to know and esteem himself and to develop self-awareness and through it to increase his self-esteem.

3.8 Psychodrama Workshop Model

The Psychodrama Workshop Model on which the research study will be based was written by the researcher and is based on the lack of research knowledge that shows the relationship between art therapy in general and psychodrama in particular in the increase of the self-esteem and self-image necessary for adolescents at-risk in transitions. The adolescents' needs in times of transition are significant and create trauma and crisis, because of the erosion of the sense of belonging and safety as well as the feeling of self-esteem that occurs in a transition in general and in this complex transition in particular. The transition from framework to framework is a significant event, and this change, along with other life events, may bring about feelings of pressure and stress. As the individual at this age experiences pressuring life events, his non-adaptive behavior increases. In the program sessions, the adolescents will learn tools for the empowerment of their sense of self-efficacy, for the development and acquisition of personal skills, and for the improvement of their self-image, through learning and experience in group dynamics incorporating psychodrama.

This program was developed by the researcher with the aim of helping adolescents at-risk with the different environmental conditions that require emotional,

scholastic, and social adjustment in the transition from the middle school to the high school. Participation in the group program offers conditions for the individual to build personal and social skills so as to facilitate the dealing with the turbulence of the transition. The integration of psychodrama contributes to the individuals' emotional release through their experience of different situations in the transition through role play.

Workshop Goals

- To promote the powers and strong points.
- To provide tools for the development of personal and social skills.
- To promote the value, perception, and belief in the self.
- To cope with the social pressure through the internalization of new behavior norms.

The Meetings in the Program

The adolescent at-risk copes in the 'here and now' with traumas and different difficulties, such as the family circle of divorced/separated parents and/or data with personal/economic problems, and this in addition to his difficulties. In the meetings in the program the adolescents will obtain tools for the strengthening of the sense of efficacy, for the development, and acquisition of personal skills for the improvement of the self-image through learning and experience of group dynamics in the integration of psychodrama.

Treatment of Psychological and Social Problems through Drama

Participants:
- Instructor
- 'Heroes of the drama'
- Group members

Psychodrama Benefits

- Enjoyable

- Powerful

- Involves cooperation

- Experiential and therefore bypasses defenses

- Non-stigmatizing (Karp & Shani, 2000)

Psychodrama enables the reconstruction of the participant's experiences in the framework of the peer group and with the help of its members. In psychodrama, through physical and verbal action, the participant relives the parts of his life that he can investigate from raising feelings, observation, and coping. After the action it is possible to change the events, reorganize what is clear, and find alternatives for coping with highly charged topics (Artzi, 1991).

Participation in a group program offers conditions for the individual to build personal and social skills so as to facilitate the dealing with the turbulence of the transition. The integration of psychodrama contributes to the individuals' emotional release through their experience of different situations in the transition through role play. In psychodrama, through physical and verbal activity, the participant relives parts of his life, which he can investigate from the raising of feelings, observation, and coping. After the activity there is the possibility of changing the events, re-organizing them for clarification, and finding alternatives for dealing with the loaded topics. Psychodrama is a method of treatment in which emotions that have been repressed in the past are released and surface in the present, all in an atmosphere that inculcates a sense of safety and holding.

Figure Number 6: Psychodrama Curve
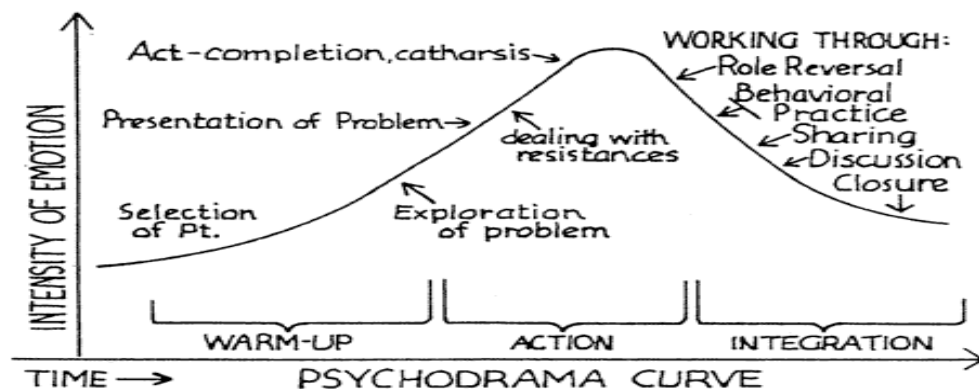
Source: Hollander, C. E. (1969). *A Process for Psychodrama Training: The Hollander Psychodrama Curve*. Denver, CO: Snow Lion Press.

1. Basic Concepts in Psychodrama

The psychodrama stage and the processes that occur on it are composed of the following structure.

Spontaneity: According to Moreno (1921/2000), spontaneity is the force that motivates the person to appropriate and constructive responses.

Creativity: The creative work is always related to spontaneity.

Moreno spoke about five fundamental elements: protagonist, instructor, auxiliary ego, group, and stage, and about many techniques.

Psychodrama enables the reconstruction of the participant's experiences in the framework of the peer group and with the help of its members.

Warm-up. The stage in which the group and instructor prepare themselves for action. This is a transition stage between the outside world and the internal world that occurs in the group, the preparation of the grounds. This is the stage in which the warm-up is sometimes the goal that achieves the entry into the group work. This stage is characterized by opening conversations between the participants, short games, movement exercises, and guided imagery. The goal of the warm-up is the creation of trust among the

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participants, the creation of a feeling of safety and closeness, while reducing the anxiety, before the participants' exposure. During the warm-up it is possible that a participant will stand out and/or the instructor will direct the exercise to a certain participant so that in the continuation, in the stage of action, his topic will be processed in psychodrama. This participant is called the protagonist.

Enactment. The beginning of the 'presentation' presented on a defined space, such as a stage. Some of the participants take part actively in the presentation and others serve as observers. First, the protagonist tells about himself and the problem that is taken from his life (in the past or in the present) or from the world of his fantasies and dreams.

Sharing and closure. Transition from the world of the group to the world of reality. In this stage the protagonist returns to the group circle and needs encouragement, protection, acceptance, and support. The group members are given the opportunity to share their emotions, ideas, and experiences with the protagonist and to share with one another the experience they experienced with him in particular and in the group as a whole.

2. Participant Roles

Protagonist. According to the translation from the Greek, it means the 'first to the struggle'. Following the ancient tribal drama Greek classics defined the protagonist as the one whose story of suffering is told on the stage. The coping and the purification at the end of the drama represented a process experienced by each and every person in the tribe or community. Thus in the group it is possible to find a relation to this rationale, when the group chooses the protagonist as the representation of the group topic/voice. He goes after the maximal warm-up relative to the group, when he is ready and willing to research a problem, topic, or conflict. During the event he lives in his world, a world that he raised and revealed with great power through the different psychodrama techniques. He raises the true figures and experiences (even if he imagined them, their core is true), he acts his life. With the instructor's help, he guides the auxiliary ego and the action. Thus, through the activity of psychodrama the protagonist meets with the figures involved in his mental conflicts (Artzi, 1991).

Instructor. According to Moreno (1921/2000), the instructor has different roles: he is a director, a therapist, and an analyst. Kellerman (2007) adds a fourth role, the instructor of the group. He chooses the protagonist or helps him be chosen, and encourages him to expose himself, to overcome his objections, and to be at the center of the activity. He is attentive to absorb every hint that arises from the protagonist, verbal or nonverbal, and to convert it to a dramatic activity, through warm-up, presentation of the problem, experience of a variety of roles, and involvement of members in the group. The instructor leads the participants in the group to high reciprocal identification, and at the end the participants return to sit in a circle and share the feelings they experienced during the action and at its end (sharing closure).

Auxiliary Ego. This is any member of the group participating in psychodrama (aside from the instructor), who can help the protagonist work through his issue. The auxiliary ego is a member of the group who mustered to represent the protagonist's feelings and emotions as they arose in the session. Psychodrama enables this entire cosmos to be brought into the acting. The auxiliary ego can act close figures, such as husband, wife, son, or daughter, parents, and siblings, or distant figures. The auxiliary ego can also represent figures who are absent or abstract, such as an absent father or mother, ideals, God or the devil, life or death. For the most part the protagonist chooses the auxiliary ego, the member who in his opinion can contribute to him in acting confidently one of the figures (Moreno, 192/2000).

Group. There are two references to it; the first when the group is at the center, in the group process, and the second when the protagonist stands at the center and the group members function as an auxiliary ego. In addition, it is possible to combine between the two. Since the protagonist is a person who acts his true life (unlike an actor), the scenes that are acted by the group members create the life story that constitutes together the story of the group as a whole.

The importance of the group in the dynamics of psychodrama. It is possible to present the concept of "group" according to a continuum, when the "group" strength is determined according to the intensiveness of the relationship and the reciprocal

dependence. This definition primarily emphasizes contacts among people (Rosenwasser, 1997). Ziv and Baharav (2001) and Rosenwasser (1997) quote Lewin, who contributed greatly to the research of groups and defines the group as a dynamic whole, based on reciprocal dependence among the member parts. In addition, he argues that the group is more than the sum of all its components, namely the "we-ness" is greater than the sum of all the individual elements of the group. The reciprocal dependence among the group members is the hallmark of the group. This dependence exists when the individual's actions and their results are influenced by the actions of others and when the individual's actions influence the actions of others and the results of their actions.

Stage. The place where the psychodrama occurs.

3. Psychodrama Techniques

There are many psychodrama techniques, including the use of the following.

Double. The double is another ego auxiliary, which helps the protagonist express his inner voices and thus promotes him for the encounter with repressed conflicts. The double speaks only in the first person: "I want … I am angry". The goal of the role is to express parts that the protagonist did not dare say aloud or is not aware of them. The double awakens the protagonist to be emotionally involved in his experience (Naharin, 1985).

Role reversal. In role reversal one of the members acts the figure of the protagonist as it is expressed. He switches chairs with the protagonist, sits in his place, and continues from where he stopped. The member can continue to directions different from that of the protagonist. However the ability to perform role reversal indicates trust and confidence in the boundaries and integrity of the self. (Artzi, 1991)

Empty chair. The instructor places an empty chair and invites the participants openly to sit in it and reveal at the center of the circle a person with whom he has to continue clarification, with whom he has unfinished business, etc. The chair can also symbolize an absent significant figure and it is then possible to turn to him with a request, with a plea, in anger. The participant can sit on two chairs that can serve as different parts

of the self. One chair will be for the part that is submissive, scared, small, and powerless, while the other chair will be for the part that is angry, exploding, recognizing the value of the self, and returning war.

At the end of the psychodrama encounter, the group sits in a circle for assembly and sharing of the entire experience. This is the moment of connection and integration of the entire sessions: warmup, action – all the roles that were on the stage through which it is possible to see the influence of the group in general and of each participant in particular.

After a number of sessions (middle of the year), when the participants know one another and the group has cohesion, trust, and belonging, then the *social atom* is established, a psychological component that constitutes a very important parameter to the integration of the entire process that occurred in the initial stages of the group and its formation.

Social Atom. The crystallization and development of the social atoms are influenced by two areas:

- The area of the first social system nearest to the self: mother-child and extension to child-family.
- The area of the outside social system, such as community, nationality, and so on, which do not have a direct relationship to the child.

The child expects that the social atoms will provide him with his initial needs, but frequently he experiences disappointments. The experiences of loss or separation are imprinted into the child's social atom, as well as into the adolescent's. When these experiences occur, the longing for balance in the social atom is created, which will enable some existence for his partners. The longing for balance is represented in the pattern of the systems of relations and in the roles that the child develops. To process the individual's social atom, the psycho dramatic group instructor collects the data during his work in psychodrama and sociometry in action. If the individual processes the social atom in which members of his group participate, then the instructor adds the data of all those who belong to this atom.

4. Nonverbal Communication in Psychodrama

Nonverbal communication is every way in which living creatures can convey among themselves information without using words from spoken, written, or sign language. This type of communication is used both by animals and by people. Information about the person's inner situation can be exposed in a number of channels: facial expressions, tone of speech, eye contact, physical gestures, posture, and contact.

Although some of the nonverbal channels of communication make use of sound, one of the advantages is that many channels can be used while maintaining silence. Nonverbal communication includes body language or gestures, facial expressions, change of tone while speaking, pointing at objects or directions, changes in the body according to the task.

Nonverbal communication occurs from the entrance into the psychodrama process, is greatly expressed in the part of the warmup in psychodrama, in spontaneity, and in movement, and in role play such as choosing an animal and making its voices, looking into the eyes and not talking, conveying a message in movement, moving about the room and increased the rhythm to the sounds of music, and gesturing in pantomime. Nonverbal communication is expressed in all the channels.

The instructor performs observation and analysis of nonverbal communication continuously, both in the stage of action and in the stage of group sharing.

3.9 Research Method

The research method is a pedagogical quasi-experiment conducted using the technique of parallel groups, so as to evaluate the influence of psychodrama on the self-esteem.

3.10 Research Sample

The research sample consists of a total of 24 middle school students in the ninth and tenth grades, aged fourteen to sixteen, 12 boys and 12 girls, so that in essence in

every group had 6 girls and 6 boys. Half participate in a psychodrama treatment group ('experimental group'), and half did not participate in a psychodrama group and also did not undergo any treatment process ('control group').

All are from the same school. All have been defined by the educational system as children at high risk. These children were diagnosed as children and youths at-risk by the social workers who work in the Youth Promotion Department in the Administration of Society and Youth in the Ministry of Education. Adolescent boys and girls aged thirteen to eighteen are referred to this department for assessment. The assessment is performed according to the following defined characteristics:

Children at-risk are defined as children who may be found in physical, mental, or emotional situations of risk (Glenn & Nelson, 1988). Most of them come from families that do not function, from great poverty, and/or from a delinquent social environment. Children and youths who live in an endangering environment and are found in indirect risk - these are children who witness violence between their parents, addiction, delinquency, children who live in poverty, and children who live in communities that endanger them. They live under circumstances that may create risk - these are children from families that are suffering a crisis because of divorce, from single-parent families, from families that suffer from unemployment, and from immigrant families.

According to these characteristics, the children and their level of risk are assessed. The assessment is also performed through personal interviews with the young person and factors in their environment (the school, family, welfare, community factors in non-formal education).

All the participants are under the supervision of the Youth Promotion Department in the local government. Every day they go after the studies end to a club, where they eat lunch and prepare their homework.

The interviewees from the control group did not undergo group treatment until the stage of the research and do not undergo now. There is no plan for group work for them in the coming school year, the year of the research study.

3.11 Research Instruments

3.11.1 Self-Esteem Questionnaire

The research questionnaire is the Rosenberg (1965), Self-Esteem Scale (RSE) (see the appendix). The questionnaire is composed of ten questions. Five of the items are phrased positively (1, 2, 4, 6, 7) and five negatively (3, 5, 8, 9, 10). The answers to the items are given on a Likert scale of four levels, ranging from 1 (strongly disagree) to 4 (strongly agree). The overall score is given by reversing the choice of the subjects of items 3, 5, 8, 19, 10 and calculating the sum of the answers to the ten items. The sum is used, and not the mean, since this is the accepted way of scoring this questionnaire. The scores range from 10 to 40, and the higher the score, the higher the self-esteem. The students are asked to note the extent to which they agree or disagree with each one of the statements. For example, I am satisfied with myself, overall, I feel completely worthless at times, and I wish I could respect myself more.

Rosenberg (1965) reported high internal consistency according to Cronbach's alpha (α=.90). The questionnaire was translated into Hebrew in Israel by Nadler et al. (as cited in Kanty, 2004). Since then, it has been used in many research studies, primarily with youths in Israel. The internal reliability reported by Rosenberg was 0.91-0.96.

In the present research study, three values of reliability were found, according to the three points of time of the research.

For every measurement, an average of the ten items was calculated. The range of the indices is on scale ranging from 1 (low self esteem) to 5 (high self esteem).

The internal reliability of the questionnaire, calculated by Cronbach's alpha, was 0.64, 0.97 and 0.98 for the first, second and third measurement respectively.

3.11.2 Interviews

The interviews are semi-structured guided and focused interviews of the members of the groups, through the asking of open-ended questions that the student answers. I held interviews for all the subjects from the control group and the psychodrama group.

At first the questions are exactly the same, so as to compare the answers to the same questions. Then so as to analyze the changes expected in the treatment group, there are additional questions so as to understand the changes from their perspective.

The questions for all the research subjects (experimental group and control group) were identical in the six interviews, with the exception of the part added to the experimental group at the end of the year (the treatment), when the questions about it were asked after the questions shared by the two groups.

Interview Questions

1. Questions for the First Interview for the Two Groups – Start of the Year

1. Tell me about yourself, your family, where you live, your friends, your hobbies, do you like and appreciate yourself, believe in yourself, do you think you have self-confidence?
2. Do you like your external appearance, do you like your body, would you change something in it?
3. Tell me about your family, how many people are in it, what do your parents do, how are your relations with your parents, who are you closest to in the family?
4. How do you feel before the transition to the high school? Are you afraid or concerned about the transition?
5. Do you feel sad that you are saying goodbye to friends and teachers in the middle school?
6. Does the transition from the middle school, where you are the oldest, to the high school, where you will be the youngest, bother or pressure you since you will lose your social and scholastic status?

7. Are you happy about the transition to the high school and do you anticipate new friends?

8. Are your grades suited to the acceptance criteria in the high school? Would you like to improve them before the transition?

9. Are you afraid about the adjustment to new subjects of study, to the higher requirements of the high school?

10. Do the parents/teachers think that you have good behavior or do they comment to you about it?

11. What are your responses towards others when you are frustrated, angry, feel rejected?

12. Do you feel that you are accepted socially, are your friends from the class?

13. Have you participated once in a group? Do you think that your participation in this group can contribute to you to obtain tools and to acquire personal and social skills to cope with the transition to the high school? (Question only for the experimental group)

14. What are your talents, your strengths, from which you can contribute to the group? (Question only for the experimental group)

15. If you had participated in a group, then how do you think that you would contribute to it from yourself and from your talent? (Question only for the control group)

2. Questions for the Two Groups in the Middle of the Year – Half a Year after the First Interview

The Questions for the Experimental Group after Half a Year of Treatment and the First Interview

1. Did you learn to like, appreciate, and believe in yourself? Was there a change in your attitude towards your outside appearance after the participation of half a year in the psychodrama group? Describe.

2. Do you feel that during the months in which you participated in the group that the self-confidence increases?

3. Have your relations with the parents and family members changed after the dynamics in your group and friends on relations of the parents?

4. Did you receive tools during the sessions for coping with the fear before the transition to the high school? Are you still afraid or concerned about the transition?

5. Did you get to know new friends in the group? Describe.

6. Did your approach in the past half a year towards your grades and scholastic achievements improve with the participation in the group?

7. In the past half a year, has your behavior towards others changed? Did you learn new things through the techniques of psychodrama to release angers and frustrations? Describe.

8. Did you succeed in bringing to the group your strengths, your talent, and contributing to it and the members? Describe.

9. Do you think that the changes that you experienced in the past half a year derive from your participation in the group or because of other things that happen to you in life? Describe.

Questions for the Control Group after the Previous Interview and after Half a Year of Studies

1. Do you like and appreciate yourself, believe in yourself? Is there a change in your attitude towards your external appearance in the past half a year and since the first interview? Describe.

2. Do you feel that during the half a year since the start of the studies your confidence increased?

3. Do you think that your relations with the parents and family have improved in the past half a year?

4. Did you obtain in the past half a year tools for coping with the fear of transition to the high school? Are you still afraid of or concerned about the transition?

5. Did your approach towards your grades and scholastic achievements improve in the first half a year?

6. Do you think that your behavior towards others changed? Did you learn this year new ways to express yourself and release frustration and anger?

7. If you had participated in the group in the past half year, would you think that this contributes to you to cope with the change? Could you share with the members in the group your feelings towards the transition to the high school?

3. Questions Asked a Year Later of the Two Groups, the Experimental Group after a Year of Group Therapy, the Control Group after a Year of Studies and the Initial Interview

1. Did you learn to like, appreciate, and believe in yourself, was there a change in your attitude towards your external appearance after the participation of a year in the psychodrama group? Describe.
2. Do you feel that during the year in which you participated in the group your self-confidence increased?
3. Have your relations with the parents and family members changed after the participation of a year in the group?
4. Did you receive tools during the meetings during the year for coping with the fear before the transition to the high school? Are you still afraid about or concerned about the transition?
5. Did you get to know this year in the group new friends? Describe.
6. Did your grades and scholastic achievements improve at the end of the year?
7. Did your behavior improve at the end of the year, both in the grade and in the evaluation of the teachers and the parents?
8. Did you learn this year new ways through the techniques of psychodrama for the release of angers and frustrations? Describe.
9. At the end of the group can you say that you succeeded in bringing to the group your strengths and your talent and in contributing to yourself and to your peers? Describe.
10. Do you think that the changes that you experience at the end of the past year derive from your participation in the group or because of other things that happen to you in life? Describe.

Questions for the Control Group from the Last Interview and after a Year of Studies

1. Did you learn to like, appreciate, and believe in yourself, was there a change in your attitude towards your external appearance after a year?

2. Do you feel that after a year in the middle school your self-confidence has increased?

3. Have your relations with the parents and family members changed this year from last year?

4. Did you obtain tools in the studies in the middle school this year for coping with the fear before the transition to the high school? Are you still afraid of or concerned about the transition?

5. Have your grades and scholastic achievements improved at the end of the year?

6. Has your behavior improved at the end of the year, both in the grade and in the evaluation of the teachers and the parents?

7. Did you learn this year new ways to release angers and frustrations? Describe.

8. If you had participated in the group during the entire year, do you think this would contribute to you in the coping with scholastic difficulties, relations with the parents, and improvement of the behavior?

9. If you had participated in the group, after year would you be able to control your emotions and fears about the transition to the high school?

In addition, the psychodrama group received additional questions that address the treatment that its members received.

Interview Questions for the Experimental Group

1. Tell me about the experience in the psychodrama group. Did the participation in the psychodrama group help you cope with the fears and concerns in the transition to the high school?

2. Do you recall the session which was for you especially meaningful for you, explain way?

3. What did you discover about yourself in the different experiences, through warm-up and role-play? Did you discover weaknesses?

4. Did you succeed in expressing in drama your difficulty and distress in the transition to the high school? Did you feel comfortable expressing your conflicts regarding the transition?

5. Did you feel identification with others in their coping with difficulties that accompany the transition and did you discover through him abilities to solve your difficulties?

6. How did the participation in the group influence you, when the main theme of the group addressed childhood, parenting? Did the group contribute to you in the relations with the parents?

7. Did you feel that in the psychodrama group there are healing forces that you can use to increase the self-confidence, self-esteem, and belief in the self?

8. Did the personal stories of the participants about the success in the coping with difficulties contribute to you in the coping with your difficulties and in the development of hope and belief in yourself and your abilities?

9. Can you tell me which strengths you discovered in yourself after the participation in the group and from session to session?

10. Do you think that as a result of the group treatment there has been a change in you in the self-esteem, self-love, self-confidence towards yourself and in your belief to achieve your goals? Describe.

3.11.3 Participative Observation

According to Shkedi (2004), a participative observation is a research method customarily used in the social sciences, primarily in anthropology and sociology, in which the researcher is present for a long period of time in the research field, while drawing close to the way of life of the researched group. The objective of the researcher performing the observation is to draw as close as possible to the researched society so as to collect diverse data on it and to describe in a methodical and holistic manner and encompass as many areas as possible. In contrast to a regular observation, in a participative observation the researcher undergoes the experiences of the group he researches. The goal of the method is to achieve a close and intimate relationship with a certain group and its leaders. A participative observer enables familiarity with behavior in

different context in 'real time' with the deciphering of the respondents' cultural codes, in-depth examination of their behavior, in-depth knowledge of the researched field, and in the end the drawing of research conclusions. This research methodology requires of the researcher to create for himself ways to separate between the observation and the participation – to be both inside and outside.

A participative observation derives its sources from two approaches: a positivist and interpretative approach that depends on the social context in which it is performed and the biography of the researcher. The advantage of this type of observation is the description of the behavior in real-time. During the observation it is important to maintain observation and attention to the respondents in their natural environment and to understand how they interpret the world. The observation requires learning of language and culture through a lengthy stay. The conditions of such an observation are an appropriate research question, which can be observed, a possible approach for the researcher, and a sufficiently limited phenomenon. The challenges in the observation are the creation of an initial contact, management of field notebooks, analysis, writing, representation, and unique ethical issues.

The researchers themselves can participate in the activity of the group they observe. They can be considered members of the group or not or can be hidden from the group they are observing.

The two roles that the future observer takes upon himself are the 'participant-observer' and the 'observer-participant'. The participative observation is very similar to the observation except in it the researcher becomes a part, even if only a marginal one, of the researched group. Thus the observer can describe the experience in the first person and yet constitute a part of the interaction he describes.

Sabar Ben-Yehoshua (2001) maintained that in field researches – both inside the school and outside of the school – the differentiation between different levels of participation is very important. The researcher can be an active participant or an active observer or a passive observer. When ethnographers act as a participative observer, they allow the field to present itself to them.

As a part of the research instruments at my disposal, I chose as a researcher to be a 'participative observer' since I am the group instructor. During the development of the group, from the opening of the group (beginning of the year), I was in the role of the participative observer in the observation of and participation in the group dynamics and instruction and in the development of the group, from the getting to know one another, belonging, and cohesion. In the middle of the year, after the stage of intimacy and entry into the social atom in psychodrama, I served more as an observer in the psychodrama process and as its director and led the participants according to the roles they chose, such as protagonist, double, and ego auxiliary. During the observation and participation as the instructor, I observed and kept records in the encounter and at the end of all the experiences I observed, such as the following questions. Who sits by whom? Who speaks after whom? Who is passive? Who is active? I collected data for the researcher also in light of my experience in psychodrama and the work with children and youths at risk. I observed all the following indicators: identification of patterns of individual or group behavior, recognition and identification of levels of functioning: emotional, cognitive, social, and stimuli in the stage of the warm-up, documentation of emotions, thoughts, and hypotheses, reflective-subjective, and this alongside the description of the details of the observation. I observed the body language, facial expressions, verbal and nonverbal behavior. I listened to the language of the individual and the group as a whole – the strength of the voice, the tone of speech, and the culture of discourse. I observed the performance of the roles that the participants in the group took upon themselves from all the techniques that exist in psychodrama from the middle of the year, the middle of the treatment, until the end of the year and their changes from low self-esteem to high self-esteem in all the parameters noted previously.

3.11.4 Case Studies

Six case studies were performed on the basis of the questionnaires, interviews and participative observation of the group. Case studies were performed on all the participants from the psychodrama group. The case studies were based on the participative observation in the group sessions, the interviews with the group members (before the treatment, in the middle of the treatment, and at the end of the treatment), and

on their responses to Rosenberg's self-esteem questionnaire (which was distributed to them before, in the middle of, and at the end of the treatment). The case studies were based on analysis of:

1. The participative observation in the psychodrama sessions, the interviews, the participants' responses to Rosenberg's self-esteem questionnaire.

2. The interviews were analyzed in relation to self-esteem (self-image, self-confidence, belief in the self, self-efficacy, and body image) and in relation to the participants' responses about the psychodrama process and its impact on these topics and the nonverbal behavior during the interview.

3. Analysis of Rosenberg's questionnaire.

3.12 Research Process

The interviews with the members of the experimental group were held three times.

- Before the beginning of the treatment (the experiment). They include the same questions as with the control group, no more and no less.

- In the middle of the experiment: The exact same questions as with the control group.

- At the end of the experiment: There are two parts of the interview of the experimental group. First there are the same questions as with the control group. Then there are additional questions on the treatment.

    1. For the treatment group: The interviews, in essence, were before the beginning of the treatment, after half of the treatment, and at the end of the treatment. All the questionnaires were distributed by the experimenter in a group manner. The control group was given the questionnaire in activities of the local government that are held in the afternoon. The questionnaires were distributed at the beginning of the activity at 16:00.

    2. The interviews were performed individually by the experimenter. The duration of every interview was one hour. The final interviews for the experimental group were about one and a half hours because of the addition of

the supplementary questions. The interviews were held over the course of a week.

<u>Experimental Group and Control Group</u>

At the beginning of the year, before the start of the treatment with psychodrama, all members of the experimental group fill out the questionnaire of Rosenberg. In the middle of the year of treatment, those respondents who had been interviewed at the beginning are again interviewed, and at the end of the year they are again interviewed, with the combination of the questionnaire of Rosenberg that is distributed to everybody again.

3.13 Data Analysis

First, analysis of the interviews held for 24 participants will be performed. The interviews are supposed to provide considerable information on the respondents' self-esteem before, during, and at the end of the treatment with psychodrama.

Second, analysis of six cases by the researcher will be performed. The analysis of the cases will take into consideration the findings of the interviews, the questionnaires, and the conclusions of the participative observation of the researcher over the time of the group therapy.

Third, quantitative analysis of the questionnaire of Rosenberg will be performed. An intra-subject analysis will be performed to compare the answers of the respondents from the experimental group before and after the therapy. Then an inter-subject analysis will be performed to compare the findings of the questionnaire of the experimental group with the findings of the questionnaire of the control group. (See the appendix.)

I chose from the ten items of the questionnaire of Rosenberg the following two items:
2. "I think that I am not worth anything".
7. "I feel that I am a person of value, no less than others".

The person's self-esteem depends on the way in which he perceives himself and his status in society with regard to another person. This is a subjective personal experience that a person has towards himself.

Children judge themselves on a comparative basis – what is worth it and what is not worth it, what is good and what is bad – and examine themselves especially during adolescence, in which everything is classified into black or white according to the outside criteria that society dictates. The self-esteem has influence on the personal wellbeing, belief in abilities, and consequently feelings about the self.

In the two groups I researched, the respondents came with very low self-esteem and self-image. From the interviews and the questionnaires I felt great frustration and disappointment about the failure to meet the expectations of society and the goals they set for themselves. I identified difficulties in the development of social relationships from an emotional perspective with the peer group, loneliness, and rejection.

Children at-risk come from a lower place because of difficult family characteristics. As noted by Rogers, the primary factor for the shaping of the positive self-image is the parents, and their ability to evaluate, love, and accept their child is the most important, critical, so that he will form a positive self-image. These children come from homes where they experienced rejection from one or both of the parents. They adopted a negative self-image, and therefore I chose item #2: I think that I am not worth anything.

Before the transition to the high school, there is great and increasing anxiety, as well as adjustment difficulties with the transition because of social, scholastic, and behavioral problems. In the middle of the year, the middle of the treatment, and following the belonging to and cohesion in the psychodrama group, there is a change in them and their self-image and self-esteem increased. The change they felt following the connection to others in the group with the same characteristics they have gave them the strength that there is hope. They learned to know new tools in psychodrama that contributed to them to know themselves and their friends through profound identification.

The change that occurred in them connects to item #7 from Rosenberg's questionnaire. "I feel that I am a person of value, no less than others."

Following the role play in psychodrama, protagonist, double, ego auxiliary, social atom, they felt trust and confidence in revealing their emotions. For the first time in their lives they belonged to the peer group in which they all come from a similar socioeconomic background in contrast to the other peer group that perceives them as problematic, different, and rejecting them to the point of a feeling of alienation and excommunication. They experienced different dynamics of attention, stage, acceptance, love, and appreciation, which they did not receive at home or in society. They shared with the empty chair about figures in the family, and from an emotional perspective they experienced correction and gained new powers through experiences in a holding, safe, and containing environment. They learned to release angers through the warmup in psychodrama. Their words in the interviews on the psychodrama process expressed the emotional characteristics spoken about by many researchers who saw this therapy instrument to have the ability to treat behavioral regression and acting out.

The corrective experience they experienced during the encounters caused them to release repressed emotions and to discover their self and to increase their self-image and self-esteem to strengths that exist in them to overcome every obstacle.

The awareness and insights they discovered in the created social atom in which each one of them took or received a role from a peer empowered them. In the social atom they felt whole about the expression of emotional or psychodrama roles related to their image and the systems of relations in their life. They received praise in every role and began to believe in themselves like the group believes in them. They began to accept that they are worth as much as everyone else. (See the questionnaire of the chapter of the findings in the appendix.)

4. Research Findings

This chapter presents the research findings from the interviews and the questionnaires along with the case studies.

4.1 Findings from the Interviews

This chapter will present the findings that arose from the reports of the interviewees in the two groups, the control group and the experimental group or psychodrama treatment group. The themes that arose address the three examinations performed for the two groups (control group and experimental groups), at three points in time: at the beginning of the year, in the middle of the year, and at the end of the year. Four themes were found that include reference to the respondents' low self-esteem, self-image, and body image, difficult family conditions, pressure and anxiety about the transition to the high school, and adjustment difficulties and social, scholastic, and behavioral problems. The transcripts of the interview are in the archive of the author of the work.

4.1.1 The First Examination: Beginning of the Year, before Treatment

Before the beginning of the treatment, a theme was found that all the interviewees reported in their reference to their self-esteem, self-image, and body image. Despite all the questions asked in the interview and the additional questions raised, they all the time brought the conversation back to the topic of their self-esteem. They were bothered by questions such as do they like and appreciate themselves, do they believe in themselves, and what is their level of self-confidence, throughout the entire interview. From their statements, this theme constitutes their significant additional difficulty in the coping with the transition to the high school. The interviewees spoke about this theme more than they did any other answer in the interview. They dedicated considerable time to describing their emotions especially regarding the lack of belief in themselves and lack of confidence to succeed. The absolute majority of them have low self-esteem and low self-image, and they feel that they do not belong with the other students in their grade and that they are not socially accepted and are rejected by the peer group, because of their

problematic characteristics. Among the girls as opposed to the boys, the lack of belief in themselves and the lack of self-esteem are expressed in negative feelings towards their appearance and body, and this is in addition to all other difficulties they experience from their home.

<u>Psychodrama Group</u>

M.H. reveals: "I am short and very thin. I look like a little girl compared to my age. I am very sensitive and am quickly hurt. It is very hard for me when I am treated like a little child. I do not like myself and all the time I look for people to like me and I do things that I don't want. In this situation of frustration and from the desire to belong I feel that I am being exploited since I am too good."

Y.O. shares her vulnerability following the sharp comments from family members and friends about her body. "I do not like my body. From a young age, I was laughed at by my little brother since I am fat compared to everybody at home. My parents laugh at me instead of defending me. In school too people laugh at me and I would cry a lot and today before the transition to the high school I am afraid that the new children will laugh at me."

R.M. emphasizes the influence of the body image on the identity in all dimensions. "I am not worth anything. I do not have the confidence to speak with girls like my friends in the grade. I do not like my body, I am fat. I would like a muscular body."

I.S.: "I fail every test because I am stupid. I prefer hanging out with friends. I will not be worth anything, just like my parents."

E.H.: "I am short and very thin. Everybody thinks I am anorexic and comment to me. I prefer to be quiet and disappear as opposed to speaking and having people look at me, this really reduces my confidence and causes me to feel rejected."

E.P.: "I am not good at anything, I have attention deficit disorder and I all the time fail in tests in comparison to my friends, I do not succeed in doing the assignments in time and I feel frustrated that I am the last."

E.L.: "I do not like myself. I am not like other girls who are good at dancing, song, drawing. I am not pretty and I am not good at anything."

M.C.: "I obtain confidence only when with friends with confidence. Beside girls I am shy. I do not believe in myself and I do not invest in the studies since I don't care about them, only about parties and friends."

Control Group

N.H.: "I do not like my body. I will amount to nothing, in this family of mentally ill. I am worth nothing."

H.L.: "I do not like looking at myself in the mirror. At home they never told me even once that I am good, smart. They rejected me and shunned me in contrast to my brothers, I do not appreciate myself."

N.Z.: "I am very short compared to my friends and my body structure is full and I do not like this. My mother always says that my sister is pretty and she rejects me."

E.K.: "I do not believe in myself, I all the time prepare for tests and fail in them. I am despairing of myself and stop putting forth effort and fail."

S.L.: "I do not like my hair, I am fat. It's all because of my parents, they too are fat and they all the time comment to me about food when they eat without stopping. I do not like them and I do not like myself."

E.K.: "I am told all the time that I am pretty and I think I am ugly. People think that I am a snob, but I truly do not like my face and do not see beauty; the reverse, I am really without self-confidence in myself and in my appearance."

Most of the interviewees, boys and girls, spoke about low self-image and low self-esteem and a feeling of being the child at home who is rejected by the parents. All these feelings are commensurate with the literature. The self-image is a system of beliefs and opinions that the person has on himself, his values, and his status in society. The self-image is a main dimension in human behavior (Golan, 1986). The self-image is related both to the social facet that shapes him through the imitation of behavior and attitudes of the environment close to the person who influences him. Harris (1980) maintains that the child uses the responses of other people to shape his perception of self – his self-image. Children who experienced negative responses will develop a negative self-image and low self-esteem. Rogers (1973) notes that the development of the person's self-image is a result of the influence of the assessments he receives from other people in his life and primarily in his childhood from his parents. Namely, the person's self is shaped through the interaction with others and their responses towards him. This begins at home, from his parents' positive assessment, and in the continuation those of friends and teachers. The interviewees reported that their close environment shuns them because of their appearance and hurts them, an attitude that again further weakens their sense of self-worth.

Kagan (1979) in his book *The Development of the Child and His Personality* wrote that self-esteem is the mainstay for stable psychological adjustment, personal happiness, and effective functioning in children and in adults. The child's self-recognition is largely a product of his experiences at home along with the identification with the parents. This was clearly proven in research on children before adolescence and their parents. It was found that there is a relationship between warmth on the part of the parents and willingness to accept their child as he is. The chances of the children to have a high self-esteem would be greater if at least one of their parents evinced warmth and consideration, as opposed to both parents being cold and rejecting. For abusive parents who exert physical/verbal force, in many cases often the violent brutality has no educational purpose but serves to release or express in-depth rage. These are emotions of frustration and misery – responses to the intolerable conditions of their lives.

In the interviews, the girls report more on their body image than do the boys. In the literature and the many research works on the topic, the low self-image is a product of a low body image. The girls' statements are commensurate with the many research studies conducted on body image.

One of the prominent characteristics during adolescence is the many physical changes that occur in this period. Sometimes these changes are extreme and trouble the adolescent. These changes, like changes in additional dimensions (emotional, cognitive, and social dimensions) have considerable influence (Ziv, 1984) and influence the identity of the adolescent, including in it the physical image.

The changes also directly influence the adolescent, who may feel shame and social embarrassment since at this age the need for social belonging is high and deviation from it, which appears normative in terms of the appearance, causes a negative body perception. This perception upsets the individual and causes him harm to the self-image and general self-esteem, self-confidence, belief in the self, all of which are critically necessary to build a strong personality and his assessment towards himself. Gal-Or (1983) found high levels of lack of satisfaction with the body image and primarily among adolescent girls with the transition to the high school, in contrast to a small percentage of boys. This representation is a product of conscious and unconscious reflection of all the feelings, emotions, expectations, and values related to the body in the context of the interaction and reference of the environment, from infancy to adulthood.

The following themes are additional themes found when the interviewees themselves linked them again and again to their low self-esteem.

<u>Difficult Family Conditions</u>

All the participants (both in the experimental group [psychodrama] and in the control group) reported difficult family conditions, such as divorced parents, lack of relationship with the father, violence between the parents, psychiatric problems of the mother, physical illnesses of the parents, and daily physical and mental abuse inflicted on them by their parents.

I.S.: He shares that his parents are divorced, and he has no relationship with his father, who remained in Russia. He lives with his mother and his little brother.

E.H.: She tells about very difficult family problems, about a criminal father who hangs out with criminals in her environment, and in her words his actions and those of his friends endanger her life. "I moved to this school from another city, since my father is wanted by criminals. I live with my mother who is remarried and I have stepbrothers. When living with my father, I saw many incidents of violence in the family and the delinquent society of the crime world my father belongs to."

S.K.: "My parents are divorced and I live with my mother, in my grandmother's home because of difficulties with the livelihood."

Y.P.: "My parents are divorced and my father remained at home and my mother and my brother and I moved from the South of Israel to the Center. My mother met somebody new and married him and I live with them both."

Y.O.: "My parents divorced when I was seven years old. I found the divorce very difficult and I was in psychological therapy. Each one of my parents has a new partner and I hate them."

L.P. describes a difficult picture of both parents who suffer from mental illness and three younger siblings for whom he is a parent. L.P. tells about a violent and very weak father, and a mother with a borderline personality disorder. "I am father and mother for my younger sisters, I have crazy parents."

Control Group

N.H. tells about parents who divorced violently and all the events she experienced that caused her, in her opinion, anxiety and poor mood and eating disorders on an emotional background. Noa also shares about her parents' inability to serve as a figure of authority. "I remained living with my mother and she has severe mental problems. My father I have not seen for a very long time, and I do not have a relationship with him. My

father was in prison because he did not pay child support and threatened my mother. I feel alone in the world, like an orphan, a victim of both of them. For days I did not have an appetite and I feel depressed."

N.Z. reveals that her parents are divorced, she lives with her mother, and the relations between them are difficult. She is not in contact with her father, and she describes difficult physical violence by her mother. "In addition to my suffering, to the difficult life with mother who is sick with a neural illness and hits me, my father is institutionalized, a vegetable, and I have not seen him for more than a year."

E.K. tells about divorced parents, a mother who has not functioned normally for a long time. He has no contact with his father.

Y.L. shares that his parents are divorced, his father is very sick. He lives with his mother, who is found in a relationship. He does not like this person and feels threatened and rejected by him.

R.G. tells that she lives with a sick mother and with a pair of parents who are in a conflict with many difficulties between them and feels like there is a wall between them. She shares in tears that her mother beats her. "My mother is very sick with a difficult disease and needs considerable support from me all the time. My father has despaired and is only physically present and does not support her and I greatly pity her and help her but I don't have the strength any more to cope."

T.L. speaks about divorced parents and difficult physical and verbal abuse she has experienced from her mother. She has decided to flee and to live with her father. "My mother married after the divorce. She lives on psychiatric pills and has fits of anger and nerves and then she hits me. I am the only one of the siblings that she does not tolerate since I am similar to my father in appearance, and she can't stand him either. One day when mother hit me hard and I felt really lost, I called the Police on her and the Welfare services intervened and I fled to father and today I live with him."

E.K. tells about emotional difficulties that he experienced after the violent divorce of his parents and difficult violence between them that he witnessed.

In all the families described here, reports were found that are typical of families at risk in the literature and in the many research studies. Children at-risk are defined as children who may be found in physical, mental, or emotional situations of risk (Glenn & Nelson, 1988). Most of them come from families that do not function, from great poverty, and/or from a delinquent social environment. Children and youths who live in an endangering environment and are found in indirect risk – these are children who witness violence between their parents, addiction, delinquency, children who live in poverty, and children who live in communities that endanger them. They live under circumstances that may create risk - these are children from families that are suffering a crisis because of divorce, from single-parent families, from families that suffer from unemployment, and from immigrant families.

The feelings that the children express are commensurate with what is found in the literature on the emotional characteristics of a child at risk, who feels rejected and vulnerable and hurt and has poor self-image because of the family difficulties. These difficulties are expressed in the social facet in which he feels further rejection and the strong need for love and belonging rises. The family circle is the fundamental basis that gives the child self-confidence, self-worth, social skills, and a safe place to return to. When this anchor is eroded, the child remains emotionally disengaged and disconnected from his main source of security and his risk increases. In the transition, the difficult family characteristics and life in an endangering environment result in a dual risk, and his low self-image does not allow a secure transition.

In addition, many research studies found a relationship between anxiety and low self-image (Reuven, 1995). A low self-image creates great anxiety, powerlessness and poor functioning. The following themes found in the interviews address anxiety and lack of functioning, upon which the interviewees in both groups reported in their coping with the transition.

Difficulties and Anxiety in the Transition to the High School

This theme addresses the difficulties, fears, and concerns that the interviewees raised before me and that accompany them in the transition to the high school. Most of

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them reported fear and anxiety from the transition, feel threat, and see more risk than chance in the transition.

<u>Psychodrama Group</u>

R.M.: "I suffer from depression that derives from social anxiety. Every summer vacation I was at home and in psychological therapy. At the moment I have fears before the transition to high school. I do not have friends, and I come home from school and do not leave the house."

E.L.: "I am not accepted, I do not have friends. I have attention deficit problems. My grades are low, and I do not have help at home. I feel alone and lonely in middle school and am afraid that I will not go with my friends to high school."

Y.P.: "We moved from the south of the country, after my parents' divorce. I experienced anxiety and fears with the transition to a new school and to the center of the country, from a small and warm place with a culture different from what is here. I have low scores and it is very hard for me in the studies in the middle school and I want to get accepted to the high school."

<u>Control Group</u>

Y.L.: "I am afraid of the transition, I do not have the strength to learn and overcome the difficulties that I have that derive from learning disabilities. I already experienced one transition, from the eighth grade in another school, to here, there I was the king of the class and today I am alone and this situation makes me anxious."

S.L.: "I moved from a religious school to a secular school. I am really anxious about another transition, I feel lack of confidence. The scholastic level here is difficult and my grades are low. It is very hard for me to know new friends."

E.K.: "I have very low self-confidence, I came with Sapir together from a religious school. We are friends and we did not succeed in connecting to others in the grade. I am not good in the studies, I do not know whether I am suited to this framework and whether I will succeed in closing the gaps before the high school."

The fears and anxieties that the interviewees described characterize what is known in the literature and in many research studies that discussed transitions from middle school to high school and addressed the topic of the anxiety about the transition. Binstock (2004) researched the different transitions from the kindergarten to the high school. She presented a model in which there are two axes of transitions: normative and non-normative. The non-normative transition from the middle school to the high school was found suited to the interviewees' family. This is a transition as a result of divorce, becoming an orphan, a move to a new neighborhood, city, or school, and it may be a transition in a transition, as some of the interviewees experienced, in a move to a new school and to a new city. Binstock addressed factors and influences of the transitions and said that they must not be ignored and must be included in the children's transition. She noted that as the transition is more complicated and has difficulties of adolescence, family difficulties, and school issues (methods of learning, new subjects, requirements, and grades, new norms, and new social status), they also increase the social and scholastic pressure and the need for belonging and confidence and increase the anxiety and fears. There are behavioral difficulties (verbal and physical violence) and social difficulties (need for acceptance and belonging, and emotional difficulties, such as fear, anxiety, and pressure, which derive from social difficulties of disconnection from friends in another framework and adjustment to a new framework, are expected to develop. These emotional difficulties may lead to problems of discipline, irregular attendance, and mental problems of moodiness, depression, social closedness, and disconnection from the environment and desire to take revenge on it. These difficulties characterize the following theme, which the interviewees reported.

Difficulties with Adjustment and Social, Scholastic, and Behavioral Problems

In the interviews, shared difficulties arose in the two groups regarding difficulties with the adjustment to a new place in general and with the transition to the high school in particular. These difficulties reported by the interviewees are expressed in tardiness, irregular school attendance, lack of perseverance, loss of study hours, and failure to know the material because of absences, and especially problematic behavior that is not suited to the school rules and the social norms. This behavior leads to punishment and suspension

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from the studies that increase the risk following wandering the road and lack of a stable framework.

Experimental Group

Y.O.: "I have angers and fits of violence and I hit my brother and in school, too, I cannot control myself."

I.S.: "I am the class clown. I come to school in the morning calm and in the continuation begin to lose patience and focus and begin to bother the immediate environment and it bothers me back. Even if I am not the first one, I am always blamed since I have a bad name."

M.C.: "I am not calm in the morning. I am wild and yell and get punished all day and barely learn and all my scores are low, I do not have control over myself. I get warning after warning, and this does not scare me."

E.S.: "I do not control my behavior. The moment I am cursed or my mother is cursed I disconnect and attack verbally and physically and then I am blamed and not the person who started it and I am suspended for a few days and this hurts me, in my grades and in my friends."

L.P.: Always participates in every incident of violence, even if he did not begin with a fight, he is blamed, in light of his past, when he did adopt violence, and he is very afraid that he will receive a poor score in behavior and will not be able to go to high school and will be forced to move to a boarding school (where he will sleep in the dormitory) or a school outside of his city (and he will commute, returning in the evening). In addition, he is regularly tardy to school. He also does not return from recesses on time.

Control Group

E.K.: "My behavior is bad and I am not interested in the rules, since nobody listens to me and I get my own by force."

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N.Z.: "My parents tell me that I am wild and the teachers write to me disruptions and give me punishments instead of talking to me and understanding me and this causes me to continue and get back at them since that is how I take out my anger and frustration that they do not understand me, that they reject me and my difficulties."

R.G. shares her problems and the violence she experienced from her mother causes her to burst out and curse and to get many punishments at school. "All my behavior is in response to my humiliations at home. I have many absences because of mother's illness and I remain at home to care for her. Therefore, my scores went down this year since I am not focused on the studies and I am behind in the study material."

The interviewees' statements characterize the research studies in the literature. Avneon (1997) maintained that the problem of adjustment is created following difficulty to be acclimatized and to persevere in the new conditions and increases in a number of fields – physical, social, and psychological – before a transition or a new situation. This problem reported by the interviewees causes them to be late, to attend the school irregularly, to have behavioral problems, and to be socially rejected, and they feel that the difficulty belonging to the peer group increases a level. Following their difficulties and in this situation in which they feel powerless, they feel hurt and rejected and among some of them there is a tendency towards dramatic behavior or violent outbreak, aggression, and antisocial behavior (primarily among adolescents).

Additional reasons for these outcomes are related to the initial process of socialization that is performed by different groups that the individual encounters during his life in the different social contexts, mainly the primary agents of socialization: the family. In the stage of childhood, the family is the main agent of socialization since it is the center of the child's world. Small children depend almost completely on others and the responsibility to satisfy their needs falls almost always on the shoulders of the parents and other family members. At least until the start of the studies in the school, the family is the one that instills its values, positions, and opinions about themselves and others. Eventually these elements become a part of the child's self-image and his ability to fit

into the peer group, which is composed of members of the same age group and same social status and shared fields of interest.

Smilansky (1988) researched socialization and the peer group during adolescence and spoke about the socialization as one of the main areas in this age. The friendships enable cognitive development, creation of interpersonal relations, control of aggression, and development of the sexual identity. Friends also fill emotional functions in that they provide security and support in a variety of social situations. The peer group tends to influence superficial aspects such as garb and outside behavior. In parallel to the rising influence of the peer group, there is declining influence of the parents and other factors of authority. The adolescent's belonging to this group is very important to his development. This group softens the anxieties and constitutes a source of social belonging and status. The rejection from this group is a very painful point that can lead to a depressive response. Erikson (1968) saw polarity in each one of the person's stages of development and determined that in adolescence, in the stage of identity formation as opposed to identity confusion, loneliness and aloneness is a situation of negative development.

Reports of the interviewees indicate that the initial process of socialization is deficient because of the family characteristics of risk even before the youths reach the school and the peer group. They report risk at home. Therefore, the difficulties they share, and the main one is the factor of stress at home (stress or distress), cause them increasing emotional distress before the transition and creates significant harm to the social or scholastic functioning or both of them. In this situation and according to different research studies existing in the literature, the differentiation between the moral judgment and the moral behavior according to Piaget (1972) becomes deficient and the test of reality is erroneous, feelings that cause a problem in the moral judgment ability directed to society as somebody who does not receive, judge, and impose punishments.

The problem worsens to lack of boundaries, as Kohlberg (1958) maintains, when he spoke of the relationship between the moral thinking and thinking in general during adolescence. He presents moral dilemmas related to values with reference to adolescents at-risk not being influenced by figures of authority, such as parents and teachers.

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Therefore, the results are punishments imposed on them that lead to the release of every burden and to lack of responsibility towards themselves and towards others and this instead of providing them with a sure and inclusive basis for the raising of questions and moral dilemmas and difficulties that lead to this cognitive deficiency. Through the questions and the conflicts, they will learn new points of view and organized and consistent processes of thinking.

To conclude, in both groups in this stage before the beginning of the treatment, all the themes are similar, without difference, and the emphasis in both of them is on the overarching theme: low self-esteem.

4.1.2 The Second Examination: Middle of the Year

A low self-esteem leads to a lack of belief in their ability to succeed.

Experimental Group

Analysis of the interviews after six months of participation in the experimental group shows that the themes that were most central before the therapy, such as low self-esteem and anxiety, became less important. In their place, central themes arose from the group therapy. These themes surfaced in the interviews were commensurate to the group process in which they were partners and through which they acquired new skills and tools through the group psychodrama therapy. According to their statements, these new instruments contributed to them in knowing themselves and the figures in their family. The significant and happiness-inducing theme they shared is when they got to know new friends who are coping with difficulties similar to theirs. The themes are: the parenting child and the control of angers and risk behaviors.

The Parenting Child

The interviewees report that the relations with the parents received a different and important turning point during the process of the participation in the group and the treatment with psychodrama. They report that through new techniques, such as the 'empty chair' they presented the significant figures in their lives (father/mother), they

succeeded in understanding their parents' situation and in drawing closer to their parents, and they discovered many difficulties in their lives. Through the drama they learned to express their inner world, themselves, due to the trust created in the encounters in the group and the different experiences. This experience they shared in the interviews contributed to themselves to new self-discovery, to insights, and to significant learning and the 'reversal of the roles in the family', since they were a 'parenting child' over years during which they raised themselves and their younger siblings. Some of them even discovered that they are functioning as parents instead of their parents.

I.S.: "I begin to know myself more and to feel belonging in the group. I learned that other children have difficult problems in life. After I heard friends reveal their life in the group and not be ashamed of themselves, I felt confidence in sharing a little about myself. In the empty chair, when I acted the figure of my mother, I understood that she had a very difficult life in Russia and with the immigration alone to Israel with me and my brother she experienced many difficulties as a new immigrant. Today I understand more why she functions as a regular mother and what caused me to grow up quickly and to take care of my young brother as if I am his parents."

E.H.: "All the members in the psychodrama group spoke about their parents, and I was ashamed to speak about my father and his criminal path. I feel still that I am on the side. I have a lack of confidence, but from the things said and the attention to others I understand that I am the mother of my mother and that she is behaving like a little girl. She is physically present, and I live with her and her boyfriend, but she is disengaged from her role as a mother, and it is convenient for her to shift it to me. I understood also in the group that I do the role both since I do not have a choice and since I really pity her."

Y.P.: "After half a year in the group I got to know new friends who helped me fit in after the move from the south of the country to the center. This feeling that I am accepted raised my confidence and esteem that I can succeed. In the group, when friends shared about themselves and the figures of the parents, I felt lack of confidence to share but I learned a lot about myself and the strong relationship with mother. I discovered that

my mother gives me lots of warmth and love but addressed me as if I am her husband and the man in the home and therefore I went to work in the school vacations to help out financially. Today, after she met somebody and got married, the economic situation has improved, but I still feel responsible for her and do not get along with the spouse and am jealous of him that he took my place and role and mother."

Y.O.: "I greatly love the group but feel mature in contrast to everyone. I got the confidence to speak from the beginning. My relations with the parents have not changed. I always was the mother at home and I raised my brother since mother works hard and for many hours. In the group that everyone complained about this role, I understood that I always said that I love the role since I did not understand how much I deny the difficulty. Yes, I understood that I want to help mother to receive from her praise and love. In the treatment with psychodrama, I became aware that this hurts me and the anger I take out at my brother and the explosions in the school on friends and teachers. I understood also from the stories of friends that I am not enjoying adolescence as other girls are.

E.S.: "I came with confidence to the group but with many angers on the world after my grandmother died. In the group I shared that my relationship with my parents who have a good relationship between them is very cold and that I am rebelling against them and taking out angers at them without a reason. My grandmother and grandfather are my parents, and I was always connected to them, and today after my grandmother's death, I am closest to my grandfather who is like my father."

L.P.: "My confidence outside was exaggerated and forceful and always teachers told me that I have leadership but it is negative. I came to the group with the same power and feeling that I am better than everyone and with arrogance, and I discovered that friends are hurt by me, I understood that this is not the way and this caused me to think about a change. In the empty chair I was the main actor – the protagonist. I was the first to go and I shared that I am the mother and the father of three sisters, that my parents are ill and dysfunctional. When I went down from the stage, I became a positive leader – the hero of psychodrama. I was proud of myself, I received support and love and admiration,

and I felt strong but I still learn to obtain tools on my behavioral problems in times of anger."

M.C.: "I have problems of attention deficit disorder and this reduces my confidence and in the group I learned that other children have this and this caused me to belong to the group and to talk. I wait every week for the group. I came with lack of confidence and belief in myself and I am still there but improving. When they spoke about parents and especially about mothers, I became quiet and choked and I felt a pain in my chest since my mother died two years ago. After her death I remained with my father and my brother and today I am my own parent. My father was not capable of acting as a parental figure. All my anger at the world I take out in fits of shouting and I throw things in the class and in the recesses. The teachers call me the class clown. In psychodrama I went on stage and I prattled on about some band that I like and I went down and this gave me confidence."

All the interviewees report an absent/present parent (physically and mentally) in addition to the other difficulties they experience in the transition that make them parenting children. Their statements are commensurate with the role of the parenting child as many researchers have defined it, since in the child's world there is no significant adult figure.

Nof (in Dor and Koren, 2006) says that the parent child is a child who assumes upon himself parental roles. The intention is the constellation of roles expected from the parent in normative terms: to care for, to feed, to take responsibility, to pay attention, to direct, and to give. Most children cannot maintain this system of tasks, not only socially but also psychologically developmentally, since they have yet to achieve the mental maturity required for this purpose. Nof called the parent child's situation "imaginary adulthood". In his opinion, in these cases the child is not truly as mature as his parents tend or want to think but rather has adopted for himself an array of mature behaviors. Children develop in themselves traits of concern for and sensitivity to the parent, sometimes on a survival basis. The child learns that when he takes care of his parent, his parent refers to him and provides positive feedback and the child feels desired. This is in

essence conditional acceptance of the child. The parent child generally does not take only physical care of his parent. He can also listen to his troubles, assume responsibility, and evince maturity not expected of his age group. On the one hand, this is empathetic and responsible, since the child can feel the other person. However, when the phenomenon occurs in an exaggerated manner and the authority and responsibility given to him become a matter of dependence, the situation harms the child's personal development, takes his strength, or brings him to a place where he is not supposed to be. Childhood is supposed to lack responsibility. Nof indicated that certain parents even exploit the child's maturity, without noticing, and do not think about the concomitant implications. In his opinion, the price the child pays for becoming an adult too soon is heavy. The child will not be available for his own development tasks, he may neglect whole parts in development, since he does not receive direction or support from the parent.

There is no doubt that above all there is the 'distortion' of the parent-child relationship. The child learns something distorted about the world. There is no reciprocal relationship between the parent and the child. The child gives far more than he receives and sometimes even erases himself. The child becomes accustomed to being the one who gives and supports, and it is possible that in the future he will find it difficult to conduct a reciprocal relationship. The reversal of roles in the home may, of course, derive from a temporary problem – for instance, when the parent is sick, unemployed, or in a deficient mental state.

In addition to the care of the parents, some of the interviewees shared that they are parents for their younger siblings.

Katzanelson (2005) in her book *Dialogue with Children* explained about the implications for the future and noted that there is a tendency for the oldest sibling or for the strong child in the family to assume upon himself the parental role. Aside from the fact that this child grows up too early and is subject to pressure, since children do not have resources to be parents, Katzanelson noted additional possible implications including the appearance of psychosomatic illnesses (illnesses that appear following situations of stress) among parental children. The child sacrifices himself, is a companion

for his parent, and gives up activities with members of his peer group, so as not to leave the parent alone. The child is occupied with the troubles and topics of adults and in essence thus loses his childhood and adopts the weight of adulthood before his time. The influences are felt in the long-term.

Regarding the belonging to the psychodrama group and the different techniques the interviewees were exposed to, they all reported the positive and powerful change that they feel after half a year of participation in the psychodrama group, such as attention, having a stage, belonging, cohesion, reciprocity, love, and esteem, which they did not receive at home. The interviewees speak about the strengthening of their cooperation in the empty chair of the figures of mother and father, siblings, reconstruction of situations at home they bring to the group, and the emotional experience that gives strength to everybody. Their reports are commensurate with the theory of psychodrama, which was invented by Moreno (1921/2000), who created psychodrama so as to enable the person to bring to life failures in the different developmental stages through experience and practice of the dynamics in a secure treatment environment.

Psychodrama is a method in psychotherapy in which patients are encouraged to continue and complete unfinished issues through dramatization, role play, and dramatic self-presentation. The instructor uses verbal communication. A number of scenes are acted out and describe memories from the past, inner dramas, fantasies, dreams, preparations for future situations, and expressions of mental situations in the here and now. Scenes represent situations in life itself or inner mental processes. The members of the group take on roles as needed. Some of the techniques are role reversal, double, mirror, concretization, and so on. The stages of the encounter are warm-up, dramatic action, and conclusion that include sharing (Kellerman, 1992).

Another important researcher is Dayton. According to Dayton (1994), psychodrama is a therapeutic method in which emotions that had been repressed in the past are released and flood the present – all in an atmosphere that inculcates a sense of security, holding, and protection. Psychodrama accompanies the patients into their inner world, while they describe it and express it dramatically. The psychodramatist helps the

person (the patient) bring to the surface contents that had been deeply hidden. This action serves as a trigger of emotion that accompanies the contents from the unconscious to the conscious. The emotion is experienced as it originally had been, and the mind can re-examine the contents according to their re-editing. Last, the instructor "returns" the protagonist to the group through "sharing". At the end the natural forces of healing of the mind continue with their work, towards illumination of the materials that are supposed to be examined. The process enables the entry into the person's inner reality and validates it as it exists, without the intention to change or adjust it according to the opinions of other people.

The interviewees share changes they experienced in their self-esteem and self-image, from experiences in the technique of the 'empty chair', which they experienced as a factor of influence in the process in the group.

Empty Chair

This represents the person with whom we must continue the clarification, because of unfinished business. A person from the group, who represents the person with whom the protagonist needs to have words, sits on the chair, and his involvement is most free since the true person is not there and he does not delay or obstruct his spontaneity. The chair can also symbolize an absent significant figure, and then it is possible to turn to this figure with a request or a plea, in anger, to rebuke it. Two chairs can serve two different parts of the self. One chair will stand as the submissive, frightened, small, and powerless part, while the other chair will be the angry, exploding part that recognizes its self-worth and is fighting back.

In addition to the characteristics of the parenting child, the interviewees report after half a year in the group additional changes that they experienced in the process in terms of behavior due to the treatment with psychodrama. The findings indicate a theme that is very important to their personal, scholastic, and social success, and it is the ability to release angers through self-control and improvement in behavior.

<u>Release of Anger through Self-Control and Improvement in Behavior</u>

Analysis of the interviews indicates that the group therapy through techniques of psychodrama contributed to them significantly in the ability to control the many angers with which they came to the group, when every interviewee chose to use the technique that suited him from the existing techniques – protagonist, double, auxiliary ego, role play – which will be discussed further in the continuation.

The Instructor

According to Moreno, the instructor has different roles. He is the director, the therapist, the analyst. Kellerman added a fourth role, the group instructor. He chooses the protagonist or helps him be chosen and encourages him to be exposed, to overcome his objections, and to be at the center of activity. He is attentive to absorb every hint that arises from the protagonist, verbal or nonverbal, and to direct it to dramatic activity through warm-up, presentation of the problem, experience in a variety of roles, and involvement of members from the group. The instructor navigates the psychodrama towards catharsis and integration, to the end, cooperation, and sharing closure.

The Group

There are two references to it, one when the group is at the center, in the group process, and the other when the protagonist stands at the center and the group members function as auxiliary ego. It is possible, of course, to combine between them. The protagonist is a person who acts his true life (not like an actor), and therefore the scenes acted by the group members create the group texture of the stories.

The Stage

This is the place of psycho dramatic occurrence. Moreno addressed the special structure of the stage as inviting action and acting at every level, both conscious and unconscious.

Y.O.: "Through the warmup in psychodrama, I learned to release pressure and angers through movement and dancing and acting and I feel calm and tranquility from

session to session. The influence of the emotions that I experience in the sessions impacts me positively and sometimes I do guided imagery alone with myself at home to calm down."

I.S.: "Through my 'double' in psychodrama that I chose to play my character, I learned that I am behaving with violence towards others and I was ashamed of myself and I had obtained a strong and frightening appearance and I decided to change.

E.S.: "In psychodrama I participated in 'role play', I sat opposite the empty chair and thought about a figure I am angry at and I spoke to her beside everybody and I released the anger just as if this is my reality. I learned a lot from this play about myself and the figure. I felt that this is very liberating and teaches about the second person and his feelings towards my aggression. From the drama I learn restraint and self-control."

M.H.: "I am very sensitive and nervous and fight with everybody and am not calm and I accumulate many enemies and when I go to explain what I was hurt by and they do not understand me I explain myself with shouts. In psychodrama I can express myself in all sorts of ways, both dramatic and aloud without anybody yelling at me but the reverse, they praise me about my heroic acting ability and for me this is not acting but my reality every day."

M.C.: "I greatly like to imitate my teachers, the laughter of the warmup greatly helps me release the anger that I have at the world."

The interviewees' statements express the emotional characteristics of many researchers of psychodrama, who saw the treatment instrument through which it is possible to treat behavioral regression (acting out) and the implementation of defense mechanisms such as repression and denial (acting in). Techniques mentioned in the interviews included the following.

Warm-up

This is the stage in which the group and instructor prepare themselves for action. This is a transition stage between the outside world and the internal world that occurs in

the group, the preparation of the grounds. This is the stage in which the warm-up is sometimes the goal that achieves the entry into the group work. This stage is characterized by opening conversations between the participants, short games, movement exercises, and guided imagery. The goal of the warm-up is the creation of trust among the participants, the creation of a feeling of safety and closeness, while reducing the anxiety, before the participants' exposure. During the warm-up it is possible that a participant will stand out and/or the instructor will direct the exercise to a certain participant so that in the continuation, in the stage of action, his topic will be processed in psychodrama. This participant is called the protagonist.

The action. The beginning of the 'show' is presented on a defined area, such as a stage. This part is in essence the presentation of the reality in the microcosmic world of the participants. Some of the participants take part in the show actively and other participants observe. First, the protagonist tells about himself and the problem that he raises from his past, from the reality of his life, or from his world of fantasy and dreams. The presentation is composed of a number of situations, when for the most part there is a relationship among them, but the protagonist is not always aware of this until they are presented.

Sharing and Closure

This stage is the transition from the world of the group to the world of reality. In this stage the protagonist returns to the group circle and needs encouragement, protection, acceptance, and support. The group members are given the opportunity to share their emotions, ideas, and experiences with the protagonist and to share with one another the experience they experienced with him in particular and in the group as a whole.

<u>**Control Group**</u>

The main theme found in the control group after half a year is that, as the time of the transition to the high school draws closer, the level of anxiety rises, and a greater emphasis on the pressure and anxiety and fear of the transition is found in the interviews,

in addition to all the feelings that still accompany them, in the low self-esteem and the lack of belief in themselves to succeed in contrast to their peers in their age group.

N.H.: "My attitude towards myself did not change in the half year since the first interview, the reverse is true, my anxiety from the transition increased and my self-confidence declined and I tend to close in myself, I do not talk with my mother and I want to be in a relationship with my father but he refuses to be in a connection with us and this is very painful."

Y.L.: "In past months I did not feel a change in myself, I do not esteem myself, I do not like myself. At home, my mother is concerned only about herself and her boyfriend and I also attempted to improve and to turn to her for support and help but she is busy and does not refer to it, and I don't have strength anymore."

N.Z.: "In the past year I learn more hours at home, I do not go out with friends and I attempt to improve my grades and to overcome the fears in the transition to high school and I also attempt to reach a good study program in high school. In situations where I do not succeed, I hate myself and am disappointed and it takes me a long time to leave this mood and to try again."

H.L.: "I greatly want to be accepted into the theater program and I am not succeeding in improving the necessary average of scores and the time that passes makes me pressured and I do not have help at home and I do not have it at school. I feel that I am not given time to invest and I am being pressured and it is hard for me to function under pressure."

S.L.: "I am certain that if I would have participated in recent months in a group that helps me cope with the transition and gives me tools and also new friends then I would succeed in mustering the strengths."

R.G.: "In the eighth grade I participated in a group for life skills and this really helped me and gave me confidence also at the end of the group that I remained in a relationship with children from the grade and from other classes. It is a pity that there is no such group for help in the transition to the high school."

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E.K.: "Since the first interview, I attempted to improve my relationship with my mother, but she was sick frequently and barely functioned at home. In the last months, I am attempting to make a change and to get accepted to a sports program and to be strong and to look at my strengths and the praise that I receive because I am a strong player and I have talent. I also am trying to reach the high school prepared and mature. Two months ago, I turned to my good friend who is found in a psychodrama group and I understood that he is really being helped there and he likes the group and goes to every session there and I attempted to get in it but they told me that this is not possible and I am certain that I could have received there lots of help and support as well as new tools to help myself advance."

<u>Summary</u>

It is possible to see that, in the control group and in the experimental group, which in essence had been identical in their main themes, a change occurred in the themes and importance given to each one of them. In the control group the main themes were identical in the middle of the year to those at the beginning of the year, with the exception of the increase of the centrality of anxiety, while in the control group there were totally new main themes that speak about the interviewees' understanding of their parents and their situation in the family and through the techniques of treatment with psychodrama their ability to control their angers. The participants also learned to choose by themselves the technique in the psychodrama process through which they will work and in this choice it is possible to conclude about the maturity and high self-esteem that enables them to perceive themselves as capable of deciding themselves about the path they will undertake to solve their difficulties.

4.1.3 The Third Examination: At the End of the Year

Experimental Group

The interviewees' reports did not express any anxiety. The main theme is the considerable improvement in the self-esteem and in their relations with their parents and their teachers. In the end of the year interviews, they explain how and why their self-

esteem rose because of the psychodrama group and the process they experienced in the social atom in which each one of them played a role or assumed upon himself a significant role for the group and for himself.

High self-esteem follows the belonging to the social atom in the group.

There is improvement in the relations with the parents and teachers.

The significant theme that arose from all the themes mentioned above is the belonging to the emotional or psychological social atom. An atom is the small number of people whom the individual needs to feel complete with himself. In the atom, emotional or psychodrama 'roles' related to the self-image and the intimate systems of relations are expressed. The emotional social atom is entirely or partially found in each and every scene throughout the action and reflects a certain picture of life, a certain mental state. The atom includes seven to nine participants.

The crystallization and development of the social atoms are influenced by two areas:

3. The area of the first social system nearest to the self: mother-child and extension to child-family.
4. The area of the outside social system, such as community, nationality, and so on, which do not have a direct relationship to the child.

The child expects that the social atoms will provide him with his initial needs, but frequently he experiences disappointments. The experiences of loss or separation are imprinted into the child's social atom, as well as into the adolescent's. When these experiences occur, the longing for balance in the social atom is created, which will enable some existence for his partners. The longing for balance is represented in the pattern of the systems of relations and in the roles that the child develops. To process the individual's social atom, the psycho dramatic group instructor collects the data during his work in psychodrama and sociometry in action. If the individual processes the social atom in which members of his group participate, then the instructor adds the data of all those who belong to this atom.

In the warmup stage, the instructor suggests to the protagonist to use the social atom as a bridge to psychodrama itself. The interviewees' reports on the emotional psychological atom indicated that their self-esteem increased and the belonging to the atom was for them a strong and powerful treatment process and it began after half of the way in the group, or in other words, half a year of treatment, and after trust was created between the participants and the instructor/therapist.

During the half a year, two atoms were created by two participants in the role of the protagonist.

The Atom of L.P.

Participants

I.S. – **double**

Y.O., Y.P. – **auxiliary ego**

L.P.: "I chose the role of the protagonist out of curiosity and power. I sat in the empty chair and I told my story. I shared about my family, the economic problems, the mental problems of my parents, the violence at home, and the yelling and about my sisters whom I dearly love. I felt palpitations and I wanted to cry, but I put forth effort not to cry and I did not cry since I am a man. The members in the group and the instructor listened to me and among some of them I saw tears. I felt that they are all with me, really identifying, and this gave me the power to talk. The instructor asked me to choose three participants who are suited to establish my atom: double, sister, brother. I chose I.S. to be my double, since he suits my style and my problems. I.S. agreed and I was very happy. For my sister in the drama I chose Y.O. to be the auxiliary ego, since she is similar to my sister, a year under me, and she also had a difficult life so she will certainly understand me. I chose for my brother Y.P, since he is like a girl, a boy with a good soul, and I wanted such a brother. I was happy that everybody agreed, I sat at the center of the circle, I.S. behind me and Y.P. and Y.O. in two chairs sitting opposite me and the show began."

I.S.: "I was very happy that L.P. chose me. I have never been chosen first, if at all I was chosen for simple roles, and here I received the important role of the double. I felt accepted and liked. The truth is that in the group I connected to L.P. since he has lots of troubles and he is strong like me. As his double, I repeated all the sentences that he said and I also made my body language like his. I felt that I am agreeing with his statements. They applauded me and said I was really good and this caused me confidence and I wanted to continue to participate."

Y.O.: "I was very happy that L.P. gave me a stage and it greatly praised me that he chose me and that he even saw me. My brother and I all the time fight and hit one another and I would like L.P. as a brother to defend me and to keep me safe, like his sisters. I greatly esteemed L.P. who is raising his sisters instead of his parents as if they are his girls. I think that I would be a good sister for him in the atom and in the drama and as auxiliary ego, in essence I acted my dreams for such relations with my brother and it seems to me that it is possible in life. L.P. let me feel good and appreciated and not rejected like in the world outside and especially L.P. was for me a brother who loved me and this was a wonderful and empowering experience. I was strengthened from this and with belief in myself."

Y.P.: "L.P. and I barely connected. L.P. seemed to me to be a child with problems and was violent and explosive and I was afraid of him, I had nothing to do with him. When L.P. chose me, I was really alarmed and very surprised, since I am the weak one in the group. I am on the side and do not talk. I was afraid to tell L.P. 'no', so I took the role. When I sat beside Y.O., I felt safe and I let her talk first, and then L.P. told me that I chose you since I would like a brother like you, a good soul and a good kid. I was very happy that everybody clapped hands and that they addressed me and they like me, even if I am quiet and without confidence. When the atom began I shook with fear, I sweated, and my heart beat fast, and slowly this was released. To sit on the stage was a new experience and pressuring but I was really a hero and I fell in love with myself again. I understood that I must try to believe in myself since people believe in me."

In the atom all the techniques of psychodrama are in action.

Psycho-dramatic Techniques

There are many psycho dramatic techniques, and each one meets diverse needs and goals.

Protagonist

According to the translation from the Greek, it means the 'first to the struggle'. Following the ancient tribal drama, Greek classic defined the protagonist as a person whose suffering is told on stage. The coping with the suffering and the purification at the end of the drama represented a process that each and every person in the tribe or community experienced (Artzi, 1991). In the group, too, relationship to this rationale can be found, when the group chooses the protagonist as one who represents the group topic/voice. It arises after utmost warm-up in relation to the group. It is ready and prepared to study any problem, topic, or conflict. During the event he lives in his own world, a world that he raised and exposed with great power through the different techniques. He raises the true figures and experiences (even if they are imaginary, their core is real). He is playing the game of his life. With the help of the therapist/instructor, he instructs the auxiliary ego and the action and thus he meets with the figures involved in his mental conflicts.

Double

"This is the most important of all the roles of the auxiliary ego. Its goal is to help the protagonist express emotions and thoughts, promote him towards the encounter with repressed conflicts, find the spontaneity in him, and provide support and sympathy, so that he can feel secure and open." (Artzi, 1991, p. 82) The double is generally sent by the instructor to be another 'self', which may help the protagonist express what it is hard for him to express. He is the other side, the different side, the concealed side. His role is to awaken the protagonist, to get him out of his stagnation, to help him go over obstacles and to dare more, through the reflection of his psychological experiences. In addition, he helps him express emotion.

Role Reversal

This is a basic technique through which the participant presents somebody or something else that is not him. The protagonist presents the figures or objects involved in his topic and the auxiliary egos present, in turn, these figures or the protagonist.

Auxiliary Ego

He is any member of the group who participates in the psychodrama (except for the instructor) in order to help the protagonist work out his topic. The auxiliary ego can pass through the borders of time, age, gender, and form, life and death. Psychodrama enables the entire cosmos to be brought into the play (Moreno, 1921/2000). The auxiliary ego can act close figures, such as husband, wife, son, daughter, parents, and siblings, or more distant figures. The auxiliary ego also can represent absent or abstract figures, such as an absent father or mother, ideals, God, or Satan. For the most part, the protagonist chooses the auxiliary ego.

The reports of the interviewees at the end of the atom and sharing in the group are commensurate with the literature that addresses the atom in psychodrama. Naharin (1985) addresses the social atom as representing the emotional relations that the protagonist has regarding items with meaning for him. Moreno coined this term for the constellation of the significant figures, whether real or imaginary, related to the person's psychological experiences. The social atom is the start of the investigation towards psychodrama, through which the protagonist can examine every social environment in which he is found. Additional researchers, like Storr and Kramer, also address the strengths in the process.

Art is an important therapeutic and educational tool, which enables the increase of awareness and coping with different mental situations. The symbolic language of images in art encourages spontaneous self-expression that enriches the inner space and enables creative and significant communication. The created emotional experience facilitates personal and interpersonal growth (Storr, 1971). The artistic medium helps lessen defenses. There generally is no control over the created product in spontaneous artistic

expression, and this fact helps the person discover the inner conflicts; the spontaneous emotional expression during creative activity helps alleviate mental tensions (Kramer, 1971).

The Atom of M.C.

Participants

R.M. – **Double**

I.S., E.S., E.H. – **Auxiliary Ego**

M.C.: "I chose to be the protagonist after I saw L.P., since I loved his acting and he gave me the power to go on stage. When I was young, I was in a drama class and since then I love making people laugh. From the start of the year I heard stories about parents and I was afraid of speaking of my mother's death and about her illness beforehand. I was afraid of breaking down and crying in front of everyone, like in the attempts I had when I talked about her and since then I refuse to talk about her. My friends attempt not to talk to me about mother so I won't be hurt. L.P. told everybody that he likes sharing since this releases for him nerves and anger inside and when he says this sentence this gives me a strong boom in the heart, I understood him since that is how I feel, that inside I have a huge rock that blocks me and I am repressing everything and therefore outside I am exploding without others harming me. I decided to go on stage and to care for myself since I felt that in this group with the instructor and the friends who are like me, I can do so. Also everyone here is equal. I went up and I sat on the empty chair and I attempted to flee from mother and I told about the music that I like and about the great band Bolvar that I really like and I go to the shows and I have a tattoo of them and everybody praised me. When I finished, the instructor asked me who would I invite to be a double in my atom. I was startled by the word atom but cooperated. I invited R.M., who I got to know in psychodrama and we became good friends. R.M.'s mother always pampers me and she has a heart of gold, like my mother had. R.M. also liked bands and is dying to get a tattoo done but he is afraid and he is also is isolated from the world like I am. He does not have confidence. R.M. agreed since it was me but he was really shaking when he got on stage.

The instructor asked that I also choose other figures: brother, mother, and father. I chose E.S., since he is really mature, strong, and resilient like my brother. I was emotional about choosing parents because of mother and also because I am ashamed about the figure of my father. I did not agree. Everybody encouraged me. I was silent and then the instructor helped me and turned to the group. I.S. volunteered, and E.H. The truth is that I was happy since they are truly suitable. The instructor knew what I am feeling and who I would choose. When they went on stage, I did not say a word and they began to talk between them. E.H. really reminded me of mother in her patience and her fine facial features and I.S. really is father with his lack of patience. I felt that mother was alive although this was acting. E.S. also attempted to help me speak and gave me confidence as my brother in the atom and then R.M. suggested exchanging with me the role and sat in my place and was M.C. and really talked from the heart with mother and about the longing. This was a moment that I will never forget."

R.M.: "I have social anxiety. I was in psychological therapy. When M.C. called me to be the double, I almost passed out from trembling in my body but I could not tell him that I do not agree. I am a loyal friend and I know how much M.C. suffers without mother. I am very close to my mother and she is always there for me. The atom gave me confidence from the help that I wanted to give M.C., who in essence contributed to me to understand that I can improve the confidence and believe in the self. The group really gave me a score of a hero when I took M.C.'s place in the chair and spoke with E.H. in the role of her mother. I was really strong and I felt brave and above all I felt I gave M.C. strength."

E.S.: "In those minutes that M.C. said I want to choose E.S. for my brother I was really emotional. Everybody says that I am muscular and strong and great at soccer, where I am a striker, but I am very sensitive inside. I got on stage to give strength to M.C., like I go on the field to get a goal and to win, but this time for me. I gave up the ego and the tough style and I was calm and familial and expressed emotions without being ashamed. I saw E.H. the mother and I thought about my mother, whom I love the most in the world, and I spoke to her from this place. I felt like M.C.'s brother. I learned a lot from this scene and also how I would like to behave with my parents who are together

talking to me and father does not have patience like I.S. I felt that I could stop bursting out to show power but also to show that when you are calm and expressing emotions you are strong. Everybody clapped for me and this was better than scoring a goal. I left happy that I have a mother since there were moments in the acting when I spoke to E.H., the mother who M.C. had.

E.H.: "I have low confidence and I am afraid of my shadow. I had not taken any role from the beginning of the year but I came to all the sessions and connected to the group and especially to E.S., I.S., Y.P, M.C., the boys. I gave a place to everyone and not only to myself. Even when people turned to me, I would answer two, three words in a mumble and hesitantly and escape the conversation. I live in fear all the time. I felt confidence with the group, but not with myself. When I saw M.C., who was courageous and went up and sat with his head high and was startled that he had to choose parents I wanted to protect him like a mother or a large sister. This is I, protecting everybody. At that moment I had strength that I didn't understand and I lifted my hand to help him and to be in the role of mother. I was in shock about myself. After this scene, my confidence really rose. I felt shock at myself. After this scene, my confidence really rose. I felt that those who were sitting on the stage were like family for me. I felt belonging. I greatly esteemed myself that I helped a friend in a time of trouble. The moments on stage strengthened me greatly in my evaluation of myself as a person and most importantly that I know how to function around loss and stories of death that sadly I heard a lot in my life and to remain strong."

I.S.: "My father abandoned me in childhood and I do not know how it is possible to abandon a child. When I heard about M.C., that he has a father but he does not succeed in helping him and his brothers after his mother died, I felt that M.C. and I come from the same story. I went to Russia a year ago and I saw at the entry to the building of my uncle a dead person. I have fears since then. I understand how difficult it is to lose somebody. I, like M.C., am always fleeing all the time from situations to dangerous behavior, to smoking, to alcohol, and I understand him. I wanted to help him and to be his father like I am the younger brother and perhaps also to help myself since I saw that everybody who goes up on stage goes down strong. I discovered through the role that I am really helping

myself. In the group I succeeded in sharing after the atom that the police came to me at home for a search and that moment caused me a great fear and in essence the understanding that I am a child who needs to learn and not to look for nonsense and to run away all the time. Through psychodrama I saw that I am strong but also afraid to be a child and attempting to do things that are not suited to my age and are also dangerous. I reached the conclusion that I want a change and to go to high school and to improve behavior and my grades since everybody tells me that I am smart."

In the atom of M.C. and in all the participants in it, feelings of the lie with the mother and the emotions that arose characterize the literature in the relationship of the child and the mother and the ability to separate and be independent that surfaces through acting. Many researchers, including Winnicott (1995), who described the role of acting as a 'transition space' or 'potential space' that the infant creates so as to bridge over the separation from his mother, noted the need for acting as a social mental construct for the mental health. He understood the use of the intermediate space between the 'external reality' and the 'internal reality', and this is the only place in his opinion where a subjective experience forms and occurs. In the potential space the acting occurs and the person's creativity is expressed. The findings indicate that the group with psychodrama and its healing powers contributes greatly to the coping with the themes that arose.

Dayton (1994) discussed the healing power of psychodrama as enabling the person to work on his painful roles and to achieve a corrective experience on stage and the release of repressed emotions during the role play.

Karp, Homs, et al. (1991) addressed psychodrama as therapy that does not label. Psychodrama investigates unique situations and 'normalizes' them, focuses on health and not pathology: this is one of its great advantages. Another essential element that adds to this advantage lies in the work of the therapist/instructor: he is more a partner than in any other therapy method, where he usually observes from the side, interviews, etc. Here, under his guidance, with his body language, mimicry, the emotions are revealed and exposed, since he is found in a situation of sharing of the self as a part of the creation of

the process on the stage. In addition, he has the option of sharing his own personal contents during the "sharing".

Control Group

The interviewees' reports show that there is no change in the low self-esteem and the level of anxiety rose during the year and played a main part in the interviews, especially at the end of the year and before the transition. The interviewees report that they do not know what tools to use for coping with the studies, parents, and friends and they feel powerless.

N.H.: "At the end of the year before I go to the high school I feel like a failure. I did not get accepted to the study program that I wanted and my fears are about going to high school are many and I do not find a way to deal with them aside from crying and fear. I feel rejected and alone and my only friend that I had will not be with me in the same class."

Y.L.: "I finished the year disappointed in myself. I feel humiliated in the school by the teachers and at home by my mother. I do not have help and support from any adult and I am very anxious about leaving the class for a new class. I have learning disabilities and everybody in the old class knew about them and stopped laughing at me and now with the transition to the high school again people will laugh at me and I am afraid and lost."

H.L.: "I am angry at myself and there are days where I hate myself and everybody. I was busy pitying myself and I let the problems at home bother me. My past, the trauma from living with mother in the village accompanied me to here and did not leave here and the fears and anxieties in the new place only increased. I did not succeed in connecting to my powers and in getting accepted into the architecture study program that I really wanted and it is too late."

S.L.: "Because I do not have confidence and I live in a feeling of rejection I did not succeed in acclimating to the secular framework I went to by choice since things weren't good for me in the religious school. Aside from the friends who came with me, I

did not attempt to connect to new people and to feel belonging. From the first day I feel foreign here. My parents who saw my deterioration in grades and mood decided that I would register to a religious high school and today I need to again deal with another transition in one year and I am very sad and pressured and feel anxiety and palpitations just from the thought and I do not want this transition."

R.G.: "At the end of the year I am stifled and all the time am crying. I was so deep in mother's illness and the care of her day in day out, hour by hour, and I did not help myself improve the scores and go every day to school. I am angry at myself since my great dream was to get into the theater study program and today I am conditional and must undergo tests in the summer to get accepted and I am very anxious about them. All my life I am being tested and I do not have luck."

Summary

The members in the control group sat frozen during the interviews, playing with their hands, lowering their heads, and moving their feet, and not looking into the eyes. The interviewees tended to describe less their answers and to give shorter answers than the interviewees in the experimental group and sometimes it was necessary to ask them the same question another time with detail so that they would go into detail.

In the psychodrama group, there was a similar phenomenon at the beginning of the year and before the treatment, the same hesitant sitting, confusion, lack of confidence to talk. From the middle of the year they were very happy to give as many details as possible and therefore the interviews of the middle and end of the year were longer. The interviewees sat with their heads raised, straight, looking straight into your eyes, calm, smiling with enthusiasm, sharing the process they experienced. It is clearly apparent that the process they experienced in psychodrama, with its different techniques, role play and warm up and roles in the stage of action, greatly contributed to them, to their self-confidence, to their self-image, to their efficacy, and to their belief in themselves and in their worth, and without a doubt to their body image.

4.1.4 Analysis of the Findings

1. Analysis of the Questionnaires

To check the effect of the treatment over the three measurements, a mixed model ANOVA was calculated. The between groups variable was receiving or not receiving treatment. The within variable was the level of self-esteem in the three points of time. For every questionnaire, an average of the ten items was calculated. The range of the indices is on a scale ranging from 1 (low self-esteem) to 5 (high self-esteem). The internal reliability of the questionnaire, calculated by Cronbach's alpha, was 0.64, 0.97and 0.98 for the first, second and third measurement, respectively.

The results of the three questionnaires in the two groups are shown in the following table.

Table Number 1: Means and Standard Deviations of the Level of Self Esteem in the
Three Measurements in the Two Groups (Treatment and Control)

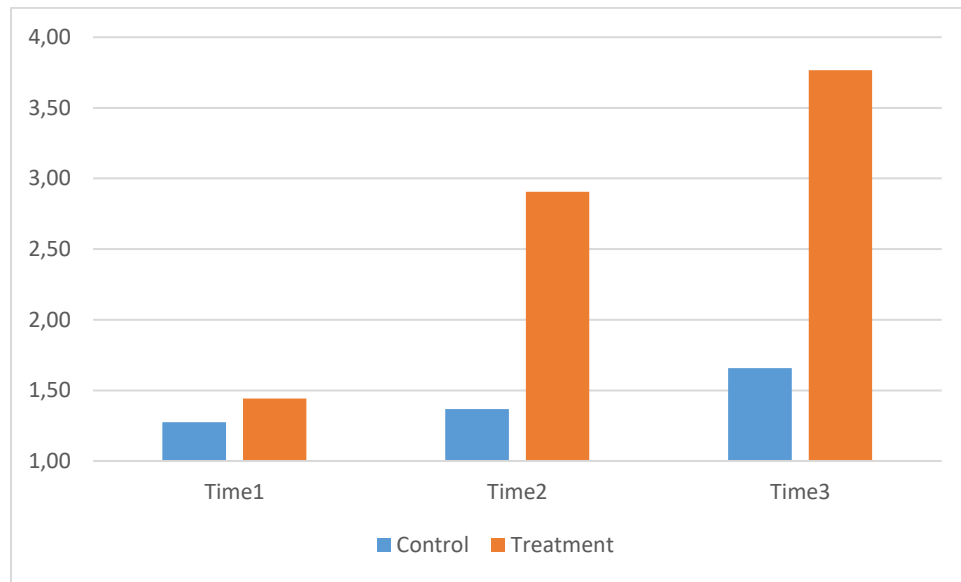|	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Control	1.28 (.22)	1.37 (.28)	1.66 (.36)	1.43 (.28)
Treatment	1.44 (.21)	2.91 (.21)	3.77 (.24)	2.71 (.81)
Total	1.36 (.23)	2.14 (.82)	2.71 (1.12)	

Source: My own research

As can be seen from table number 1, there is a significant effect of the time of measurement over the groups ($F_{(2,44)}=183.74$, $p<0.001$). It can be seen in the LSD post hoc test that the self-esteem is improving significantly from time one to time two and to time three. As well, it can be seen that the well-being of the treatment group is better than the self-esteem of the control group beyond the three measurements ($F_{(1,22)}=354.77$, $p<0.001$).

The interaction effect is also significant ($F_{(2,44)}=99.09$, $p<0.001$). Although, there are small, but significant, difference between the groups in the first measure (mean differences=.17), the differences between the two groups are bigger in the second

measure (mean differences=1.54) and even bigger in the third measure (mean differences=2.11). Figure number 7 shows the interaction effect between the two groups and the time of measurement.

Figure Number 7: Interaction Effect between the Two Groups (Treatment and Control) and the Time of Measurement

Source: My own research

The Effect of the Treatment on Youths Who Suffer from Violence or Didn't Suffer from Violence

To examine whether the effect of the treatment is different for youths who suffered from violence and youths who didn't suffer from violence, over the three measurements a mix model ANOVA was calculated. The analysis was done only for the group that received the treatment and should be taken with caution, due to the small sample size (n=12). The between groups variable was suffering or not suffering from violence. The within variable was the level of self-esteem in the three points of time. The results of the three measurements in the two groups are shown in table number 2.

Table Number 2: Means and Standard Deviations of the Level of Self Esteem in the

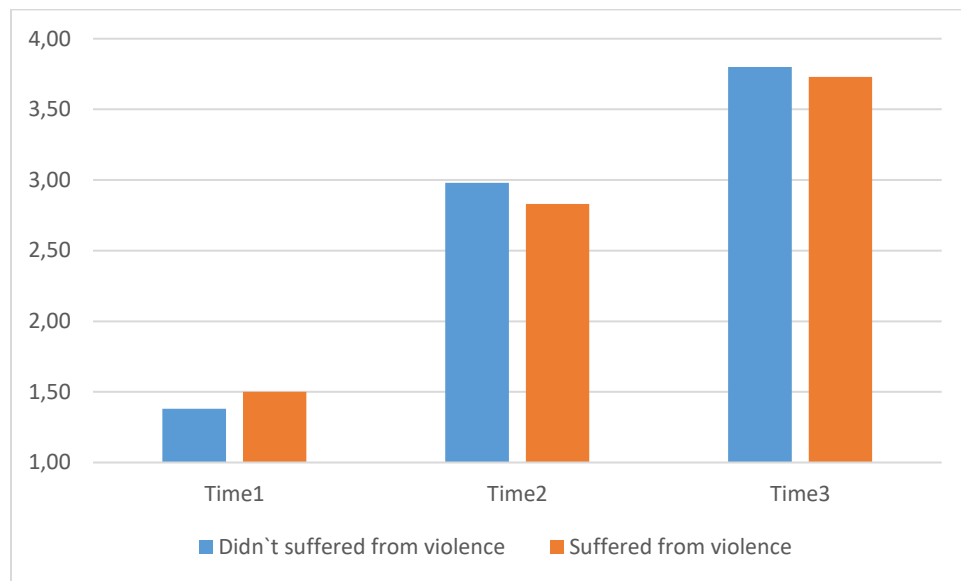Three Measurements in the Two Groups (Suffered or Didn't Suffer from Violence)

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Didn`t suffer from violence	1.38 (.20)	2.98 (.18)	3.80 (.13)	2.72 (.17)
Suffered from violence	1.50 (.22)	2.83 (.23)	3.73 (.33)	2.69 (.26)
Total	1.44 (.21)	2.91 (.21)	3.77 (.24)	

Source: My own research

As can be seen from table number 2, there is a significant effect of the time of measurement over the groups ($F_{(2,20)}=299.58$, $p<0.001$). It can be seen in the LSD post hoc test that the well-being is improving significantly from time one to time two and to time three. In the treatment group, there are no differences between youths who suffered from violence and those who didn`t suffer from violence in the scores of well-being beyond the three measurements ($F_{(1,10)}=.29$, ns).

The interaction effect is also non-significant ($F_{(2,20)}=1.05$, ns). There are no differences between those who suffered and those who didn't suffer from violence in the scores of self-esteem in the three measures. Figure number 8 shows the interaction effect between the two groups and the time of measurement.

Figure Number 8: Interaction Effect in the Treatment Group between the Two Groups (Suffered from Violence and Didn't Suffer from Violence) and the Time of Measurement

Source: My own research

The Effect of the Treatment on Boys and Girls

To examine whether the effect of the treatment is different for boys and girls over the three measurements, a mix model ANOVA was calculated. The analysis was done only for the group that received the treatment and should be taken with caution, due to the small sample size (n=12). The between groups variable was gender. The within variable was the level of self-esteem in the three points of time. The results of the three measurements in the two groups are shown in the following table.

Table Number 3: Means and Standard Deviations of the Level of Self Esteem in the Three Measurements in the Two Groups (Boys or Girls)

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Girls	1.42 (.22)	2.93 (.22)	3.67 (.29)	2.67 (.24)
Boys	1.47 (.22)	2.88 (.22)	3.87 (.12)	2.74 (.19)
Total	1.44 (.21)	2.91 (.21)	3.77 (.24)	

Source: My own research

As can be seen from table number 3, there is a significant effect of the time of measurement over the groups ($F_{(2,20)}$=293.10, p<0.001). It can be seen in the LSD post hoc test, that the self-esteem is improving significantly from time one to time two and to time three. In the treatment group, there are no differences between girls and boys in the scores of self-esteem beyond the three measurements ($F_{(1,10)}$=1.19, ns).

The interaction effect is also non-significant ($F_{(2,20)}$=.81,ns). There are no differences between girls and boys in the scores of self-esteem in the three measures. The following figure shows the interaction effect between the two groups and the time of measurement.

Source: My own research

2. The Analysis of the Two Items from the Questionnaire

To examine whether the effect of the treatment over the three measurements a mix model ANOVA was calculated. The between groups variable was getting or not getting treatment. The within variable was the level of self-esteem in the three points of time. The results of the three measurements in the two groups are shown in the following table.

Table Number 4: Means and Standard Deviations of the Level of Self-Esteem in the
Three Measurements in the Two Groups (Treatment and Control)

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Control	1.28 (.22)	1.37 (.28)	1.66 (.36)	1.43 (.28)
Treatment	1.44 (.21)	2.91 (.21)	3.77 (.24)	2.71 (.81)
Total	1.36 (.23)	2.14 (.82)	2.71 (1.12)	

Source: My own research

As can be seen from the previous table, there is a significant effect of the time of measurement over the groups ($F_{(2,44)}$=183.74, p<0.001). It can be seen in the LSD post hoc test, that the self-esteem is improving significantly from time one to time two and to time three. As well, it can be seen that the self-esteem of the treatment group is better than the self-esteem of the control group beyond the three measurements ($F_{(1,22)}$=354.77, p<0.001).

The interaction effect is also significant ($F_{(2,44)}$=99.09, p<0.001). Although, there are small but significant differences between the groups in the first measure (mean differences=.17), the differences between the two groups are bigger in the second measure (mean differences=1.54) and even bigger in the third measure (mean differences=2.11). The following figure shows the interaction effect between the two groups and the time of measurement.

Figure Number 10: Interaction Effect between the Two Groups (Treatment and Control) and the Time of Measurement

Source: My own research

The Effect of the Treatment on Youths Who Suffer from Violence or Didn't Suffer from Violence

To examine whether the effect of the treatment is different for youths who suffered from violence and youths who didn't suffer from violence over the three measurements, a mix model ANOVA was calculated. The analysis was done only for the group that received the treatment and should be taken with caution, due to the small sample size (n=12). The between groups variable was suffering or not suffering from violence. The within variable was the level of self-esteem in the three points of time. The results of the three measurements in the two groups are shown in the following table.

Table Number 5: Means and Standard Deviations of the Level of Self-Esteem in the Three Measurements in the Two Groups (Suffered or Didn't Suffer from Violence)

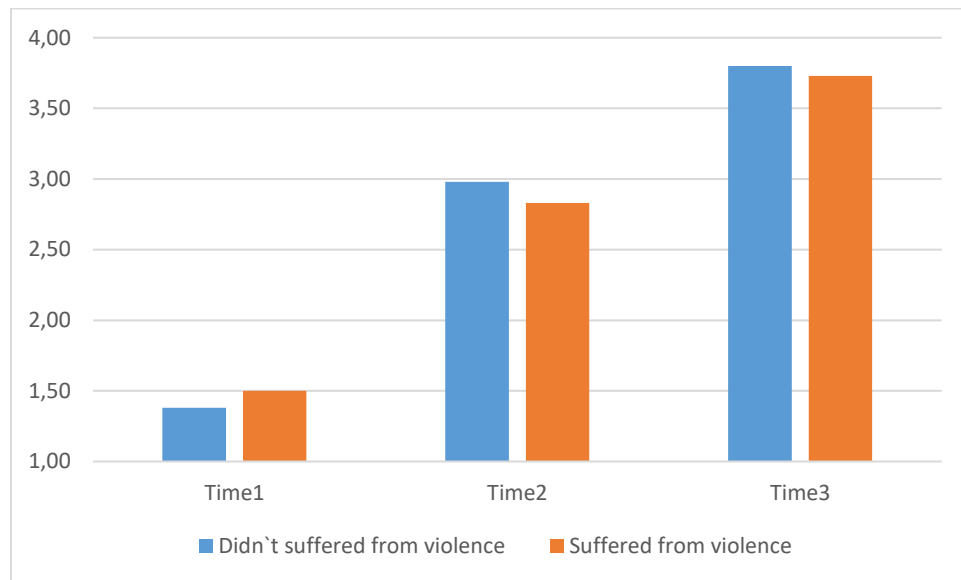|	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Didn't suffer from violence	1.38 (.20)	2.98 (.18)	3.80 (.13)	2.72 (.17)
Suffered from violence	1.50 (.22)	2.83 (.23)	3.73 (.33)	2.69 (.26)
Total	1.44 (.21)	2.91 (.21)	3.77 (.24)	

Source: My own research

As can be seen from table number 5, there is a significant effect of the time of measurement over the groups ($F_{(2,20)}$=299.58, p<0.001). It can be seen in the LSD post hoc test, that the self-esteem is improving significantly from time one to time two and to time three.

In the treatment group, there are no differences between youths who suffered from violence and those who didn't suffer from violence in the scores of self-esteem beyond the three measurements ($F_{(1,10)}$=.29, ns).

The interaction effect is also non-significant ($F_{(2,20)}$=1.05, ns). There are no differences between those who suffered and those who didn't suffer from violence in the scores of self-esteem in the three measures.

The following figure shows the interaction effect between the two groups and the time of measurement.

Figure Number 11: Interaction Effect in the Treatment Group between the Two Groups (Suffered from Violence and Didn't Suffer from Violence) and the Time of Measurement

Source: My own research

The Effect of the Treatment on Boys and Girls

To examine whether the effect of the treatment is different for boys and girls over the three measurements, a mix model ANOVA was calculated. The analysis was done only for the group that received the treatment and should be taken with caution, due to the small sample size (n=12). The between groups variable was gender. The within variable was the level of self-esteem in the three points of time. The results of the three measurements in the two groups are shown in the following table.

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Girls	1.42 (.22)	2.93 (.22)	3.67 (.29)	2.67 (.24)
Boys	1.47 (.22)	2.88 (.22)	3.87 (.12)	2.74 (.19)
Total	1.44 (.21)	2.91 (.21)	3.77 (.24)	

Source: My own research

As can be seen from table number 6, there is a significant effect of the time of measurement over the groups ($F_{(2,20)}$=293.10, $p<0.001$). It can be seen in the LSD post hoc test, that the self-esteem is improving significantly from time one to time two and to time three. In the treatment group, there are no differences between girls and boys in the scores of self-esteem beyond the three measurements ($F_{(1,10)}$=1.19, ns).

The interaction effect is also non-significant ($F_{(2,20)}$=.81,ns). There are no differences between girls and boys in the scores of well-being in the three measures. The figure shows the interaction effect between the two groups and the time of measurement.

Figure Number 12: Interaction Effect in the Treatment Group between the Gender and the Time of Measurement

Source: My own research

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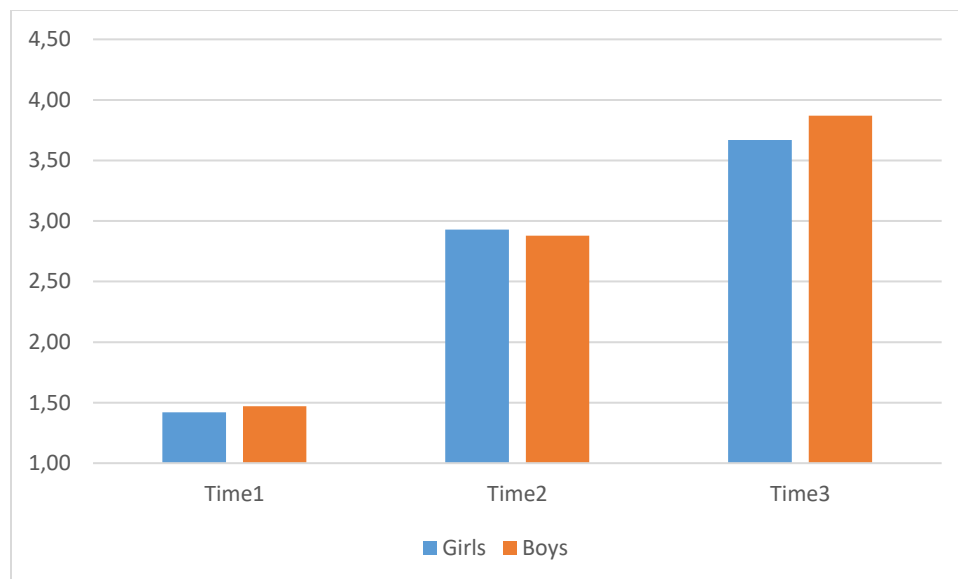
Question 2

The effect of treatment over the three measurements on question 2 "I think that I am not worth anything". The question has been reversed. That means that the higher the score of the responder, the more he sees himself as valuable. To examine the effect of the treatment over the three measurements on question 2, a mix model ANOVA was calculated. The between groups variable was getting or not getting treatment. The within variable was the response of the participants to question 2 in the three points of time. The results of the three measurements in the two groups are shown in the following table.

Table Number 7: Means and Standard Deviations of the Level of Question 2 in the Three Measurements in the Two Groups (Treatment and Control)

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Control	1.50 (.52)	1.67 (.49)	1.58 (.51)	1.58 (.50)
Treatment	1.50 (.52)	2.83 (.72)	3.50 (.67)	2.61 (.60)
Total	1.50 (.51)	2.25 (.85)	2.54 (1.14)	

Source: My own research

As can be seen from table number 7, there is a significant effect of the time of measurement over the groups ($F_{(2,44)}=22.40$, $p<0.001$). It can be seen in the LSD post hoc test, in which the level of feeling of worth is improving significantly from the first measurement to the second measure. There are no differences in the level of feeling of worth between the second and the third measure. As well, it can be seen that the level of the feeling of worth is higher in the treatment group than in the control group beyond the three measurements ($F_{(1,22)}=48.42$, $p<0.001$).

The interaction effect is also significant ($F_{(2,44)}=18.09$, $p<0.001$). While in the first measure there are no differences between the two groups, in the second and third measures the level of feeling of worth is significantly higher in the experimental group than in the control group. The following figure shows the interaction effect between the two groups and the time of measurement.
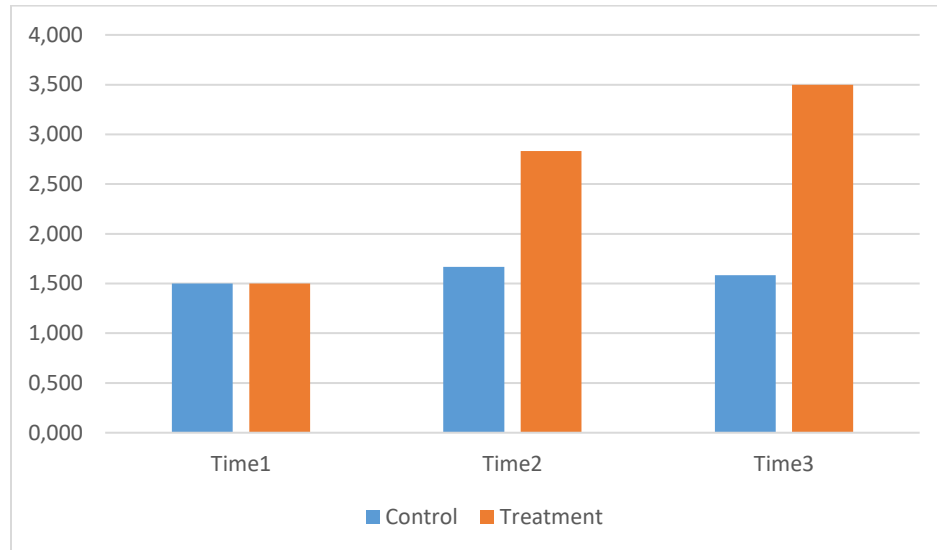
Source: My own research

Question 7

The effect of treatment over the three measurements on question 7 "I Feel I Am a Person of Value, No Less than Others". To examine the effect of the treatment over the three measurements on question 7, a mix model ANOVA was calculated. The between groups variable was getting or not getting treatment. The within variable was the response of the participants to question 7 in the three points of time. The results of the three measurements in the two groups are shown in the following table.

Table Number 8: Means and Standard Deviations of the Level of Question 7 in the Three Measurements in the Two Groups (Treatment and Control)

	Time 1 M (SD)	Time 2 M (SD)	Time 3 M (SD)	Total M (SD)
Control	1.33 (.49)	1.17 (.39)	1.58 (.51)	1.36 (.49)
Treatment	1.08 (.29)	3.00 (.10)	3.92 (.29)	2.67 (.16)
Total	1.21 (.41)	2.08 (.97)	2.75 (1.26)	

Source: My own research

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As can be seen from table number 8, there is a significant effect of the time of measurement over the groups ($F_{(2,44)}$=132.13, p<0.001). It can be seen in the LSD post hoc test, that the level of feeling value, at least as the others is improving significantly from the first measurement to the second measure and from the second measurement to the third. As well, it can be seen that the level of feeling value, at least as the others is higher in the treatment group than in the control group beyond the three measurements ($F_{(1,22)}$=156.77, p<0.001).

The interaction effect is also significant ($F_{(2,44)}$=103.73, p<0.001). While, in the first measure there are no differences between the two groups, in the second and third measures the level of feeling value, at least as the others is significantly higher in the experiment than in the control group. Figure Number 14 shows the interaction effect between the two groups and the time of measurement.

Figure Number 14: Interaction Effect between the Two Groups (Treatment and Control) and the Time of Measurement in Question 7 "I Feel I Am a Person of Value, No Less than Others"
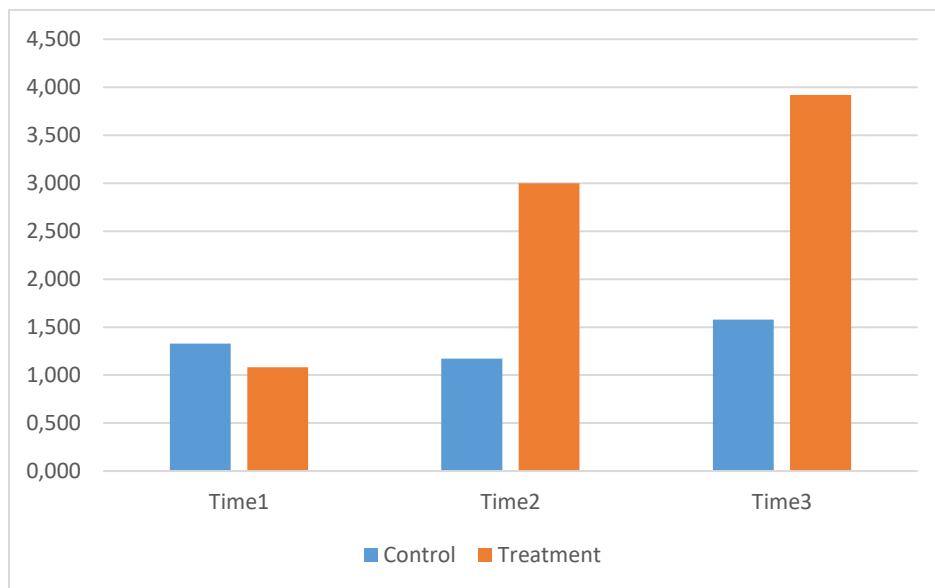
Source: My own research

4.1.5 Summary of the Interviews and the Quantitative Findings

The chapter of the findings presents the results of the self-esteem in the two groups, the psychodrama group and the control group, in three chapters of time: before the beginning of the year, in the middle of the year, and at the end of the year.

Before the start of the year, the self-esteem was low and identical in the two groups, both in the results of the interviews and in the results of the questionnaire, and the participants in the two groups were occupied with the following questions. Do they love and esteem themselves? Do they believe in themselves? What is their level of self-confidence? The decisive majority of them had low self-esteem and low self-image. They reported a sense of lack of belonging to other students in their age group and lack of social acceptance and rejection by the peer group, because of the problematic characteristics with which they come.

In the middle of the year, the control group reported in the questionnaires and in the interviews low self-esteem, with the exception of the rise of the centrality of anxiety. In the psychodrama group there was a considerable improvement in the self-esteem and the self-esteem rose and through it completely new themes surfaced, speaking of the interviewees' understanding of their parents and their situation in the family and through the techniques of treatment with psychodrama their ability to control their angers.

At the end of the year, the reports of the interviewees in the control group indicate there is no change in the self-esteem and it remains low and the level of anxiety rose during the year and assumed a main place in the interviews, especially at the end of the year and towards the transition. The interviewees report that they do not know which tools to use to cope with the studies, the parents, and the friends and feel powerless. In contrast, the psychodrama group reports a high self-esteem in the interviews and questionnaires, and strengths they obtained in the group towards the coming transition. In addition to the questionnaires and interviews, six case studies were conducted on six participants from the psychodrama group, two girls and four boys. All were subject to violence in their home and to life at a high risk in the crisis family and in the delinquent environment.

4.2 Findings from the Case Studies

Six case studies were performed on the participants from the psychodrama group. The cases chosen for analysis were those of children at high risk because of the violence against them in the home. The analyses of the cases were based on the participative observation in the group meetings, the interviews with the group members, before, in the middle of, and at the end of the treatment, and on their responses to Rosenberg's self-esteem questionnaire (which was distributed to them before, in the middle of, and at the end of the treatment). Every case analysis is based on:

1. The participative observation, according to the principles of psychodrama, including protagonist, auxiliary ego, double, social atom, and reference to nonverbal communication in every session.

2. The interviews, which were analyzed according to the different variables of self-esteem: self-image, body image, and the group process according to the psychodrama.

1. L.P.

He is fourteen years old and lives with his parents and three younger sisters in the center of the country, in an old private home in a good neighborhood. His mother and father are mentally ill. His family is under the care of the Welfare Services. L. is a youth with high scholastic abilities, but because of his behavioral problems he has low scholastic achievements, and along with the problems at home, the recommendation is that in the transition to the high school he move to a boarding school. L. is found at high risk in the transition in all areas – emotional, social, family, behavioral, and scholastic.

In the interview with L.P. before the beginning of the group, he demanded confidentiality from me a number of times. I noticed that he does not rely on adults and on the school staff. I identified a child who appears from the outside to be mature and strong but from the inside he lacks confidence and is very anxious. L. has a muscular body, which he emphasizes. L. sits in every interview very pressured and conveys lack of patience, does not look you in the eye, plays with his hands and feet, and is in constant

motion. I saw the pain in his eyes and the frustration that comes from the great need for a 'significant adult' to listen to him.

In the first meeting in the group L' again asked in the group contract for secrecy from everyone and even threatened that if a group member reveals details then the outcome will be very severe. I saw from the side his leadership abilities, from the place of a negative leader, and the potential of criminality. The friends who knew him from the grade keep away from him. However, I identified in him charisma and power to crystallize the group around him for the good of the process.

L. attended and participated in all the sessions, even after he was late to school or was punished, he came in time to the group. L. raised family difficulties from home, and it appeared that he connected to the group of girls from the start of the group when they shared about their difficulties and this connection, in my opinion, derived from his connection to his three sisters, for whom he cares about deeply. L. fit into the group from the first session and took on roles. He shared he is a parenting child and takes care of his sisters. L. has difficult behavioral problems on the background of verbal and physical violence and in the school he has been suspended a number of times and stayed home as punishment for his actions. I noticed that L. is connected to his feminine side through his sisters whom he loves very much. In the group, in situations of conflict, he gets up to defend the girls with the problems. L. shared about his low body image and that two years ago he was a fat child and everybody laughed at him. He decided to share a picture, and everybody was in shock. L. lost weight and spent hours in a fitness room but still feels 'fat' on the inside and is anxious that he will return to this weight and be a rejected child. It is apparent that L. does not have confidence even as a thin and muscular youth and he still thinks and feels that he is a 'fat kid'. L.'s revelation greatly connected him to the group and the group to him, and to his credit it can be said that the group crystallized and became cohesive and trust was created among the members.

In the middle of the year, in the interview I identified a change. L. appeared calmer in the interview. He smiled. It seemed to me that L. had acquired confidence and self-esteem. In the group meeting he took on a significant role: the protagonist (main

actor) in the social atom. I looked at him all the time. I saw him shaking, sweating, lowering his gaze, sitting on the empty chair and looking at me to get strength. I encouraged him all the time with looks and direction. In the minutes when L. was asked to choose a double and an auxiliary ego, I saw him grow stronger, relaxed, and calm. In the process of the atom L. received strength, love, support, and applause. L. went down from the stage full of confidence and with a smile of happiness. He stood tall and said thank you to everybody. In the group sharing L. and everybody who helped him in the atom and the observers had shared an amazing experience that they had never experienced in the world. They all experienced identification and every one had obtained new insights. Through the group L. learned to control his angers and his nerves from home, against teachers and against the entire world that he believes is against him. L. took responsibility and looked inwards to the victim he feels and his role in these feelings.

Towards the end of the year and the sessions in the group, L. found it very hard to say goodbye to everybody and to me, the instructor. L. shared that he learned about his weaknesses and obtained the strength to believe in and to esteem himself and through the power in psychodrama he noted goals and objectives for the high school. L. during the encounters met with the counselor and the homeroom teacher and obligated himself to adopt appropriate behavior and to improve his grades. This was indeed the case. L. improved his attitude towards the studies and towards the educational staff and was accepted to a low level study program in the high school that does prepare for the high school matriculation examinations, with the option of transferring to the sports program that he greatly desired. L. ended the year with confidence in himself and with self-esteem about his abilities and with the understanding of his body image and the tremendous change in the outside aspect. Girls flirt with him and he feels desired and socially accepted. L. in the transition to the high school is not anxious. Rather, the reverse is true: he is going to the tenth grade with self-esteem, confidence, and a high body image.

2. M.C.

He is 14.5 years old. He lives in the central region and comes from a moderate socioeconomic level. M. lives in a small apartment in an old apartment building, with his older brother and his father. His mother died from a disease. He has attention deficit disorder, a low self-esteem, and in general lacks boundaries. He is found at high risk because of vagrancy and vandalism. He is facing addictions – alcohol and smoking. M. came to the interview with me delusional, vocal, and objecting. It seems that in addition to the many difficulties he also has attention deficit disorder. I see huge holes in his ears with black earrings. M. shares with me that he is not interested in the group and does not need it. He has his group outside of the school. I explained to him about the uniqueness of the group and the help he will receive in the transition to the high school and the integration of psychodrama as an empowering treatment instrument. M. was very enthusiastic about the psychodrama and told me that he has the soul of an actor. From that moment he cooperated with me in the interview. I identified his shyness, confusion, lack of confidence, very high level of anxiety. M. has a full body, a high weight for his age, and for the entire interview he has a hat on his head. He hides his knees and stomach with his bag and refuses to let go of it. M. is wearing a coat in the room and is attempting to hide as much as possible his body. His body image is very low.

In the first session in the group, M. comes not focused. He does not sit with everybody in the circle. It appears that he is the role of the clown, laughing and disrupting me and the entire group. I display inclusion and empathy and the group laughs at his jokes. He makes noises in the background and some stop laughing at his behavior and comments to him that this is already disruptive and is not respectful and is ruining things for everyone. I look at him and see his need to belong and I give him parental protection and holding since his behavior derives from anxiety and lack of confidence.

In the second session, M. asks to be an actor and goes on stage and basically does nonsense and shares with everybody the destructive rock figures of the strange band he admires and that nobody else knows. 'Come to the Bar' is its name, with a negative

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message of drugs and tattoos over the entire body. He also shared that he connects to cults.

During the sessions there were revelations of significant figures in the lives of the group participants, his mother, and his father. M. refused to talk on this topic. M. lives around the loss and expresses his emotions and angers in shouts and throwing objects. I allowed M. in the acting in the warm-up to take out his pain without harming anybody. I saw him speak without words, through his eyes, and I identified great pain. When the friends needed help, he helped and shared and supported them but not for himself. Everybody said that M. has a tremendous soul. As an instructor who leads the process, I saw there to be considerable importance in leading M. to feel confidence and trust in friends and to reveal his difficult and to heal with everybody's help.

In the middle of the year interview, M. shared more, was less anxious, and had more confidence. His voice was appropriately pitched, he did not hide his body from shame, and in contrast to his behavior at the start of the year he sat calmly on the chair and looked at me and spoke about his mother, whom he greatly loved, and about his life afterwards with his father and his father's new partner whom he does not like and his older brother with whom he has difficulties. I invite M. to rely on me and on the group and to work on the parts that are difficult for him in the atom and I promise to protect him like his mother. In the middle of the year, after L.'s atom there is a surprising change in M. M. decided to work on his atom. He gathered courage and strengths and I am very proud of him. I invite M. to the empty chair, M. does not move, he is frozen, he is depressed, he is very anxious. M. receives from everybody encouragement and applause and requests to choose them for the double and the ego auxiliary. He wakes up and lifts his head and it is still hard for him and he chooses R.M to be his brother. M. is asked to choose a father and a mother and I identify distress and turn to him to help. I.S. volunteers to be the father and E.H the mother. The atom begins. M. is very excited and cooperates and the friends help him in all the roles he obtained. I identify that he is happy with each of them and about how he acts through the figures in his life. It seems that M. has greatly connected to E.H in the role of the mother. At the end of the atom, M. receives tremendous support and praise for his daring to overcome the enormous

difficulty in revealing himself. M. is very strengthened, is confident in himself, and is calm after he has released parts of his soul that is in pain from the difficult loss he suffered at an early age.

Towards the end of the year and the goodbye sessions, M. finds it difficult to say goodbye. He is very sad and seeks to meet also in the high school. As one who has experienced a painful separation from her mother, I identify the abandonment anxiety along with the powers to deal otherwise with the loss. M.C.'s self-esteem is greatly strengthened, and in the last interview he shares about the most important process he experienced in the group, a process that gave him considerable strength to continue the way and the belief in himself and in life as an orphan from a mother who keeps him safe from above all the time. M. sits in the interview, without a hat on his head, relaxed, smiling at me pleasantly. According to his statements, the psychodrama enabled him to understand that erasing the loss is not the way of coping and that it is important to speak about his mother since he is strengthened by the memory and love of his mother. M. is going to high school with a great hope and with self-esteem that he can succeed and advance. He has received the tools and strengths to believe in himself and this time it depends on him.

3. E.S.

He is aged fourteen. He lives with his parents and his little brother and sister in the central region. He has an intermediate socioeconomic level. In the first interview I was greatly impressed by E. He is a handsome youth, mature, with a muscular body. E. shares openly with me that from the age of three he has played soccer. Aside from soccer, which for him is his entire life, E. is introverted, very closed, and does not rely on anybody other than his mother. E. has many difficulties with his father, who is emotionally absent. From his sharing I discover a number of crises he has experienced in the eighth grade and the difficult deterioration in the studies and behavior following them, an injury suffered in soccer and inability to play, the hospitalization of his mother and death of the baby, and loss of his grandmother. E. was depressed and closed up in himself and was under psychological treatment. In the interview he shares about the

crises in the family and especially the soccer injury. I identify that he does not have self-confidence outside of the soccer field and he does not believe in himself like others believe in his abilities. It is important to E. to get accepted to the sports program in the high school, and therefore he is very anxious that he will not succeed because of his difficult behavioral problems and the suspensions he had from school. E. is disappointed in himself and does not believe in himself. He has a low self-image and every loss in soccer causes him to feel worse about himself. E. has a record of physical violence and threats towards students. He does not control himself. He has uncontrolled fits of anger, and in every interaction he finds difficult he explodes and becomes aggressive and violent. There is no internal locus of control.

In the first meetings in the group E. sat quietly and observed the process and did not intervene. He was an 'observer' who came to look and did not have a part. In the middle of the year, after the second interview of the middle of the treatment, I strengthened E. in his quiet leadership in the group and reflected to him that it is important that he take part and he have something to contribute from his maturity. E. sat on the chair calmer and but still needing support and strength. I identified in the meetings that there was a change and E. is participating and is obtaining confidence and relies on others. In M.'s atom, E. was present and I felt his excitement and happiness that his good friend M., with whom E. has a good relationship, is speaking of his difficulties and is building an atom. E., like M., experienced the loss of his mother's baby, the loss of his grandmother, with whom he was very close. I observed E., guarding him and supporting him from the outside and the moment he was chosen to participate, he entered the atom in the figure of the auxiliary ego as his older brother and he has responsibility and great excitement. The entire group is surprised with E.'s acting. He is soft, calm, warm, and loving and very family-oriented.

At the end of the year and in the post-treatment interview, E. shares with me that in the atom he was close to himself and received confidence and powers that he has the ability to be a regular child and family and not against everybody and certainly not to respond with anger and aggression as on the field. E. noted that life outside of the field is no less important and perhaps is even more important. E. identified that he sat for most of

the sessions outside of the circle as an observer since he did not know that he could behave otherwise. He is accustomed to being angry. He saw everybody obtaining insights, and when he participated as a part he received belonging, acceptance, and appreciation from everybody and feedback of the friends that contributed to him to self-awareness and self-esteem and to correct coping with the anxiety he felt in the transition to the high school and the frustration that he did not succeed in calming down. E. is calmer and appreciates himself and his abilities to succeed.

4. E.H.

E.H. is fourteen years old. Her parents are divorced. She has a younger brother and step-brothers from both parents. She lives in the central region, with her mother, in a moderate socioeconomic situation. She lives in a development of the Housing Ministry, a 2.5 room home.

In the interview before the beginning of the group, I meet a pretty, very thin girl. Her makeup is heavy, not suited to her age. She is closed, shy. E. moved from another city, where she lived with her criminal father, whose name is linked with the underworld, rejected by her mother. I identified many family difficulties that create a high level of risk in her life. She is a girl who is raising herself. E. has a low self-image and a low body image. She is socially pulled into situations of risk, the criminal world, since this is the world she knows and these are the figures to which she connects. E. witnessed cases of violence by adults and the intervention of the Police and feared for her life and decided that, despite her mother's attitude, it is safer for her to go and live with her mother. E. had a relationship with I.S. from the group before it opened since they were both very lonely. During the sessions, E. was in the role of 'attending and observing'. She did not speak, she was very anxious, she sat frozen and silent. When I.S., her good friend, did not behave well, she commented to him and he commented back and there was a session between them and everybody waited for their argument to end. During the responses of I.S. to her, her character was revealed and when they were talking of loss or violence she appeared indifferent, knowing everything, seeing everything, not surprised as were the other girls or some of the boys, who did not experience cases of violence or a criminal

environment. Slowly it was apparent that she is obtaining confidence and self-esteem. From the outside, she is thin but she is very strong from the inside, and when L. shares that he is a parenting child, she respond to his nod and says that as long as she has known herself she is raising herself and that she is the mother of her mother, who acts like a little girl.

In the middle of the year, in an interview with me, I see a change in E.'s confidence and ability to share and to communicate with me about her emotions. I identify new awareness of the power she evinces in her participation in the group and for the purpose of being a part and contributing. When M. works on the atom, in the middle of the year, E. watches with great pain and is excited and with tears in her eyes she lifts her finger and is recruited to work for him as an ego auxiliary in the figure of his mother who died. This moment is unforgettable in the work of the group and in the identification/catharsis of everyone, including me, as the instructor, and E. especially. All look at her playing a very difficult part with great confidence, sensitivity, and courage. She takes upon herself a parenting role such as at home and overcomes the anxiety and the fears in him with M. and the entire group. There is no doubt that the role of I.S. of the father of M. strengthened her and pushed her. She portrays a strong, loving mother who is supportive of M. and this scene strengthens her and her status in the group until the end of the year. She creates a relation with M. and with other friends and goes from a place of closedness and loneliness from which she came to the group. In the separation and the transition to the high school, E. shares that her confidence increases and her self-esteem strengthened greatly, as opposed to the beginning of the year.

5. Y.O.

She is 14.5 years old. She lives in the central region in a small rented apartment in an apartment building. Her socioeconomic level is moderate. Her parents have been divorced since she was seven. She lives with her mother and her two brothers, one older than her and one younger. Since her parents' divorce she is under psychological treatment following difficult emotional problems. She has problems of attention deficit disorder and receives medication.

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In the pre-treatment interview, I meet a girl with a big smile and dimples, a low body image and a low self-image, who does not like the way she looks. She shares that in the past she danced hip hop and stopped and she has emotional eating because of fits of anger, rage, and violence. Y. communicates with me about her problems and her pain and suffering and the rejection she feels at home with her siblings and with everybody who bothers her. She hates her mother's partner and her father's partner. In the initial meetings in the group, she comments with shouts to everyone who bothers her and they hurt her back. She is not emotional about injuries and responds with verbal violence and threatened to harm physically. The boys are in shock from her, as are the girls who did not know her. It appears that she connects to extreme figures, violent.

In the middle of the year, she shares in the interview that she likes to come to the group but feels older than everybody. Y. sits on the chair with confidence, calm, looks me in the eyes, strong. In the group, her turning point is in the participation in L.'s atom. She had created a relationship with L. because of his warm attitude towards his sisters, from her lack from her brother, who humiliates and hits her. L. is the only one in the group that gives her a stage and chooses her for the auxiliary ego, his sister in the atom, and through him she belongs to the rest in the continuation of the sessions. To her role in the atom she brings herself and her visibility from another place, not angry and aggressive but still calm and feminine. Y. portrays a loving and loved sister and it is apparent that she realizes her dream to be esteemed and accepted by her brother. Her belief strengthens, as does her self-esteem, and the group members praise her from a true and warm place.

Towards the end of the group and in the interview after the treatment, she shares about the improvement in the relations with her brother and her parents and takes responsibility to accept them with their decisions and their new partners. She improved her mood and the powers she has to reach better places for herself; instead of being angry and hating and remaining a victim, she took responsibility and learned through the friends in the group that in life there are problems more difficult than hers. Y. in the transition to the high school feels belief in herself and optimism.

<u>**6. I.S.**</u>

He is fourteen years old. His parents are divorced. He does not have a relationship with his father. He lives with his mother and younger brother in the center of the country in a small apartment. The socioeconomic level is moderate. The entire family is under the care of the Welfare Department. After the school studies, he goes to a club of the municipality through the afternoon. He eats lunch there. He is found at risk because of addiction to alcohol and drugs from the age of thirteen, patterns of delinquency, verbal and behavioral violence. He already has a Police file. He came to the interview before the treatment with aggression and complete refusal to participate, crude language, dressed sloppily, colored hair, an angry look. I sat with him, receiving all his regression and conveying to him that he will have fun in the group, that he has much to contribute, and that I am very happy that he will come to try. I succeeded in recruiting him to the process with the agreement between us that if it does not suit him then after the trial in the first session he will leave.

In the first session I. came with objection and created conflict and a difficult atmosphere, fighting with everybody, getting up and pushing a youth in the group who commented to him and I stopped the session, asked E.S.to watch the group and went to speak to him outside. I attempted to calm him and bring him back and to accept him since I understood that he felt that he did not belong, that he is rejected, like at home. I convey to him that I will protect him and I am here for everybody and for him especially to help him with the transition to the high school, to give him tools to cope with all the difficulties. I ask him to test me and to see that he can depend on me. I succeed in calming him and getting him to go back inside. In the group during this session he creates fear in the participants because of his character. In the second session he comes with great opposition but sits quietly and looks at E., his friend, she is careful to calm him down with her look, both are like siblings to broken homes. During the sessions he shares that he has a group of delinquents who watch out for him, and in the session towards the middle of the group he comes after a Decision Committee in the Welfare Department (which meets to decide on his future in light of the difficult problems of behavior,

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whether to remove him from the home and place him in a boarding school) very upset, very anxious.

In the middle interview with me I strengthen him, saying he has another half a year to make a change. I. sits and for the first time listens to me, caring, involved, speaking from logic. I identify the strong desire for a change, the encounter with the Police and with the Committee caused him to realize that from here he deteriorates to crime, and he is found in an environment that is very dangerous for his life and the life of his mother and brother. In the group everyone feels his difficulties, the pain. He receives empathy from everybody, they do not judge him. The reverse is true: they help him cope and strengthen him. After a number of sessions, he musters the courage and sits in the empty chair and gave a very meaningful confession. I. believes in the group and in me and shares that he was involved in a very violent fight with knives, that a Police file was opened on him after the Police searched his home. I. for the first time appears to have the fears of a child and to need help. He is already not the hero and is not scary and threatening but is very anxious and understands the severity of the matter. In the group everyone listens to his stories, some with shock and some who live in the same environment. This is a very meaningful moment, of exposure and truth, and I identify that I. wants to change and to take responsibility for his life. After he displays belief in me and in the friends in the group, he recruits in the favor of two of his friends who revealed themselves in the role of the protagonist, M. and L., and chose him for their atom. I. was chosen to be the double of L. and the ego auxiliary in the figure of M.'s father, from I.'s entire group. S. is the only one chosen for both roles, in two atoms. I watch him in every choice and see the excitement and surprise that he is given a chance despite his behavior. He excels in the role of the double and L. is very satisfied with the way he repeats his words verbally and in body language. I. is praised and flattered by everyone. In the role of the ego auxiliary, M. has a reddening face. In the role of the father who abandoned him he sits at first sad, in pain, and it appears that this is his story. I. overcomes the fears and discovers that he does not need to broadcast that everything is alright and the way to cope is not to flee but to cope.

At the end of the year, in the interview, he thanks me for not giving up on him and not giving in to him. O. is going to high school conditionally, and has the possibility of saving himself from the dangerous group he had connected to and improving the studies and behavior. The group gave him the strength to believe in the sentence that he is a smart youth with a high potential and he did not believe and in the group some of the friends praised him for his intelligence, which he had exploited for negative effect, and he sat and listened and his self-esteem rose and his belief in himself and in his abilities increased. In the transition to the high school he has the feeling that he can succeed and change his life.

Summary

The participants in the six case studies and observations performed on them present a similar picture to their friends in the experimental group to which they belong regarding the increase of the self-esteem in the three periods of time, but unlike them the point at which they began was weaker, in scholastic, social, behavioral, and family terms. All were on a conditional status in the transition to the high school and after the decisions of the committees that were held in the school that if their situation did not improve then they could not go to high school and would be placed in boarding schools or in high schools outside of their communities. Because of these difficult circumstances and the great anxiety with which they came to the group and the lack of certainty about their future, and the low self-esteem since they have nobody to believe in them, not at home, not in school, the way they faced to achieve this high outcome of self-esteem was more difficult. They came with difficult family characteristics unlike other friends in the group: life in families with problems of physical and verbal violence, mentally ill parents, and life with high risk, and some live in delinquent family, in homes where one of the parents is addicted to alcohol and drugs and there is risk to their lives. In the psychodrama group, they obtained a stage for the first time in their lives to address their pain, to belong, and to feel acceptance and social inclusion without judgment and stigmas. The feeling that there is somebody to listen to them and to accept them as they are contributed to them to feel security and trust and to believe and to rely on the group, to reveal themselves and their difficult story, to display their strengths and to obtain feedback that reinforces them and

gives them belief in themselves and a high self-esteem that contributed to them greatly in their ability to cope with the transition to the high school and to make a tremendous change in this short period.

4.3 Summary

From the reports of the interviewees in the chapter that addresses the findings in the three examinations: before the beginning of the year, the middle of the year, and the end of the year, the research hypothesis that the self-esteem of adolescents at-risk who participate in a psychodrama group would increase, was confirmed. The self-esteem of adolescents in the transition from the middle school to the high school increased significantly at the end of their participation in the group.

The research hypothesis was confirmed and the results I posited at the start of the research were obtained:

5. The experimental group: there was a higher self-esteem at the end of the experiment than in the middle of the year and in the beginning of the year.
6. The control group: the self-esteem is similar in all stages of the examination.
7. The research hypothesis was confirmed in the interviews and in the questionnaires that were distributed in all three stages of the examination.
8. The research hypothesis was confirmed in the researcher's observation of the psychodrama/experimental group and in each case study.
9. Another finding that did not include the research hypothesis and surfaced in the chapter of the findings is that there is a group of children from both groups, the control group and the experimental group, who live in a family with severe violence towards them, who are at higher risk than the others, and who are in a delinquent residential environment.

5. Discussion and Conclusions

The research question addressed the development of self-esteem among adolescents at-risk in the transitions from the middle school to the high school through psychodrama. The research hypothesis was that the participation in the psychodrama group will raise the self-esteem among adolescents at-risk who experience many difficulties and dual risk in the transition. The research study supported all the research hypotheses and they were confirmed.

The self-esteem of adolescents at-risk who are found in the transition from the middle school to the high school and who participate in a psychodrama group will be higher after their participation in the group than their self-esteem before their participation in the group, in contrast to the control group which did not participate in psychodrama and in which these differences will not be found. The self-esteem of the members of the control group remains low at all three points of the research.

For the purpose of the research study I chose to research two groups, an experimental group and a control group.

The discussion is based on the research studies I presented in the chapter of the research that address the transitions in the educational system, children and youths at-risk, and psychodrama, including drama. During the research I read many books and articles. I found that the professional literature extensively discusses the areas I chose to research.

The discussion constitutes interpretation of the chapter of the findings in which I analyzed different themes that arose from the findings and six case studies in which in addition to being the researcher I was in the role of 'participative observer', in three periods of time at which the research was performed: before the therapy, in the middle of the year, and at the end of the year. These themes characterize the child and youth at risk in terms of family, emotional, behavioral, scholastic, and social characteristics. The main theme engaged in the self-esteem and low self-image, which characterized all the

respondents before the research began, in the two groups, the experimental group and the control group.

The discussion addresses the findings and themes that arose from the interviewees' reports and that are commensurate with the literature. I present the findings from the analyses of the interviews and the questionnaire of Rosenberg (1965) for the examination of self-esteem distributed at these three points of time – before the beginning of the group, half a year after the opening of the group, and at the end of the year.

To summarize, the chapter of the discussion will present new discoveries and additional themes that arose from the participation in the group and the different experiences in it as analyzed from the reports of the respondents in the experimental group. To conclude, recommendations for future research are presented.

Before the beginning of the chapter of the discussion, I would like to present to the reader the summary of the chapter of the findings, the quantitative part, and the six case studies.

The chapter of the findings presents the results of the self-esteem in the two groups, the psychodrama group and the control group, in three chapters of time: before the beginning of the year, in the middle of the year, and at the end of the year.

Before the start of the year, the self-esteem was low and identical in the two groups, both in the results of the interviews and in the results of the questionnaire, and the participants in the two groups were occupied with the following questions. Do they love and esteem themselves? Do they believe in themselves? What is their level of self-confidence? The decisive majority of them had low self-esteem and low self-image. They reported a sense of lack of belonging to other students in their age group and lack of social acceptance and rejection by the peer group, because of the problematic characteristics with which they come.

In the middle of the year, the control group reported in the questionnaires and in the interviews low self-esteem, with the exception of the rise of the centrality of anxiety. In the psychodrama group there was a considerable improvement in the self-esteem and the self-esteem rose and through it completely new themes surfaced, speaking of the

interviewees' understanding of their parents and their situation in the family and through the techniques of treatment with psychodrama their ability to control their angers.

At the end of the year, the reports of the interviewees in the control group indicate there is no change in the self-esteem and it remains low and the level of anxiety rose during the year and assumed a main place in the interviews, especially at the end of the year and towards the transition. The interviewees report that they do not know which tools to use to cope with the studies, the parents, and the friends and feel powerless. In contrast, the psychodrama group reports a high self-esteem in the interviews and questionnaires, and strengths they obtained in the group towards the coming transition.

In addition to the questionnaires and interviews, six case studies were conducted on six participants from the psychodrama group, two girls and four boys. All were subject to violence in their home and to life at a high risk in the crisis family and in the delinquent environment.

5.1 Summary of the Six Case Analyses

Six case studies were performed on the participants from the psychodrama group. The cases chosen for analysis were those of children at high risk because of the violence against them in the home. The analyses of the cases were based on the participative observation in the group meetings, the interviews with the group members, before, in the middle of, and at the end of the treatment, and on their responses to Rosenberg's self-esteem questionnaire (which was distributed to them before, in the middle of, and at the end of the treatment). Every case analysis is based on:

3. The participative observation, according to the principles of psychodrama, including protagonist, auxiliary ego, double, social atom, and reference to nonverbal communication in every session.

4. The interviews, which were analyzed according to the different variables of self-esteem: self-image, body image, and the group process according to the psychodrama.

The themes that surfaced from the research respondents' reports were as follows:

1. Themes Arising *before* the Treatment

The following shared theme arose from the findings.

<u>Low Self-Esteem and Body Image</u>

Before the beginning of the treatment, a theme was found that all the interviewees reported in their reference to their self-esteem, self-image, and body image. Despite all the questions asked in the interview and the additional questions raised, they all the time brought the conversation back to the topic of their self-esteem. They were bothered by questions such as do they like and appreciate themselves, do they believe in themselves, and what is their level of self-confidence, throughout the entire interview. From their statements, this theme constitutes their significant additional difficulty in the coping with the transition to the high school. The interviewees spoke about this theme more than they did any other answer in the interview. They dedicated considerable time to describing their emotions especially regarding the lack of belief in themselves and lack of confidence to succeed. The absolute majority of them have low self-esteem and low self-image, and they feel that they do not belong with the other students in their grade and that they are not socially accepted and are rejected by the peer group, because of their problematic characteristics. Rejection from the **peer group** is a painful point in the development of adolescents, which can lead to depressed responses. When the adolescents distance themselves from the parents in their struggle for individuation, they turn to those their age as a substitute for the family's guidance and support. The peer group is comprised of other adolescents who search for the same thing. Unfortunately, the narcissism of this age group leaves the adolescents without ability or skill to provide guidance for anybody, even for themselves. Nevertheless, they search all the time for the group's approval, and rejection on its part is a main source of depression in the members of this age group (Riley, 1999).

Among the girls as opposed to the boys, the lack of belief in themselves and the lack of self-esteem are expressed in negative feelings towards their appearance and body, and this is in addition to all other difficulties they experience from their home.

These findings are commensurate with the research literature and the different researchers.

Most of the interviewees, boys and girls, spoke about low self-image and low self-esteem and a feeling of being the child at home who is rejected by the parents.

In the early years of a child's life, parents are the most significant influence on the development of the child's self-esteem and the main source of the positive and negative experience the child will acquire. The emphasis on unconditional love in parenting represents the importance of a child developing a stable sense of being cared for and respected. The opposite is the case of conditional love from the parents. These feelings translate into later effects on the children's self-esteem as they grow older (Olsen, Breckler, & Wiggens, 2008).

All these feelings are commensurate with the literature. The self-image is a system of beliefs and opinions that the person has on himself, his values, and his status in society. The self-image is a main dimension in human behavior (Golan, 1986). The self-image is related both to the social facet that shapes him through the imitation of behavior and attitudes of the environment close to the person who influences him. Harris (1980) maintains that the child uses the responses of other people to shape his perception of self – his self-image. Children who experienced negative responses will develop a negative self-image and low self-esteem. Rogers (1973) notes that the development of the person's self-image is a result of the influence of the assessments he receives from other people in his life and primarily in his childhood from his parents. Namely, the person's self is shaped through the interaction with others and their responses towards him. This begins at home, from his parents' positive assessment, and in the continuation those of friends and teachers.

The interviewees reported that their close environment shuns them because of their appearance and hurts them, an attitude that again further weakens their sense of self-worth.

Kagan (1979) in his book *The Development of the Child and His Personality* wrote that self-esteem is the mainstay for stable psychological adjustment, personal happiness, and effective functioning in children and in adults. The child's self-recognition is largely a product of his experiences at home along with the identification with the parents. This was clearly proven in research on children before adolescence and their parents. It was found that there is a relationship between warmth on the part of the parents and willingness to accept their child as he is. The chances of the children to have a high self-esteem would be greater if at least one of their parents evinced warmth and consideration, as opposed to both parents being cold and rejecting. For abusive parents who exert physical/verbal force, in many cases often the violent brutality has no educational purpose but serves to release or express in-depth rage. These are emotions of frustration and misery – responses to the intolerable conditions of their lives.

Brendan (1994), a major figure in the self-esteem approach, stated firmly that an individual's self-esteem has far-reaching consequences for every aspect of human existence, and more pointedly, that he cannot think of a single psychological problem, ranging from anxiety and depression through fear of intimacy or success to child molestation, which is not traceable to the problem of low self-esteem. According to Shamrock (2007), adolescent girls and boys have low self-esteem from the age of thirteen to eighteen and that the self-esteem of girls is as twice as low as that of boys. Rothman (2008) asserts that as many as 50% of secondary school students are at risk in school because they have poor self-esteem and thus they are easily influenced or manipulated by others and are often subjected to be scapegoated by others. They can be seen either withdrawing from social contact or trying to prove their significance by showing off. In other words, low self-esteem is detrimental to the student's psychological well-being and a student's low self-esteem can negatively influence others, since a student may behave in anti-social ways against societal expectations.

Self-esteem is a judgment of the self as well as an attitude toward the self. Self-esteem encompasses belief and emotions such as triumph, despair, pride, and shame (Hewitt, 2009).

McLeod (2012), citing Rogers (1963), describes this as conditional positive regard whereby individuals only receive positive attention from significant others (such as parents and teachers) when they act in certain way. This reinforces the children's belief that they are only a person of value when they act in certain way.

Low self-esteem can have a deeply negative impact on secondary students' life and can influence all aspects of their existence. Low self-esteem is caused by certain factors associated with the person's background and status, surroundings, and connection with the outside world and various experiences in childhood and adolescence (Laishram, 2013, sin Enakoya, 2015).

This theme is most important since the research question addresses the development of the self-esteem among adults at-risk in transitions and therefore in the chapter of the literature I presented all the researchers who believe that self-esteem lies in the fact that it pertains to the individual's self, and the way in which the person lives, and the way he refers to himself. Therefore, the self-esteem directly influences the person's image, how he acts in the world and how he communicates with society. The self-esteem influences all the person's activities: his thinking, his emotions, his decisions, and his actions – all these are directly influenced by the person's evaluation of himself. Therefore, a high self-esteem is the basis for the belief in the self and in my abilities and my self-efficacy and social efficacy that are necessary for success in the transition from the middle school to the high school.

In addition, I used in the research the theories of Rogers, Kaniel, Fitts, Brenden, and Hewitt in my research on children and youths at-risk who come from families in distress, from families that do not function normatively in which the child grew up without a significant adult and a beneficial parental authority. I greatly connected to Rogers, who maintained that the parents' home is the primary and main factor that contributes to the shaping of the self-image and self-esteem. I connected to Roger's argument that a child whose parents appreciate him will form a 'positive self' and the reverse, a child whose parents reject him adopts a 'negative image'. I identified with the argument of Kaniel (2007), who argued that the person's self-esteem forms according to

the experiences of successes and failures and is determined by the reciprocal relations between the environment's behavior towards the person and his interpretation of the responses. Fitts (1971) in his theory connected me to the difficult characteristics of the background of children and youths at-risk when he referred to the five parts that compose the self-image: the personal, physical, moral, family, and social parts.

Brandon (1990) emphasizes self-esteem that is a combination of self-confidence and self-respect and that is built from the measure of self-judgment and the need to obtain respect from the environment of his abilities. Hewitt (2009) in his work on self-esteem from the psychological aspect talks about the emotional assessment on the person's worth in terms of the characteristics of the emotions the person holds about the self.

The research began with low self-esteem, and I greatly connected to the researchers who spoke about the characteristics of low self-esteem, its characteristics, and the risk influences among boys and girls.

The changes also directly influence the adolescent, who may feel shame and social embarrassment since at this age the need for social belonging is high and deviation from it, which appears normative in terms of the appearance, causes a negative body perception. This perception upsets the individual and causes him harm to the self-image and general self-esteem, self-confidence, belief in the self, all of which are critically necessary to build a strong personality and his assessment towards himself. Gal-Or (1983) found high levels of lack of satisfaction with the body image and primarily among adolescent girls with the transition to the high school, in contrast to a small percentage of boys. This representation is a product of conscious and unconscious reflection of all the feelings, emotions, expectations, and values related to the body in the context of the interaction and reference of the environment, from infancy to adulthood.

In the past thirty years, the culture of thinness has steadily developed as a model of beauty, success, power, and control characterizing Western society. It has become an essential measure of happiness in society and thus influences the body image (Meshi-Tamir, 2010). In addition, there is agreement among most researchers that the body image is a multidimensional construct that develops during childhood but continues to

change over the course of life. The body image is composed of a number of interrelated body images that include the perceptions and positions regarding different aspects, such as external appearance, body size, body boundaries, and so on. There is a distinction between two components of body image, the perceptual component, which is the person's perception of his body, and the attitudinal component, which is the person's perception on the emotional and cognitive level of the appearance. Positive attitudes are associated with self-confidence and social skills, while negative attitudes are connected to social regression, shyness, and wearing large and wide clothing. In extreme cases, these attitudes lead to social regression and avoidance of intimate physical contact (Teomim, 2005).

A negative body image causes social defeatism or the agreement ahead of time not to be accepted by the environment. Among girls a low body-image and low-esteem about their body, even to the point of hatred of parts of their body, are prominent (Shapira, 2009).

The following themes are additional themes found when the interviewees themselves linked them again and again to their low self-esteem.

Difficult Family Conditions

All the participants (both in the experimental group [psychodrama] and in the control group) reported difficult family conditions, such as divorced parents, lack of relationship with the father, violence between the parents, psychiatric problems of the mother, physical illnesses of the parents, and daily physical and mental abuse inflicted on them by their parents.

In all the families described here, reports were found that are typical of families at risk in the literature and in the many research studies. Children at-risk are defined as children who may be found in physical, mental, or emotional situations of risk (Glenn & Nelson, 1988). Most of them come from families that do not function, from great poverty, and/or from a delinquent social environment. Children and youths who live in an endangering environment and are found in indirect risk – these are children who witness

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violence between their parents, addiction, delinquency, children who live in poverty, and children who live in communities that endanger them. They live under circumstances that may create risk - these are children from families that are suffering a crisis because of divorce, from single-parent families, from families that suffer from unemployment, and from immigrant families.

The feelings that the children express are commensurate with what is found in the literature on the emotional characteristics of a child at risk, who feels rejected and vulnerable and hurt and has poor self-image because of the family difficulties. These difficulties are expressed in the social facet in which he feels further rejection and the strong need for love and belonging rises. The family circle is the fundamental basis that gives the child self-confidence, self-worth, social skills, and a safe place to return to. When this anchor is eroded, the child remains emotionally disengaged and disconnected from his main source of security and his risk increases. In the transition, the difficult family characteristics and life in an endangering environment result in a dual risk, and his low self-image does not allow a secure transition.

In addition, many research studies found a relationship between anxiety and low self-image (Reuven, 1995). A low self-image creates great anxiety, powerlessness and poor functioning. The following themes found in the interviews address anxiety and lack of functioning, upon which the interviewees in both groups reported in their coping with the transition.

Difficulties and Anxiety in the Transition to the High School

This theme addresses the difficulties, fears, and concerns that the interviewees raised before me and that accompany them in the transition to the high school. Most of them reported fear and anxiety from the transition, feel threat, and see more risk than chance in the transition.

The fears and anxieties that the interviewees described characterize what is known in the literature and in many research studies that discussed transitions from middle school to high school and addressed the topic of the anxiety about the transition.

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Binstock (2004) researched the different transitions from the kindergarten to the high school. She presented a model in which there are two axes of transitions: normative and non-normative. The non-normative transition from the middle school to the high school was found suited to the interviewees' family. This is a transition as a result of divorce, becoming an orphan, a move to a new neighborhood, city, or school, and it may be a transition in a transition, as some of the interviewees experienced, in a move to a new school and to a new city. Binstock addressed factors and influences of the transitions and said that they must not be ignored and must be included in the children's transition. She noted that as the transition is more complicated and has difficulties of adolescence, family difficulties, and school issues (methods of learning, new subjects, requirements, and grades, new norms, and new social status), they also increase the social and scholastic pressure and the need for belonging and confidence and increase the anxiety and fears. There are behavioral difficulties (verbal and physical violence) and social difficulties (need for acceptance and belonging, and emotional difficulties, such as fear, anxiety, and pressure, which derive from social difficulties of disconnection from friends in another framework and adjustment to a new framework, are expected to develop. These emotional difficulties may lead to problems of discipline, irregular attendance, and mental problems of moodiness, depression, social closedness, and disconnection from the environment and desire to take revenge on it. These difficulties characterize the following theme, which the interviewees reported.

Adjustment Difficulties and Social, Scholastic, and Behavioral Problems

In the interviews, shared difficulties arose in the two groups regarding difficulties with the adjustment to a new place in general and with the transition to the high school in particular. These difficulties reported by the interviewees are expressed in tardiness, irregular school attendance, lack of perseverance, loss of study hours, and failure to know the material because of absences, and especially problematic behavior that is not suited to the school rules and the social norms. This behavior leads to punishment and suspension from the studies that increase the risk following wandering the road and lack of a stable framework.

The interviewees' statements characterize the research studies in the literature. Avneon (1997) maintained that the problem of adjustment is created following difficulty to be acclimatized and to persevere in the new conditions and increases in a number of fields – physical, social, and psychological – before a transition or a new situation. This problem reported by the interviewees causes them to be late, to attend the school irregularly, to have behavioral problems, and to be socially rejected, and they feel that the difficulty belonging to the peer group increases a level. Following their difficulties and in this situation in which they feel powerless, they feel hurt and rejected and among some of them there is a tendency towards dramatic behavior or violent outbreak, aggression, and antisocial behavior (primarily among adolescents).

Additional reasons for these outcomes are related to the initial process of socialization that is performed by different groups that the individual encounters during his life in the different social contexts, mainly the primary agents of socialization: the family. In the stage of childhood, the family is the main agent of socialization since it is the center of the child's world. Small children depend almost completely on others and the responsibility to satisfy their needs falls almost always on the shoulders of the parents and other family members. At least until the start of the studies in the school, the family is the one that instills its values, positions, and opinions about themselves and others. Eventually these elements become a part of the child's self-image and his ability to fit into the peer group, which is composed of members of the same age group and same social status and shared fields of interest.

Smilansky (1988) researched socialization and the peer group during adolescence and spoke about the socialization as one of the main areas in this age. The friendships enable cognitive development, creation of interpersonal relations, control of aggression, and development of the sexual identity. Friends also fill emotional functions in that they provide security and support in a variety of social situations. The peer group tends to influence superficial aspects such as garb and outside behavior. In parallel to the rising influence of the peer group, there is declining influence of the parents and other factors of authority. The adolescent's belonging to this group is very important to his development. This group softens the anxieties and constitutes a source of social belonging and status.

The rejection from this group is a very painful point that can lead to a depressive response. Erikson (1968) saw polarity in each one of the person's stages of development and determined that in adolescence, in the stage of identity formation as opposed to identity confusion, loneliness and aloneness is a situation of negative development.

Reports of the interviewees indicate that the initial process of socialization is deficient because of the family characteristics of risk even before the youths reach the school and the peer group. They report risk at home. Therefore, the difficulties they share, and the main one is the factor of stress at home (stress or distress), cause them increasing emotional distress before the transition and creates significant harm to the social or scholastic functioning or both of them. In this situation and according to different research studies existing in the literature, the differentiation between the moral judgment and the moral behavior according to Piaget (1972) becomes deficient and the test of reality is erroneous, feelings that cause a problem in the moral judgment ability directed to society as somebody who does not receive, judge, and impose punishments.

The problem worsens to lack of boundaries, as Kohlberg (1958) maintains, when he spoke of the relationship between the moral thinking and thinking in general during adolescence. He presents moral dilemmas related to values with reference to adolescents at-risk not being influenced by figures of authority, such as parents and teachers. Therefore, the results are punishments imposed on them that lead to the release of every burden and to lack of responsibility towards themselves and towards others and this instead of providing them with a sure and inclusive basis for the raising of questions and moral dilemmas and difficulties that lead to this cognitive deficiency. Through the questions and the conflicts, they will learn new points of view and organized and consistent processes of thinking.

To conclude, in both groups in this stage before the beginning of the treatment, all the themes are similar, without difference, and the emphasis in both of them is on the overarching theme: low self-esteem.

2. Themes Arising in the Middle of the Year

Experimental Group

Analysis of the interviews after six months of participation in the experimental group shows that the themes that were most central before the therapy, such as low self-esteem and anxiety, became less important. In their place, central themes arose from the group therapy. These themes surfaced in the interviews were commensurate to the group process in which they were partners and through which they acquired new skills and tools through the group psychodrama therapy. According to their statements, these new instruments contributed to them in knowing themselves and the figures in their family. The significant and happiness-inducing theme they shared is when they got to know new friends who are coping with difficulties similar to theirs. The themes are: the parenting child and the control of angers and risk behaviors.

The Parenting Child

The interviewees report that the relations with the parents received a different and important turning point during the process of the participation in the group and the treatment with psychodrama. They report that through new techniques, such as the 'empty chair' they presented the significant figures in their lives (father/mother), they succeeded in understanding their parents' situation and in drawing closer to their parents, and they discovered many difficulties in their lives. Through the drama they learned to express their inner world, themselves, due to the trust created in the encounters in the group and the different experiences. This experience they shared in the interviews contributed to themselves to new self-discovery, to insights, and to significant learning and the 'reversal of the roles in the family', since they were a 'parenting child' over years during which they raised themselves and their younger siblings. Some of them even discovered that they are functioning as parents instead of their parents.

All the interviewees report an absent/present parent (physically and mentally) in addition to the other difficulties they experience in the transition that make them parenting children. Their statements are commensurate with the role of the parenting

child as many researchers have defined it, since in the child's world there is no significant adult figure.

The interviewees share in the interviews about their life with parents who have difficulties, their longing for love, attention, and reference on the part of the parents. The feeling that there is nobody to rely on that caused them to express lack of belief in others. The frustration that they feel derives from the fact that their needs are not met by the parental figure. They share that their parents are immersed in their own problems that bother them and are not at their disposal. They share about their need to receive love and warmth from their parents and the difficult trauma and parental lack that caused pain. They brought the pain with them to the group and to the social atom that is created in it, in which they learned to expression emotions that had been repressed and to share their story with others and to derive powers from the involvement and the support of other people of them and them of other people. The expression of anger towards the parents they learned to express through role play and from the belief in the friends that come from similar backgrounds, with similar life stories. Their great sense of identification contributed to the disclosure and sharing.

The interviewees' statements in the findings are commensurate with the literature that discusses the parenting child and the coping with the role during adolescence, according to the statements of Nof (in Dor and Koren, 2006), who says that the parent child is a child who assumes upon himself parental roles. The intention is the constellation of roles expected from the parent in normative terms: to care for, to feed, to take responsibility, to pay attention, to direct, and to give. Most children cannot maintain this system of tasks, not only socially but also psychologically developmentally, since they have yet to achieve the mental maturity required for this purpose. Nof called the parent child's situation "imaginary adulthood". In his opinion, in these cases the child is not truly as mature as his parents tend or want to think but rather has adopted for himself an array of mature behaviors. Children develop in themselves traits of concern for and sensitivity to the parent, sometimes on a survival basis. The child learns that when he takes care of his parent, his parent refers to him and provides positive feedback and the child feels desired. This is in essence conditional acceptance of the child. The parent

child generally does not take only physical care of his parent. He can also listen to his troubles, assume responsibility, and evince maturity not expected of his age group. On the one hand, this is empathetic and responsible, since the child can feel the other person. However, when the phenomenon occurs in an exaggerated manner and the authority and responsibility given to him become a matter of dependence, the situation harms the child's personal development, takes his strength, or brings him to a place where he is not supposed to be. Childhood is supposed to lack responsibility. Nof indicated that certain parents even exploit the child's maturity, without noticing, and do not think about the concomitant implications. In his opinion, the price the child pays for becoming an adult too soon is heavy. The child will not be available for his own development tasks, he may neglect whole parts in development, since he does not receive direction or support from the parent.

There is no doubt that above all there is the 'distortion' of the parent-child relationship. The child learns something distorted about the world. There is no reciprocal relationship between the parent and the child. The child gives far more than he receives and sometimes even erases himself. The child becomes accustomed to being the one who gives and supports, and it is possible that in the future he will find it difficult to conduct a reciprocal relationship. The reversal of roles in the home may, of course, derive from a temporary problem – for instance, when the parent is sick, unemployed, or in a deficient mental state.

In addition to the care of the parents, some of the interviewees shared that they are parents for their younger siblings.

Katzanelson (2005) in her book *Dialogue with Children* explained about the implications for the future and noted that there is a tendency for the oldest sibling or for the strong child in the family to assume upon himself the parental role. Aside from the fact that this child grows up too early and is subject to pressure, since children do not have resources to be parents, Katzanelson noted additional possible implications including the appearance of psychosomatic illnesses (illnesses that appear following situations of stress) among parental children. The child sacrifices himself, is a companion

for his parent, and gives up activities with members of his peer group, so as not to leave the parent alone. The child is occupied with the troubles and topics of adults and in essence thus loses his childhood and adopts the weight of adulthood before his time. The influences are felt in the long-term.

The research findings report the pattern in which the parenting child gives up on himself so as to receive sympathy in society and be accepted. The encounter with the others in the group contributed to them to the feelings of belonging, love, visibility, and encounter with the rejected parts that were not expressed in the home and in the peer group.

Regarding the belonging to the psychodrama group and the different techniques the interviewees were exposed to, they all reported the positive and powerful change that they feel after half a year of participation in the psychodrama group, such as attention, having a stage, belonging, cohesion, reciprocity, love, and esteem, which they did not receive at home. The interviewees speak about the strengthening of their cooperation in the empty chair of the figures of mother and father, siblings, reconstruction of situations at home they bring to the group, and the emotional experience that gives strength to everybody. Their reports are commensurate with the theory of psychodrama, which was invented by Moreno (1921), who created psychodrama so as to enable the person to bring to life failures in the different developmental stages through experience and practice of the dynamics in a secure treatment environment.

Psychodrama is a method in psychotherapy in which patients are encouraged to continue and complete unfinished issues through dramatization, role play, and dramatic self-presentation. The instructor uses verbal communication. A number of scenes are acted out and describe memories from the past, inner dramas, fantasies, dreams, preparations for future situations, and expressions of mental situations in the here and now. Scenes represent situations in life itself or inner mental processes. The members of the group take on roles as needed. Some of the techniques are role reversal, double, mirror, concretization, and so on. The stages of the encounter are warm-up, dramatic action, and conclusion that include sharing (Kellerman, 1992).

Another important researcher is Dayton. According to Dayton (1994), psychodrama is a therapeutic method in which emotions that had been repressed in the past are released and flood the present – all in an atmosphere that inculcates a sense of security, holding, and protection. Psychodrama accompanies the patients into their inner world, while they describe it and express it dramatically. The psychodramatist helps the person (the patient) bring to the surface contents that had been deeply hidden. This action serves as a trigger of emotion that accompanies the contents from the unconscious to the conscious. The emotion is experienced as it originally had been, and the mind can re-examine the contents according to their re-editing. Last, the instructor "returns" the protagonist to the group through "sharing". At the end the natural forces of healing of the mind continue with their work, towards illumination of the materials that are supposed to be examined. The process enables the entry into the person's inner reality and validates it as it exists, without the intention to change or adjust it according to the opinions of other people.

The interviewees share changes they experienced in their self-esteem and self-image, from experiences in the technique of the 'empty chair', which they experienced as a factor of influence in the process in the group.

Release of Angers through Self-Control and Improvement in Behavior

Analysis of the interviews indicates that the group therapy through techniques of psychodrama contributed to them significantly in the ability to control the many angers with which they came to the group, when every interviewee chose to use the technique that suited him from the existing techniques – protagonist, double, auxiliary ego, role play – which will be discussed further in the continuation.

Increase in the Self-Esteem

Following the experience in psychodrama the respondents report in the questionnaires and the interviews an increase in their self-esteem.

<u>Risk Behaviors</u>

In the psychodrama group there was a considerable improvement in the self-esteem and the self-esteem rose and through it completely new themes surfaced, speaking of the interviewees' understanding of their parents and their situation in the family and through the techniques of treatment with psychodrama their ability to control their angers**.**

Control Group

<u>Rise in Anxiety and Stress from the Transition</u>

The main theme found in the control group after half a year is that, as the time of the transition to the high school draws closer, the level of anxiety rises, and a greater emphasis on the pressure and anxiety and fear of the transition is found in the interviews, in addition to all the feelings that still accompany them, in the low self-esteem and the lack of belief in themselves to succeed in contrast to their peers in their age group.

To conclude, it is possible to see that, in the control group and in the experimental group, which in essence had been identical in their main themes, a change occurred in the themes and importance given to each one of them. In the control group the main themes were identical in the middle of the year to those at the beginning of the year, with the exception of the increase of the centrality of anxiety, while in the control group there were totally new main themes that speak about the interviewees' understanding of their parents and their situation in the family and through the techniques of treatment with psychodrama their ability to control their angers. The participants also learned to choose by themselves the technique in the psychodrama process through which they will work and in this choice it is possible to conclude about the maturity and high self-esteem that enables them to perceive themselves as capable of deciding themselves about the path they will undertake to solve their difficulties.

3. Themes Arising at the End of the Year

Control Group – Great Anxiety

At the end of the year, the reports of the interviewees in the control group indicate there is no change in the self-esteem and it remains low and the level of anxiety rose during the year and assumed a main place in the interviews, especially at the end of the year and towards the transition. The interviewees report that they do not know which tools to use to cope with the studies, the parents, and the friends and feel powerless.

Low Self-Esteem

The members in the control group sat frozen during the interviews, playing with their hands, lowering their heads, and moving their feet, and not looking into the eyes. The interviewees tended to describe less their answers and to give shorter answers than the interviewees in the experimental group and sometimes it was necessary to ask them the same question another time with detail so that they would go into detail.

In the psychodrama group, there was a similar phenomenon at the beginning of the year and before the treatment, the same hesitant sitting, confusion, lack of confidence to talk. From the middle of the year they were very happy to give as many details as possible and therefore the interviews of the middle and end of the year were longer. The interviewees sat with their heads raised, straight, looking straight into your eyes, calm, smiling with enthusiasm, sharing the process they experienced. It is clearly apparent that the process they experienced in psychodrama, with its different techniques, role play and warm up and roles in the stage of action, greatly contributed to them, to their self-confidence, to their self-image, to their efficacy, and to their belief in themselves and in their worth, and without a doubt to their body image.

Experimental Group

High Self-Esteem

The interviewees' reports did not express any anxiety. The main theme is the considerable improvement in the self-esteem and in their relations with their parents and

their teachers. In the end of the year interviews, they explain how and why their self-esteem rose because of the psychodrama group and the process they experienced in the social atom in which each one of them played a role or assumed upon himself a significant role for the group and for himself.

High self-esteem follows the belonging to the social atom in the group.

There is improvement in the relations with the parents and teachers.

The significant theme that arose from all the themes mentioned above is the belonging to the emotional or psychological social atom. An atom is the small number of people whom the individual needs to feel complete with himself. In the atom, emotional or psychodrama 'roles' related to the self-image and the intimate systems of relations are expressed. The emotional social atom is entirely or partially found in each and every scene throughout the action and reflects a certain picture of life, a certain mental state. The atom includes seven to nine participants.

The crystallization and development of the social atoms are influenced by two areas:

- The area of the first social system nearest to the self: mother-child and extension to child-family.
- The area of the outside social system, such as community, nationality, and so on, which do not have a direct relationship to the child.

The summary of the findings reinforces the research hypothesis that the self-esteem in the psychodrama group will be high at the end of the treatment in contrast to the control group, where the self-esteem will remain low, without a change, in the three periods of time of the research study.

The members in the control group sat frozen during the interviews, playing with their hands, lowering their heads, and moving their feet, and not looking into the eyes. The interviewees tended to describe less their answers and to give shorter answers than the interviewees in the experimental group and sometimes it was necessary to ask them the same question another time with detail so that they would go into detail.

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Six Case Studies

In addition to the questionnaires and interviews, six case studies were conducted on six participants from the psychodrama group, two girls and four boys. All were subject to violence in their home and to life at a high risk in the crisis family and in the delinquent environment.

The participants in the six case studies and observations performed on them present a similar picture to their friends in the experimental group to which they belong regarding the increase of the self-esteem in the three periods of time, but unlike them the point at which they began was weaker, in scholastic, social, behavioral, and family terms. All were on a conditional status in the transition to the high school and after the decisions of the committees that were held in the school that if their situation did not improve then they could not go to high school and would be placed in boarding schools or in high schools outside of their communities. Because of these difficult circumstances and the great anxiety with which they came to the group and the lack of certainty about their future, and the low self-esteem since they have nobody to believe in them, not at home, not in school, the way they faced to achieve this high outcome of self-esteem was more difficult. They came with difficult family characteristics unlike other friends in the group: life in families with problems of physical and verbal violence, mentally ill parents, and life with high risk, and some live in delinquent family, in homes where one of the parents

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is addicted to alcohol and drugs and there is risk to their lives. In the psychodrama group, they obtained a stage for the first time in their lives to address their pain, to belong, and to feel acceptance and social inclusion without judgment and stigmas. The feeling that there is somebody to listen to them and to accept them as they are contributed to them to feel security and trust and to believe and to rely on the group, to reveal themselves and their difficult story, to display their strengths and to obtain feedback that reinforces them and gives them belief in themselves and a high self-esteem that contributed to them greatly in their ability to cope with the transition to the high school and to make a tremendous change in this short period.

All the research hypotheses were confirmed.

From the reports of the interviewees in the chapter that addresses the findings in the three examinations: before the beginning of the year, the middle of the year, and the end of the year, the research hypothesis that the self-esteem of adolescents at-risk who participate in a psychodrama group would increase, was confirmed. The self-esteem of adolescents in the transition from the middle school to the high school increased significantly at the end of their participation in the group.

The research hypothesis was confirmed and the results I posited at the start of the research were obtained:

- The experimental group: there was a higher self-esteem at the end of the experiment than in the middle of the year and in the beginning of the year.
- The control group: the self-esteem is similar in all stages of the examination.
- The research hypothesis was confirmed in the interviews and in the questionnaires that were distributed in all three stages of the examination.
- The research hypothesis was confirmed in the researcher's observation of the psychodrama/experimental group and in each case study.

5.2 Research Limitations and Conclusions

1. While the number of respondents was low (24), it is necessary to continue to examine the situation. The impression from the findings is that psychodrama had

a great influence on children and youths at-risk who come from a low socioeconomic level and a high risk family and by the end of the treatment can reduce the gaps between them and those who came from a better level of background. Hence, it can be concluded that psychodrama is a unique method of therapy in its ability to treat according to needs of each person and is not limited to the improvement in a certain level but can help every participant achieve good results regardless of others, even if they came with higher abilities. The feeling is that in psychodrama there is a place for all, in every level, to feel accepted.

2. The time interval and its influence on treatment in psychodrama are critical to the success of therapy and I identified that half a year in therapy is a relatively short period of time, despite the results in which the adolescent boys and girls who came with low self-esteem ended this period with higher self-esteem. I think that treatment through psychodrama and the group process needs at least the entire year.

3. Psychodrama has the tremendous ability through the therapy to take a group of children at risk who come from a heterogeneous group and obtain homogeneity and a shared goal, to make them into a homogenous peer group with a feeling and characteristics of a group of equals from the outside, through universality, belonging, and cohesion in the group, through the correct and effective use of the psychodrama instruments found to be important to the development in transitions for those who are at-risk.

4. The experience of participation in the social atom in psychodrama and in the role play such as double, ego auxiliary, and so on helped the respondents obtain an image of their family and contributed to them to improve their relations with their parents and siblings and in general with figures of authority such as teachers in the school.

5. The findings indicate something new: psychodrama helps those who come from a background of violence. Another finding that did not include the research hypothesis and surfaced in the chapter of the findings is that there is a group of children from both groups, the control group and the experimental group, who

live in a family with severe violence towards them, who are at higher risk than the others, and who are in a delinquent residential environment.

5.3 Research Contribution

Many researchers have spoken about the age of adolescence and its risks, the coping with changes in transitions, and all sorts of educational and pedagogical programs that promote success in transition. In this research study I presented a new method in the group process dynamics using a treatment instrument in psychodrama to cope with the dual risk in transitions for children at-risk, for whom the risk is double that of children from normative homes who also feel at risk.

The research contributes to the understanding of the difficulties of adolescents at-risk in the transition between the middle school and the high school. The research contributes to the examination of the proposed program and its contribution to adolescents at-risk in the aspects of improvement and empowerment of the self-image and the self-efficacy. The research findings are relevant also to other cultures and other countries in the field of the education of adolescents at-risk.

The work program upon which the research is based was written by the researcher and is driven by the lack of research knowledge that shows the relation of arts therapies in general and psychodrama in particular to the increase of the self-esteem needed by adolescents at-risk in transitions. The adolescents' needs in times of transition are significant and create trauma and crisis, because of the natural erosion of the sense of belonging, protection, and security and sense of self-esteem in general and in this complex transition in particular. The transition from one framework to another is a significant event, and this change, along with other life events, may bring about feelings of stress and pressure. As the individual at this age experiences more pressuring life events, his non-adaptive behavior increases.

I am certain that this research study contributes to the knowledge that is missing in the field of dealing with changes in transitions in the educational system for adolescents in general and for adolescents at-risk in particular. The research study

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personally and professionally contributes to every person who is exposed to the different situations that are a part of adolescence. My professional experience indicates that art therapy has an element that eases the resistance at this age, since it enables release and excitement and bypasses the objection to exposure. In addition, there is an element of sharing with everybody, and this element reduces the competitiveness and forcefulness. Many research studies have been performed and many books have been written on adolescence and on dealing with it in the educational framework and in the transition in this framework. Nevertheless, I still found that **knowledge is missing** on the tools and skills for dealing with the changes caused by this transition, in which there is a strong desire to belong to the peer group. The purpose of the research study is to focus on the risks in transitions at this age and to reinforce the strengths of the belonging to a drama group as a tool that strengthens and heals in the development of self-esteem, which constitutes a high value in the coping with the difficulties that exist in the transition.

5.4 Recommendations for Future Research

1. To perform a research study on the influence in transitions in terms of the risk that exists in the transition in a gender sense, boys and girls, in two separate groups.
2. To perform a continuation research study and to examine whether the high self-esteem achieved in the treatment process in psychodrama is preserved even after the transition to the high school.
3. To perform a research study for two years in a process treatment group that will begin its path in the middle school and will continue for one year in the high school with the transition.

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Appendix: Research Questionnaire

The research questionnaire is the Rosenberg (1965) Self-Esteem Scale (RSE), in its Hebrew translation (translated here into English).

Please note the answer that most suits:

No.	Item	Strongly Disagree	Disagree	Agree	Strongly Agree
1	I am satisfied with myself, overall.				
2	Sometimes I think that I am not worth anything.				
3	I feel that I have a number of good traits.				
4	I can do things no less than other people.				
5	I feel that I don't have much basis for pride.				
6	I feel totally worthless sometimes.				
7	I feel I am a person of value, no less than others.				
8	I wish I could respect myself more.				
9	All in all, I tend to feel that I am a failure.				
10	I have a positive approach to myself.				