EFFECTS OF EMPATHY AND UNCONDITIONAL POSITIVE REGARD COUNSELLING TECHNIQUES ON THE SELF-CONCEPT OF JUVENILE DELINQUENTS IN KANO STATE

BY

Mukhtar MUHAMMAD

B.A.ED, Educ/Geo, (BUK) M.ED, G&C (BUK)

Ph.D/EDUC/7744/09-10

A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN GUIDANCE AND COUNSELLING

Department of Educational Psychology and Counselling

Faculty of Education

Ahmadu Bello University, Zaria

January, 2015.

DECLARATION

I hereby declare that the work in this Dissertation entitled 'Effects of Empathy and Unconditional Positive Regard on the Self-Concept of Juvenile Delinquents in Kano state' has been carried out by me in the Department of Educational Psychology and Counselling. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this dissertation was previously presented for another degree or diploma in this or any other Institution.

Mukhtar MUHAMMAD ……..…… January, 2015

CERTIFICATION

This Dissertation entitled ‘‘**EFFECTS OF EMPATHY AND UNCONDITIONAL POSITIVE REGARD CONSELLING TECHNIQUES ON THE SELF-CONCEPT OF JUVENILE DELINQUENTS IN KANO STATE**’ by Mukhtar MUHAMMAD meets the regulations governing the award of the degree of PhD in Educational Guidance and Counselling of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

_____ _____

Dr. Raliya M. Bello Date
Chairman, Supervisory Committee

_____ _____

Dr. Sani Sambo Date
Member, Supervisory Committee

_____ _____

Dr. Dominic Oliagba Date
Member, Supervisory Committee

_____ _____

Prof. Musa Balarabe Date
Head, Department of Educational Psychology and Counselling

_____ _____

Prof. Adamu Haruna Zoaka Date
Dean, School of Postgraduate Studies

DEDICATION

This study is dedicated to my late parents in persons of Alhaji Salihu Zakariyya and Hajiya Fatima Adamu (Azumi), for their enduring love and support. Their invaluable contributions to my success will remain indelible in my mind forever may their gentle souls rest in Jannatul Firdausi.

ACKNOWLEDGEMENT

My foremost gratitude is to Allah (SWT) for his grace, wisdom, inspiration, guidance and empowerment that facilitate completion of this study, and for keeping me alive and in good health to witness the successful completion of this work. In particular, I owe warmest appreciation and grateful acknowledgement to my Major Supervisor, Dr. Raliya Muhammad Bello. I thank you especially for your extra-ordinary contribution of time, thought, encouragement, guidance and enthusiastic support. It was in fact your resourcefulness that aided me through the difficult time of the work. I thank you so much may Allah reward you abundantly.

I also appreciate the supportive encouragement of my two other supervisors Dr. Sani Sambo and Dr. Rev. Father Dominic Oliagba, for their patience and for providing me constructive feedback during the various phases of the dissertation work. My gratitude also goes to Prof. Musa Balarabe (Head of Department), Prof. E. F. Adeniyi, Dr. Mustapha I. Abdullahi, Dr. Yunusa Umar, Dr. Khadija Mahmoud, Dr. Aisha Muhammad, Dr. Hadiza Tukur and Dr. J. O. Bawa. I am most grateful to the lecturers and all the staff in the department of psychology and counselling of Ahmadu Bello University without their cooperation and willingness to take the time to put their thought on this thesis, this work would have been incomplete. If this research is found to have merit, it is certainly due to their efforts. I am also grateful to the entire lecturers of the Faculty of Education, Ahmadu Bello University Zaria, for their invaluable contributions to the success of this study.

My special thanks, appreciation and acknowledgement goes to the Hon. Commissioner ministry of women affairs and social development Kano state, Dr Binta T. Jibril, for allowing me access to the remand homes inmates under the ministry. There have been other individuals who have been extremely helpful in the process of conducting this study, Hajiya Hawwa Muhammed Director social welfare, ministries of women affairs and social development Kano state, Mal.Mujitaba M. Hassan chief asst. Social welfare officer, Haruna Idris, Abbas Ridhwan, Adamu Aliyu Ridhwan, Tijjani, Marsur Bello Hassa, Hamisu Aliyu and Danyaro Baba Kawo (in charge Goron dutse Remand Home) and Magaji Muhammad Sanuusi, in the ministry of women affairs and social development Kano state. Also Alhaji Abba Isa General Manager Kano Reformatory Institute Kiru, Alhaji Hamisu Abdullahi of NYSC secretariat Jigawa state, I thank you very much for your contributions in making this research a reality, and I pray that Allah would reward you abundantly.

I am indebted to two individuals who, over the years have stimulated my interest in guidance and counselling. These individuals are Prof. Abdulrashid Garba and Dr. Rabiu Mohammed. Their encouragement and support was indeed instrumental to my success. They are my mentors I am most grateful for their advice, support, positive criticisms and recommendations. My special thank goes to Prof. Muhammad Ibrahim Yakasai and Dr.Kabiru Bello Dungurawa for their generosity, encouraging faith in my work and sparing their time for the data analysis, may Allah grant all your needs here and hereafter.

Furthermore, I would not forget the invaluable contribution of my uncle Tata Madaki and that of Bello Ahmad Gadanya. Your support and encouragement are indeed instrumental to my success in life generally, may Allah grant all your needs here and hereafter.

I am extremely grateful to Federal College of Education (Technical) Bichi for supporting my study and for allowing me the time to complete this research. I am grateful to the provost of the college A. Ibrahim Jibiril and my H.O.D, Dr. Abubakar Abdullahi Bichi and the dean SOE Alhaji Mohammed Isyaku for their support and encouragement. I am also grateful to my colleagues particularly Ijale Martina, Auwalu Danlami, Ijale Martina, Lawan Bello Mustapha M. Musa Garba, Mal. Bashir Sabo Mal. Abbas Abashe, Mal. Garba Shafiu, Mal. Ibrahim M. Salihu, Ali Bichi, Mr. Adama and my friends Dr. Sanusi Yakubu, Haruna Salihu, Sulaiman Elyakub, A.A. Abdullahi (Typist) and many other friends. I thank you all for your active interest and emphatic support. May Almighty Allah reward you abundantly.

To my family, I am specifically grateful to my wives Hajiya Fatima Sanusi and Saratu Zakariya'u for your patience, understanding, love and encouragement that sees me through. Also my special gratitude goes to my mother- in-law Hajiya Safiya Ibrahim Cigari for her support and encouragement throughout the period of this study. My sons and daughters: Abdulfata Mukhtar, Ibrahim Mukhtar, Maimuna Sanusi, Fatima Mukhtar and Safiyya Mukhtar deserved special thanks for their patience and encouragement throughout the period of this study.

ABSTRACT

This study investigated the effects of Empathy and Unconditional positive regard Counselling Techniques on the self-concept of juvenile delinquents in Kano State. One of the objectives is to find out the effect of Empathy and Unconditional Positive regard counselling techniques in enhancing the self-concept of juvenile delinquents in the remand Homes in Kano State. Five objectives and corresponding research questions guided the study, and seven hypotheses were tested at 0.05 level of significance. The study was conducted on a sample of 60 selected juvenile delinquents from two Remand Homes in Kano (Goron Dutse and Kiru Reformatory Homes in Kano State). Juvenile delinquents were identified among remand homes in mates by the Remand Homes officials. Pre-test post-test control group, which is an aspect of quasi experimental Design, was adopted as the design for the study. The data collected was analyzed using mean scores, t-test for independent samples and ANOVA. The results of the study revealed that Empathy and unconditional positive regard techniques were effective in enhancing the self-concept of juvenile delinquents in the remand homes. No significant difference was observed in the post test mean scores among different age groups, in the enhancing their self concept. It was also found that the effect of the two techniques (Empathy and Unconditional positive Regard) is almost similar in enhancing the self-concept of juvenile delinquents in the Remand Homes. It is recommended that counsellors and social workers should be trained in the use of the techniques in counselling for self-concept enhancement and reducing juvenile delinquency.

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ABBREVIATIONS

UPR: Unconditional Positive Regard

JDSCS: Juvenile Delinquents Self concept scale

RH: Remand Home

EG: Experimental Group

CG: Control Group

RD: Raw Data

OPERATIONAL DEFINITION OF TERMS

Empathy: The ability to sense the clients' private world as if it were your own but without the losing 'as if' quality'

Unconditional Positive Regard: Respect for the client, acceptance of the client, warm reception, deep and genuine caring for the client communicated through Selective attention to the positive aspects of client's verbalization and behaviour.

Self-concept: A person's view and perception of himself as it relate to wide variety of behaviours.

Juvenile Delinquency: For the purposes of the present study juvenile delinquency refers to actions committed by a non-adult not necessarily forbidden by law but also not beneficial to him and the general welfare of the community. It is also defined as any illegal actions committed by a

	juvenile in which there is an apprehension and court proceeding.
Juvenile Delinquent:	Young offenders with the law, within the age bracket of (12 – 18) years. However, defining who is a delinquent and who is not, is determined by the norms and culture of the society in which the juvenile lives.
Remand Home:	Home serves primarily to rehabilitate and create accommodation to the children who are in conflict with the law within the age bracket of 12 – 18 years. Remand Homes are transit camp for young juvenile offenders whose cases are pending in court. Also, accommodate lost but found children pending the time they are either reconciled with their parents or committed to the approved school for necessary corrective training.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Since the beginning of history, no society has not looked at juvenile delinquency as a serious problem, and Nigerian society is not let off, as it is becoming apparent that delinquent behaviour is reaching alarming proportion worldwide including Nigeria. This has become a serious problem among the adolescent school population, as it appears that many adolescents cannot conform to the expectations of society and consequently, are involved in acts that are punishable by law, such as substance abuse, stealing, fighting, aggravated assault and bullying of both teachers and learners. It is evident that Nigeria is facing increased levels of serious violent crimes from delinquent individuals, and if the problem is not addressed, the consequences will be more serious than it is today, as antisocial behaviours often culminate in to serious juvenile delinquency.

It is obvious that delinquent behaviour is a social problem that cannot be overlooked due to its negative effect on both the delinquent youth themselves and the society in general, in that unrestricted delinquent child can encourage many more children to take to crime and in the end result to a gang of young and dangerous criminals; also delinquents can create problems and disrupt peace in families, in school and in society, which can result to loss of lives and properties. Delinquent adolescents may refuse to learn and eventually drop out of school, thus causing shortage of qualified manpower required in the various sectors of the country economy (Aderanti, 2006). While it is dangerous to ignore the negative consequences of juvenile delinquency and growing maladaptive behavior among

adolescents, various preventive and controlling measures have been employed by different people such as parents who may use different kinds of disciplinary measure such as beating, depriving the child of basic needs, and some parents may cut the child's skin with sharp object to correct their delinquent children; teachers and school administrators also use methods like beating, suspension or expulsion from school or other forms of punishment to deal with rebellious students, but most of these methods where to be grossly inadequate in dealing with the menace and mostly yield little, some times no positive result.

Consequently, Kano state government like most other state governments in the country, under the ministry of women affairs and social development, established remand homes, rehabilitation centers and other correctional institutions to take care of adolescents with various forms of deviant behaviors. Counseling psychologists have also developed a variety of behavioral modification techniques to address different types of delinquent behaviors. These include shaping, flooding, self-management, cognitive restructuring, token reinforcement, and a host of many others. These approaches to prevention of delinquency might be universal or selected. The universal programs address an entire population of children, such as those in the classrooms, schools or neighborhoods and usually address community level risk factors. Some selected programs on the other hand, targeted high-risk children who may have already shown some antisocial behavior. While other programs are for those children who have been identified as showing clear signs of delinquency or antisocial behavior and are confined in correctional homes. This study adopts the therapeutic approach which is directed at identified delinquent adolescents in the remand homes and establishes the effect of Emphathic understanding and unconditional positive

regard on the self concept of juvenile delinquents with a view to enhancing their selfconcept.

A number of writers believe that these challenging behaviours, better known as 'delinquency', stem from poor self-concept (Emler & Reicher, 1995). They maintain that high self-concept not only helps individuals feel better about themselve, but that it also reduces the risk of vulnerability to negative influences. This may explain why adolescents who have received no assistance from significant people, such as parents/guardians and/or educators, more often than not, perform poorly at school, lose interest in sporting and cultural activities and by and large lack the zeal possessed by happy and fulfilled children. According to Thomas (1991), self-concept and respect are interlinked. It seems that a person's self-concetp is vital in determining the type of person one is moulded into.

It is also imperative to note that human beings tend to behave in ways that conform to how they feel they should be, and how they think others perceive them. Self concepts, which consist of beliefs and evaluations the individual has about himself is considered as the main determinant of behaviour, and this important aspect of personality could either be positive or negative. Hence, a positive self concept is essential for personal happiness, school achievement and effective functioning. It has also been observed that psychologist and educationists are becoming more aware of the fact that an individual's self concept, or his attitude to and perception of himself, are intimately related to how he learns and behave. Research evidence also suggest that, low performance in school work, poor motivation, misbehaviour and academic disengagement, underachievement in school, and delinquency are due in part to negative self attitudes and perceptions (Burns, 1982). Hence enhancing

self concept is considered necessary for maximising human potentials and is an important psychological need that should be met.

Furthermore, the rising rates of serious juvenile crimes continue to engender public fear and professional concerns. It is therefore important for counsellors to help the juvenile delinquents form clear and realistic positive picture of themselves and their potentials. This would pave way for setting and achieving realistic goals.

It is also pertinent to note that, self-concept enhancement is widely acknowledged as a means to facilitate desirable behavior outcomes in a diversity of settings, and high level of self-concept have been associated with many benefits, such as higher level of general happiness (Swann, 1996); improved social interaction (Gurney, 1986); coping skills (Shirk, 1988) and academic achievement (Marsh & Yeung, 1997; Delugach, Bracken, Bracken & Shicke, 1992). Indeed, self-concept is considered to be critical for healthy personal development and social adjustment in children (Harter, 1990). Conversely, low levels of self-concept have been associated with a wide variety of negative behaviours, such as academic failure, violence, depression, and suicide (Branden, 1994; Marsh and Craven, 1997).

It is believed that if self-concept is positive and normal, the individual will possess normal mental health. Conversely, if self-concept is negative and abnormal, the individual may behave abnormally in his or her environment. According to Gross (1992), the consensus appears to be that self-concept is largely acquired. This point is very pertinent for juvenile delinquents and for those who are involved in their upbringing, particularly their parents, teachers and counsellors. The implication is this; juvenile delinquents' self-concept can be changed over time.

1.2 Statement of the Problem

The problems of juvenile delinquency in today's societies and in most urban areas in Nigeria including Kano, is increasingly becoming apparent. Many adolescents can not conform to the expectations of the society and consequently are been involve in acts that are punishable by law. Thus the problem of juvenile delinquency is becoming more complicated and universal world over, and available crime prevention programmes seem grossly inadequate to deal with the present realities of the problem, hence the Involvement of adolescents in delinquent activities is on the increase in Nigeria, particularly in the urban centres. In recent times, crimes ranging from stealing to major robbery and killings are mostly perpetuated by teens. Therefore, there has been increasing concern of the general public on the seriousness of adolescent crime and conduct problems. It is generally believed that imprisonment alone does not alter a criminal's real personality, as such, a wide variety of approaches have been employed in an efforts to prevent or treat delinquency but majority fails.

It is also evident that the rising rates of serious juvenile crimes in Nigerian society provoked public fear and call for professionals' intervention. Delinquency among juveniles constitutes a problem in Nigerian society, and their existence in homes and streets has threatened families, communities and government. In most cities of Nigeria, governments extablish Rehabilitation Centers and remand homes, where juvenile delinquents are taken to, with hope that when given treatment, delinquency will stop, but the problem is that most of the times this juveniles once they return to delinquency, they become more dangerous and unruly than ever before they are taken, and the prior respect they have for the constituted authority completely wanes away, consequently their existence constitutes a threat to the

community, a situation largely associated with low and negative self concept of the juvenile delinquents.

Eastman, (2004) for example, observed that development of positive self-concept is an important psychological need that should be met in order to bring up a competent, respectable self-reliant individual. And it is believed that only a child with a positive view of himself and his abilities can benefit from, and contribute to school experiences (Ireogbu, 1987). Therefore Self concept is a crucial factor in the learning process and overall development of the individual.

It is in view of foregoing, and the increasing incidences of this juvenile delinquency in Nigeria and its consequences and the challenges of rehabilitating juvenile delinquents, that the researcher deems it necessary to carry out this study with a view to explore the effect of Empathy and Unconditional Positive Regard in enhancing the self-concept of juvenile delinquents in Kano State, with a view to making them useful to themselves and the society.

1.3 Objectives of the Study

The objectives of this study are:

1. To determine the effect of Unconditional Positive Regard (UPR) on the self concept of juvenile delinquents.
2. To determine the effect of empathy counselling technique on the self concept of juvenile delinquents?
3. To determine the differential effect of the two counselling techniques (Empathy and UPR) on the self concept of juvenile delinquents in the treatment groups
4. To determine the effect of empathy counselling technique on the self concept of juvenile delinquents of diffrent age groups

5. To determine the effect of unconditional positive regard counselling technique on the self concept of juvenile delinquents based on age

1.4 Research Questions

The study intends to find answers to the following Questions:-

1. What is the effect of unconditional positive regard (UPR) on the self concept mean scores of juvenile delinquents?
2. What is the effect of empathy counselling technique on the self concept mean scores of juvenile delinquents?
3. What is the differential effect of the two counselling techniques (Empathy and UPR) on the self concept mean scores of juvenile delinquents in the treatment groups?
4. What is the differential effect of empathy counselling technique on the self concept of juvenile delinquents of different age groups?
5. What is the differential effect of unconditional positive regard counselling technique on the self concept of juvenile delinquents of different age groups?

1.5 Hypotheses

The following hypotheses have been formulated to guide the study:-

1. There is no significant difference between the pre-test and post-test mean self concept scores of juvenile delinquents exposed to Empathy.
2. There is no significant difference between the pre-test and post-test mean self concept scores of juvenile delinquents exposed to Unconditional positive regard.
3. There is no significant difference between the post-test mean self concept scores of juvenile delinquents exposed to Empathy and those in the control group.

4. There is no significant difference between the post-test mean self concept scores of juvenile delinquents exposed to Unconditional positive regard and those in the control group.
5. There is no significant difference between the post-test self concept mean scores of juvenile delinquents exposed to empathy and those in the UPR group.
6. There is no significant age difference in the post-test self concept mean scores of juvenile delinquents exposed to empathy counselling technique.
7. There is no significant age difference in the post-test self concept mean scores of juvenile delinquents exposed to UPR counselling technique.

1.6 Basic Assumptions

The following basic assumptions are made:

1. It is assumed that juvenile delinquents in Goron Dutse remand home and Kiru refofmatory center have low and nagetive self concept.
2. It is assumed that Empathy counselling technique would enhance the self concept of juvenile delinquents in Goron Dutse remand home.
3. It is assumed that counselling technique of unconditional counselling technique would enhance the self concept of juvenile delinquents in Kiru refofmatory center.
4. It is assumed that counselling technique of Empathy would enhance the self concept of juvenile delinquents in Goron Dutse remand home irrespective of their age diffrences
5. It is assumed that counselling technique of unconditional positive regard would enhance the self concept of juvenile delinquents in Kiru reformatory center irrespective of their age diffrences.

6. It is assumed that the counselling techniques of unconditional positive regard and empathy would be equally effective in enhancing the self concept of juvenile delinquents.
7. It is assumed that the two techniques of unconditional positive regard and empathy would be effective in enhancing the self concept of juvenile delinquents irrespective of their age diffrences

1.7 Significance of the Study

The problem of juvenile delinquency in our society calls for an immediate intervention and rehabilitation of our youthful offenders and an offer of assistance such that their sufferings, misery and life wastage would be permanently removed. It is a well known fact that, Positive self-concept is a basic component of achievernent and self- actualization. It is in view of this fact; that this study is set to determine the effects of the application of Emphathy and Unconditional positive Regard counselling techniques on the self concept of juvenile delinquents in the remand homes.

The study would therefore hope to provide empirical data on how creating and applying therapeutic techniques necessary for change can improve the self concept of juvenile delinquents. Since studies of delinquency have implications for the rehabilitation of offenders and the prevention of delinquency in the society, an approach involving the Guidance Counsellors, using various counselling techniques is vital in transforming juvenile population in Nigerian. The study would also provide opportunities for juvenile delinquents in reformatory homes to develop positive self concept so that they may live a useful and rewarding life inside and/or outside the Remand Homes.

The research also has important implication for social policy as enhancing self-concept is having, in that placing juvenile delinquents children in the remand homes without an effort to enhance their self-concept will lead to continuely lower their self-concept and creat a long lasting stigmatization in them, as suggested by labeling theory. The findings of the study would benefit the Government of Kano state in particular, and the country in general as well as the officicials of these remand homes where this study was conducted, as will provide them with new skills and a new behavior modification pakage that could be use in modifying the juvenile delinquents behaviours, so that they can be reintergreated back to the society with some degree of assurance, as the treatment pakage can be a resource for assisting the juvenile delinquents to enhance their self-concept. They would also see the need to treat the juvenile delinquents as human beings who deserve certain rights and privileges. Some of these rights include the provision of professional counselling service through empathic understanding, and unconditional positive regard.

The results of this study would provide empirical data for counselors and psychologists that the two techniques in questions would assist in modifying the negative self-concept of juvenile delinquents at risk. In general the study will prove to counsellors, psychologists, Social wokers, and mental health workers that active and professional demonstration of Empathic Understanding, and Unconditional Positive Regard between therapists and clients, is the key to better the outcome of the therapy. Unless an atmosphere of respect and trust is well extablished throuth Empathic Understanding, and Unconditional Positive Regard between therapists and clients, the client would not describe deeply personal problems, and the therapist will have difficulty helping the person to change and improve.

The study will sensitize curriculum developers to develop curriculum materials that will promote the development of positive self concept. Curriculum experts can develop learning materials that will assist learners to appreciate and respect the dignity of man and his ability to achieve whatever goals he set for himself. Learners in all rehabilitation centers, correctional institutions and educational system should be provided with curriculum contents that will produce confident, trustworthy and reliable citizens capable of contributing meaningfully towards the development of the society through the provision of professional counselling service backed with Empathy and Unconditional positive regard of the client.

Finally the study would enrich the available literature on the studied variables and this will enable future researchers to have reference material for researchs similar to this study and researchers exploring issues related to self-concept enhancement.

1.8 Scope and Delimitation of the Study

The study was limited to juvenile delinquents of Goron Dutse Remand Home and Kiru Reformatory School in Kano state, eventhough there are other correctional institutions in Kano such as Kurmawa central prison and G/Dutse prison are all not included in the study. Although Rogers, (1961) hypothesizes further that there are three other condition which also assist in a counselling relationship such as: Two persons in psychological contact, client experiencing incongruence, achieving communication, but Rogers's hypotheses that the three core counselling conditions of unconditional positive regard, empathic understanding, and congruence are the most essential and critical in achieving significant positive personality change. Hence this research is limited to two of these three conditions of empathic understanding and unconditional positive regard as the techniques of counselling

that could be use to effect positive personality change in the client, for feasible experimental manipulation and control.

The study is delimited to Goron Dutse Remand Home in Kano, and Kiru Reformatory Center in Kano, but the findings may be generalized on similar population of juvenile delinquents in other remand homes and correctional institutions in the country and beyond.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.01 Introduction

In this chapter, literature was reviewed on juvenile Delinquency, the concept of juvenile Delinquency and the various theories of juvenile Delinquency were discussed. Also part of the review looked at the nature of psychotherapy and counselling, the three core counselling conditions and client centred theory, Nature of self concept and Self Concept theory, and empirical studies on the use of the three core counselling conditions. The review also focused on how this study will contribute to the existing literature.

The review was made under the following headings:

- Introduction
- Conceptual Framework
- The Core Counselling Conditions
- The Empathy

- Components and Perspectives of Empathy
- Empathy and Sympathy
- Unconditional Positive Regard
- Importance of Unconditional Positive Regard in Therapy
- Concept and Nature of Congruence/Genuineness
- Relationship between Empathy, Positive Regard, and Congruence
- The self – Concept
- Nature of Self -Concept Theory
- Assumptions of Self-Concept Theory
- Methods of Self-Concept Assessment
- Considerations in the Assessment of Self-Concept
- Self Concept and Client Centred Theory
- Gender Differences in Self-Concept
- Theoritical Framework
- Person-Centered Counselling of Carl Rogers (1965)
- Therapeutic Conditions of Client Centred Theory
- Theories of Juvenile Delinquency
- Gender differences in adolescents' delinquent behaviour
- Age And Delinquency
- The Remand Homes
- Review of related studies
- Summary

2.02 Conceptual Framework

2.2.1 The Concept of Juvenile Delinquency

Juvenile delinquency refers to the violation of the criminal codes regulating the behaviour of young persons in the society. There is no universal definition of a juvenile or delinquency. The laws of different nations stipulate different age brackets for the juveniles. Juvenile delinquency broadly defined refers to any act in violation of criminal law, committed by a person defined under law as a juvenile, which if had been committed by an adult will be treated as crime or criminal conduct (Alemika 1978; Muncie, 1999).

Delinquency has been variously portrayed and defined as a condition of drift, maladjustment, pathology, disturbance, moral depravity and unruly behaviour. But the definition of juvenile delinquency as well as concern about its manifestation, and control are influenced by a configuration of historical, political, social and economic conditions. According to Muncie, (1999) what actually constitutes 'young offending' is in a constant process of (re) invention and (re) definition. In the early nineteenth century, the juvenile delinquent was created in the midst of wider concerns about unemployment, lack of discipline and moral degeneration. In the early twentieth century the troublesome adolescent was invented in the midst of concerns for 'boy labour' street leisure and imperialism. In the mid twentieth century notions of troubled offenders were constructed reflecting the increased presence of welfare agencies and professionals at the time. Social concern may be persistent and recurring but the practices, issues and concepts through which it is articulated are subject to change.

There is no clear-cut definition of delinquency. The definition of delinquency and the scope of behaviour covered by the term vary over time and across societies. Delinquency and

crime are morally, politically, economically and socially constructed symbols and conditions. Furthermore, the definition of delinquency and concern about it usually reflect the confusion over such terms like a child, a teenager, an adolescent, a juvenile and a youth. There is also confusion about how to deal with problems of adjustment to the various pressures encountered by children and young persons. The society selectively attributes equal as well as diminished responsibility to young persons in different areas of life, resulting in confusion over appropriate behaviour expected of young persons.

According to Scranton (1997), there is the denial of children as rational, responsible persons able to receive information, participate in frank and open discussions and come to well reasoned and appropriately informed decisions about their interpersonal relationship (family, friends, sexual), about school and about developing sexuality. On the other hand, there is the imposition, using the full force of law of the highest level of rationality and responsibility on children and young people who seriously offend. The ambivalence of society over the status and expectation of the child is also reflected in the various international Charters and Conventions on the Rights of the Child. For example, the Preamble to the Declaration of the Rights of the Child adopted by the General Assembly ofthe United Nations on 20 November 1959 stated that “the child by reason of his physical and mental immaturity needs special safeguards and care including appropriate legal protection before as well as after birth”. Thus, the child is viewed as a vulnerable and dependent being, deserving of special care. This perception of the child gave rise to the creation of a different track within the field of counselling to handle cases of children and the young persons who violate the law in a professional way.

2.03 The Core Counselling Conditions

Carl Rogers, the proponent of person centered theory, in his paper "The necessary and sufficient conditions of Therapeutic personality change" he lists six conditions Rogers argued are necessary and sufficient for therapeutic change:

1. Two people are in psychological contact.
2. The first (the client) is in a state of incongruence, vulnerable, and anxious.
3. The second (the counselor) is congruent in the relationship.
4. The counselor experiences unconditional positive regard for the client.
5. The counselor experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this to the client.
6. The communication of the therapist's empathic understanding and unconditional positive regard is achieved.

Rogers believed that clients could find healing within themselves if they could find certain qualities within the therapist. These qualities are the three main core conditions that Carl Rogers considered essential for effective counselling, as the pre-conditions which must exist for the client to benefit from any form of therapy or counselling these qualities are the three main core counselling conditions the researcher intends apply on the self concept of juvenile delinquents in Goron Dutse Remand Home. They are:

1. Unconditional Positive Regard (UPR)
2. Empathy

3. Congruence

Rogers believed that Unconditional Positive Regard, Empathy & Congruence are the counsellors or therapists conditions needed to facilitate change. Without these conditions being present a healing relationship cannot form (Rogers, 1951, 1961). Rogers felt that a therapist, in order to be effective, must have these three very special qualities. He says these qualities are "necessary and sufficient:" If the therapist shows these three qualities, the client will improve, even if no other special "techniques" are used. If the therapist does not show these three qualities, the client's improvement will be minimal, no matter how many "techniques" are used, however Rogers uses the words qualities and techniques interchangeably to describe thess conditions deem necessary for client's improvement in therapeutic procces (1961). Rogers believed that human beings have inherent tendency to develop their "self" in the process of interpersonal and social experiences, which they have in the environment (Chauman 2000). Since the individual has the potential for self-actualization, the application of the tree core counselling condition will make the juvenile delinquents take part in the management of his own behavior.

2.04 The Concept of Empathy

In many definitions of empathy, the idea of acquiring another person's perspective is crucial. As pointed out by Bohart and Greenberg, (1997), most definitions of empathy include the idea of "trying to sense, perceive, share, or conceptualize how another person is experiencing the world". They conceptualized empathy as "the imaginative transposing of oneself into the thinking, feeling, and acting of nother and so structuring the world as he does", and Kohut (1984) saw empathy as the capacity to think and feel oneself into the

inner life of another person. In other words, empathy can be seen as “putting oneself in someone else’s shoes.” An extensive definition of empathy is that of Rogers (1959):

> *The state of empathy or being empathic is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereof, as if one were the person, but without ever losing the “as if” condition. Thus, it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth (p. 210-211).*

Carl Rogers, (1980) defined empathy as: “the therapist’s sensitive ability and willingness to understand the client’s thoughts, feelings and struggles from the client’s point of view. It is this ability to see completely through the client’s eyes, to adopt his frame of reference. It means entering the private perceptual world of the other...being sensitive, moment by moment, to the changing felt meanings which flow in this other person. It means sensing meanings of which he or she is scarcely aware”.

Empathy is best understood as a complex construct consisting of a variety of experiences and acts used in different ways by therapists of different orientations for different purposes. The clearest operational definition of empathy is Barrett- Lennard's (1981) delineation of the three different components and perspectives of empathy: that of the therapist's experience ("empathic resonance"), the observers' view ("expressed empathy"), and the client's experience ("received empathy"), organized into a sequential process model.

Accurate empathic understanding is the therapist’s endeavour to try to hear accurately what the client is saying and to, as much as possible, ‘walk in her shoes’. Empathy is not sympathy. Sympathy means I feel what the client is feeling. Empathy is a more of a putting

into language what the client is feeling as I sense it. Rogers believed that if these conditions were provided to the client then positive change would occur. He judged them necessary and sufficient conditions for 'effective' counselling. Others have concluded that they might be necessary but they are not sufficient. Albert Ellis' Rational-Emotive-Behaviour Therapy would judge them also unnecessary.

According to Gendlin, (2003), these conditions cannot be learned as skills or 'microskills', but as techniques, all we have is our ability to listen to the implicit affective level in the client's talk. This affective level seems to show up in such terms as 'felt sense', where the counsellor tries to grasp the 'felt sense' of what the person with her is saying. Rogers (cited in Adams, 1970: 87) says that, 'the counsellor . . . must be prepared to respond not to the intellectual content of what the person is saying, but to the feeling which underlies it'.

Wood, (1997), described Rogers psychotherapy as 'mediumistic' because of his descriptions of the altered state of consciousness that he experienced when counselling others. Just as a medium experiences an altered state, so Rogers also describes how he feels 'all of a piece', 'all focussed', with his memory of the session being very poor after the event, 'timeless', and 'a sort of trance-like feeling in the relationship from which both the client and I emerge at the end of the hour, as if from deep well or tunnel' (Wood, 1997). Empathy is therefore considered as one of the basic conditions for personality development in psychotherapy. And, is according to Rogers (1944, p.332), "an experience equaled by nothing else".

To be empathic means to try to comprehend, as best as possible, the accurate meaning of what the other is experiencing in the very moment, and communicate this to him. It is an attempt to put oneself in the internal world of perception of the other, in his frame of

reference and to feel as if one is him. This 'as if' quality is crucial, as it distinguishes empathy from interpretation and identification. Interpretation: - implies to judge the client's experiential world, to form an evaluation of him from an external frame of reference. Identification: to ignore boundaries between self and other and become enveloped in/overwhelmed by the other's emotions which would not be helpful or professional (Schmid, 2001).

Empathy also implies a continuing desire to understand from the client's perspective, regardless of one's own view, experiences, values, etc. While common experiences can often facilitate communication, understanding and trust in the relationship, recalling ones own personal experience, sympathizing, identifying with the client's position termed 'false empathy' is not the same as empathy (Mearns and Thorne, 1988). According to Rogers, (1947), Adopting the client's reality-as-perceived, as a basis for genuine understanding, the counsellor engages in active listening, i.e. an attempt to make sense not only of what is said or shown, but what the client wants/is trying to express; including what is on the edge of his awareness is considered an affective agent for individual personality change and group development (Rogers, 1947), active listening, involves attending to clients verbal and non-verbal (core) messages, within 'context' social culture, etc; in order to appreciate the 'full flavour' or 'total meaning' (Rogers and Farson, 1987); as well as keeping an ear lightly tuned to oneself and the 'shadow side of listening' (Egan, 1994).

Person-centered philosophy is grounded in a positive view of the human being and his capacity to becomefully functioning, given ideal conditions. The inherent drive towards actualization, the actualizing tendency, is viewed as the primary motivating force within the

client and constitutes the cornerstone of Rogerian therapy. Respecting the client's organismic self-directedness and autonomy, the counsellor trusts and facilitates this natural growth process. "This way of being trusts the constructive directional flow of the human being toward a more complex and complete development. It is this directional flow that we aim to release" (Bozarth, 2001).

In order to 'release' this growth force (free and utilize client's inner strengths), certain conditions/relationship-orientated-environment must exist; wherein the counsellor subscribes to Roger's (1957) growth principle, theory of the 'necessary and sufficient conditions of therapeutic personality change' - the 'core conditions', and certain beliefs/values implicit or explicit in Rogers principles, Mearns and Thorne, (1999).
The implementation of these "attitudinal conditions for constructive change" according to Egan, (1994), is the essence of person-centered practice. However, "…there is no standard or inevitable way in which the therapeutic conditions are lived out or expressed in client-centered therapy". Rogers left it up to the counsellor to choose which techniques, activities, etc, to convey these attitudes to the client. The way empathy, congruence, etc, are expressed will depend upon the client's 'readiness' motivation, participation, stage of change, etc. While the counsellor's personality, experience, competence, etc, will shape his empathic grasp of client's presented experience and specific responses (Mearns and Thorne, 1999),.

Empathic listening/understanding is a primary means of implementing the attitudinal conditions. An example of this is, 'Empathic understanding response process' (EURP). EURP involves the counsellor consistently maintaining the therapeutic attitudes in his experience

and expressing them to the client, communicating empathy to the client, these responses are intended to express and check the counsellor understands of the client's experience. Examples include: summaries, statements which point toward the client's felt experience; inferential guesses concerning what the client is attempting to express; metaphors; questions that attempt to express client's ambiguities; counsellor's facial expression, eye-contact, posture, hand gestures, etc (Brodley, 1998).

2.4.1 Components and Perspectives of Empathy

Empathy is best understood as a complex construct consisting of a variety of experiences and acts used in different ways by therapists of different orientations for different purposes. The clearest operational definition of empathy is Barrett- Lennard's (1981) delineation of the three different components and perspectives of empathy: that of the therapist's experience ("empathic resonance"), the observers' view ("expressed empathy"), and the client's experience ("received empathy"), organized into a sequential process model.

1. Empathy and Cognitive-Affective Processing

Empathy has been found to promote exploration and meaning creation. It helps clients think more productively (Sachse, 1990), raises levels of productive experiencing (Klein & Mathieu-Coughlan, 1986), and facilitates emotional reprocessing (Greenberg & Paivio, 1997).

2. Empathy and the Client as Active Self-Healer

A number of recent writers (Hubble, Duncan, & Miller, 1999), have suggested that therapy works primarily by supporting and promoting clients' active self-healing efforts. Empathy

contributes to this by promoting client involvement and openness to the process. In addition, it provides an "empathic workspace" in which clients can use their capacities for self-healing. It also helps the therapist choose interventions compatible with the client's frame of reference, which also promotes clients' active participation. In therapeutic Practices, the most consistent evidence is that clients' perceptions of feeling understood by their therapists relate to outcome. This suggests it is important that therapists make efforts to understand their clients, and that this understanding be demonstrated through responses that address the needs of the client, as the client perceives them, on an ongoing basis. In addition, the findings that observer ratings of accurate empathy predict outcome suggest that therapist responses that add to or carry forward the meaning in the client's communication are useful. Several different specific types of empathic responses that do this have been identified. These are empathic understanding, empathic exploration, empathic evocations, and empathic conjectures (Greenberg, Rice, & Elliott, 1993; Greenberg & Elliott, 1997). Going beyond specific responses, the empathic therapist's primary task is to understand experiences rather than words. Truly empathic therapists do not parrot clients' words back or reflect only the content of those words; instead, they understand overall goals as well as moment-to-moment experiences, both explicit and implicit. Empathy in part entails capturing the nuances and implications of what people say, and reflecting this back to them for their consideration (Elliott, 1993).

People express themselves on multiple levels. In being empathic, therapists can focus on clients' feelings, perceptions, construal, values, and assumptions and on their views of other people and situations. Certain fragile clients may find expressions of empathy too intrusive, while highly resistant clients may find empathy too directive; still other clients may find an

empathic focus on feelings too foreign. Therapists therefore need to know when and when not to respond empathetically. Therapists need to continually engage in process diagnoses to determine when and how to communicate empathic understanding and at what level to focus their empathic responses from one moment to the next. Empathic therapists assist clients to symbolizes their experience in words, and track their emotional responses, so that clients can deepen their experience and reflexively examine their feelings, values, and goals. Therapists need to help clients access as much internal information as possible. To this end they need to attend to what is not said, or what is at the periphery of awareness as well as what is said and is in focal awareness (Watson, 2001).

Empathy is a complex form of psycho1ogical inference in which observations; memory, knowledge and reasoning are combined to yield insights into the thoughts and feeling of others (Ickes 1997). For many psychologists, empathy implies three different processes: feeling what another person is feeling, knowing what another person is feeling and having the intention to respond compassionately to another person's distress. Regardless of the processes involved, Decety & Jackson, (2004), identified broad agreement on three primary components of empathy as follows:

a. An effective response to another person, which often but not always, entails sharing that person's emotional state.
b. A cognitive capacity to take perspective of the other person.
c. Some regulatory mechanisms that keep track of the origins of self and other feelings. Studies by Hodges & Wegner, (1997) confirmed this constitution and suggested that the third component is the communicative component.

Therefore, empathy requires both the ability to share the experience of the other person (affective component) and understanding of the other person's experience (cognitive component) and a regulatory process of the self and other feelings. In the view of Decey & Jackson, (2004), the three components are intertwined and must interact with one another to produce the subjective experience of empathy. De Waal, (1996) explained that sharing emotion without self awareness corresponds to the phenomenon of emotional contagion, which takes the form of "total identification without discrimination between one's feelings and those of the other".

2.4.2 Empathy Viewed from the Cognitive and Emotional Perspectives

In general, empathy has been described as a cognitive or an emotional (or affective) attribute or a combination of both. Cognition is mental activities involved in acquiring and processing information for better understanding, and emotion is sharing of the affect manifested in subjectively experienced feelings (Colman, 2001). Two types of empathy, cognitive empathy and emotional empathy fit these descriptions. Cognitive Perspectives viewed empathy as a cognitive ability to assume the role of another person. Heins Kohut (1971, p. 300) described empathy as “a mode of cognition that is specifically attuned to the perception of a complex psychological configuration” (emphasis added). Basch (1983) also described empathy as a complex cognitive process involving cognitive functions, such as judgment and reality testing. MacKay, Hughes, and Carver, (1990) described empathy as

"the ability to understand someone's situation without making it one's own."Cognitive activities, such as perspective taking and role taking, are among the features some authors have presented in their definition of empathy. For example empathy is seen as "the imaginative transposing of oneself into the thinking, feeling, and acting of another, and so structuring the world as he does." Blackman, Smith, Brokman, and Stern, (1958) defined empathy as an ability to step into another person's shoes and to step back as easily into one's own shoes again when needed. Those who advocate the cognitive view of empathy place more emphasis on understanding and social insight than on emotional involvement (Rogers, 1975).

2.4.3 Emotional Perspective of Empathy

Some authors have defined empathy as an emotional response by generating identical feelings and sharing emotions between people. For example, Batson and Coke, (1981) defined empathy as "an emotional response elicited by and congruent with the perceived welfare of someone else." Rushton (1981) defined empathy as "experiencing the emotional state of another." Eisenberg (1989) described it as "an emotional response that stems from the apprehension of another's emotional state or condition and is congruent with the other's emotional state or condition". Halpern (2001) described empathy as "a form of emotional reasoning with risks of error that such reasoning involves." Katz (1963) defined it as "the inner experience of feeling oneself to be similar to, or nearly identical with the other person." Kalisch (1973) defined it as "the ability to enter into the life of another person, to accurately perceive his current feelings and their meaning"; and Hoffman (1981) defined it

as “a vicarious affective response to someone else’s situation rather than one’s own.”However, Underwood and Moore (1982) suggested that an emotional perspective is not a sufficient condition to define empathy. I will describe later that emotional empathy is analogous to sympathy.

A number of researchers, however, believe that empathy involves both cognition and emotion (Baron-Cohen &Wheelwright, 2004; Davis, 1994), it is seen as “a mode of relating in which one person comes to know the mental content of another, both affectively and cognitively, at a particular moment in time and as a product of the relationship that exists between them.” Mark Davis (1994) believes that cognitive and affective facets of empathy interact in his organizational model of empathy. He defined empathy as “a set of constructs having to do with the responses of one individual to the experiences of another. These constructs specifically include the process taking place within the observer and the affective and non-affective outcomes which results from those processes” (Davis, 1994). Hodges and Wegner (1997) suggested that “empathy can have either an emotional component or a cognitive component, or both.”Cognition and Emotion. Viewed cognition and emotion as two separate systems working side by side to process incoming data. The processing of cognitive information often involves specific mental activities, such as reasoning and appraisal (Tausch, 1988). In contrast, emotional mental processing often entails an affective response experienced spontaneously without involvement of the higher mental processes that are activated in reasoning (Basch, 1996). Therefore, reasoning and appraisal are the features of cognitive responses, and spontaneity and arousal are the hallmarks of emotional responses. Description of the wisdom of “reason” against the treachery of the “passions” is somewhat analogous to the nature of a cognitive response as opposed to an emotional one.

Emotions and their expressions, as was first to note, are universally similar regardless of cultural factors, personal background, and educational experiences.

On the contrary, the processing of cognitive information is not culture free and is heavily dependent on personal background, learning, and educational experiences. Thus, the contribution of learning is more significant in a cognitive response (e.g., empathy) than it is in an emotional reaction (e.g., sympathy). Manifestation of cognitive behaviors is more effortful, and its behavioral roots are more advanced. The same is true of empathy. Expression of emotion is effortless, and its behavioral roots are more primitive. The same is true of sympathy. An emotional response is colored more by subjective judgments, leading to a less accurate interpretation than would result from a cognitive response. At the neuroanatomical level, different brain mechanisms appear to be involved in the processing of cognitive and emotional input. Cognitive mental processing is primarily an advanced intellectual process that often involves social perception, analysis of information, and generation of appropriate responses based on one's understanding of another person and the situation. Emotional responses consist primarily of more primitive mental processes, wherein the person responds, through a process of contagion, with emotions similar to the emotions of others who are present (Mehrabian, Young, & Sato, 1988). Thus, emotion often is contagious in interpersonal exchanges, but cognition is not.

Despite these differences between cognition and emotion, some authors do not make such distinctions and assign equal weight to both cognition and emotion in the construct of empathy, (Bennett, 2001), for example, emphasized the intellectual or cognitive component while recognizing emotion as another important aspect of empathy in forming empathic

relationships between clinician and patient. It is indeed virtually impossible to treat emotion and cognition as two completely independent entities because one cannot fully exist without the other. For practical reasons, however, the distinction between the two is important to avoid confusion between the concepts of understanding and feeling (and thus between empathy and sympathy) that I will discuss in the following sections.

2.4.4 Empathy and Sympathy

Both empathy and sympathy are important components of interpersonal relationships. Sympathy derives from the Greek sym (being with) and pathos (suffering, pain) (Black, 2004). The two distinct concepts of empathy and sympathy are often mistakenly tossed into the same terminological basket, in empathy research a mistake that has created conceptual confusion and debates for years but has never been settled (Black, 2004; Chismar, 1988; Gruen & Mendelsohn, 1986; Wispe, 1986; Zhou, Valiente & Eisenberg, 2003). It has even been suggested that sympathy is an empathy-related response (Zhou et al., 2003). However, evidence suggests that the two constructs of empathy and sympathy reflect different human qualities that have different measurable influences on clinicians' professional behavior, utilization of resources, and clinical outcomes (Nightingale, Yarnold, & Greenberg, 1991). According to Decety and Jackson (2004) "an essential aspect of empathy is to recognize the other person as like self while maintaining a clear separation between self and other." The key feature of empathy is the preponderance of cognitive information processing that distinguishes it from the predominantly emotional mental processing involved in sympathy (Brock & Salinsky, 1993; Streit-Forest, 1982; Wolf, 1980). One cannot claim that empathy and sympathy are fully independent from cognition and emotion, but

one can argue that the degree of cognitive and emotional involvement is different in the two concepts of empathy and sympathy, is like a graphic presentation showing the relative contribution of cognition and emotion in empathy and sympathy and the overlap between them (Veloski, 1980).

Empathy is in the area of higher cognition than emotion. Conversely, sympathy is in the area of higher emotion than cognition. Compassion, I propose, resides in the area of the overlap between empathy and sympathy, where both of these attributes are expressed in a moderate amount. Empathy is an intellectual attribute, whereas sympathy is an emotional state of mind (Gruen & Mendelsohn, 1986). Empathy refers to one person's attempt to comprehend non judgmentally another person's experiences (Wispe, 1986). Self-awareness is augmented in empathy, but it is reduced in sympathy. Whereas the aim of empathy is to know another person's concerns better, the aim of sympathy is to feel another person's emotions better. The empathic relationship implies a convergence of understanding between two people, and the sympathetic relationship implies a parallelism in the feelings between the two (Buchheimer, 1963). According to Kohut (1984), empathy is a "value-neutral" mode of observation. Similarly, Olinick (1984) believed that empathy is an affect-free phenomenon, whereas sympathy involves an affect-laden perception. The underlying behavioral motivation in empathy is likely to be altruistic, but is more likely to be egoistic in sympathy. The ultimate goal of altruistically motivated helping behaviour is to reduce another person's distress without any expectation of reward, whereas the primary goal in egoistically motivated helping behavior is to reduce one's own level of stress, to avoid adverse feelings, or to receive rewards (Coke, Batson, & McDavis, 1978).

A genuine attempt to understand the experiences of another person or empathic understanding increase the likelihood of altruistic helping behaviour. However, feeling the emotions of others, or sympathetic sharing of emotions, leads to physiological arousal, thus increasing the likelihood of egoistic behaviour to reduce emotional arousal and avoid aversive experiences. In clinical encounters, empathy involves an effort to understand the patient's experiences without joining them, whereas sympathy involves an effortless feeling of sharing or joining the patient's pain and suffering (Aring, 1958). Olinick (1984) suggested that empathy entails separateness and sympathy entails closeness; empathy "feels into" and sympathy "feels with." Titchener (1915), who first coined the term empathy, distinguished empathy from sympathy by describing empathy as a tendency to perceive another person's experiences and by describing sympathy as "feeling together" with another person. McKellar (1957) suggested that "One can, however, empathize without necessarily experiencing sympathy for the other person; empathy involves understanding rather than 'siding with'.

Wilmer, (1968) described empathy as entering into the sufferer's mind and understanding his pain from within as if the pain were ours but remains his own. In contrast, sympathy, according toWilmer, is sharing feelings together with the patient as if the pain was ours and remains so. Also empathy, in contrast to sympathy, involves a sophisticated mental operation in which two interacting people are clearly separated, but one conceives of the other person's mental landscape without losing sight of reality and his or her own identity. Similarly, Black (2004) believes that empathy is a sophisticated and conscious act and that sympathy is an involuntary propensity that makes affective atonement possible. Understanding the kind and quality of the patient's experiences is the territory of empathy,

whereas feeling the degree and quantity of the patient's concerns falls within the terrain of sympathy. A patient will feel felt if the clinician understands the kind and quality, not the degree and quantity, of the patient's experiences (Greenson, 1960). Whereas empathy is an internal cognitive process that should be communicated, sympathy seems to be more transparent. Benjamin Disraeli described the transparency of feelings in the following statement: "Never apologize for showing feelings. When you do so, you apologize for the truth.

Empathy has been described as the art of understanding (Agosta, 1984; Starcevic & Piontek, 1997). This notion of empathic understanding is reflected in different features attributed to empathy, such as perspective taking, role playing, and standing in another person's shoes, tolerance, openness, uncritical judgment, and unconditional acceptance. The difference between empathy and sympathy is more than a semantic one because each involves different mental activities during information processing (Gruen &Mendelsohn, 1986). The predominantly cognitive nature of empathy and the primarily emotional nature of sympathy imply additional differences between the two terms that go beyond semantics. A cognitive response (in empathy) is more likely to be nonspontaneous because it is influenced by the regulatory process of appraisal. An affective reaction (in sympathy) is more likely to be spontaneous because it is influenced by the psychological regulatory process of arousal (Siegel, 1992).

Also, empathy as a cognitive response is characterized by an inhibitory energy-conserving state in the parasympathetic branch of the neurological regulatory process. However, sympathy as an emotional reaction is characterized by an excitatory energy-consuming state

related to the sympathetic neurological regulatory process (Siegel, 1992). Despite the differences between empathy and sympathy, they cannot be completely independent from one another. For example, in one of our studies (Hojat et al., 2001b), we found a moderate correlation between measures of the two constructs ($r = 0.45$, $p < 0.01$). A correlation of this magnitude indicates that the overlap between the two concepts is approximately 20% (coefficient of determination: $r^2 = 0.452 = 20\%$). More empirical research is needed to examine the degree of overlap between measures of empathy and sympathy.

2.4.5 Types of Measures of Empathy

Observer-Rated Empathy

Observer-rated empathy ask the rater to decide if the content of the therapist's response detracts from the client's response, is interchangeable with it, or adds to or carries it forw ard by responding to feeling (e.g., Truax & Carkhuff, 1967). More recent empathy measures are based on broader understandings of forms of empathic responding (Elliott, 1982) but have not been used in psychotherapy outcome research. Client ratings: The most widely used clientrated measure is the empathy scale of the Barrett- Lennard Relationship Inventory (BLRI; Barrett- Lennard, 1962). Rogers (1957) hypothesized that clients' perceptions of therapists' facilitative conditions (positive regard, empathy, and congruence) predicted therapeutic outcome. Accordingly, the BLRI, which measures clients' perceptions, is the closest operational definition of Rogers's hypothesis. In earlier reviews, Barrett-Lennard (1981) and Gurman (1977) both concluded that clientperceived empathy predicted outcome better than observer- or therapist-rated empathy. Therapist ratings: There are therapist selfrating scales on the BLRI. Earlier reviews (Barrett-Lennard, 1981; Gurman,

1977) found that therapist-rated empathy neither predicted outcome nor correlated with client-rated or observerrated empathy. Intercorrelations between different types of empathy measures have generally been weak. Taperated measures were reported to correlate only moderately with client-perceived empathy, with a mean of .28, over 17 studies that were reviewed (Gurman, 1977). Considering what the different instruments are supposed to be measuring, however, it is not surprising that different measure of this complex construct do not correlate highly and that their feelings and behaviours make sense, so that they can express their feelings and needs in relationships. In addition, empathic atonement may biologically affect both therapist and client (Levenson & Ruef, 1997).

2.4.6 Importance of Empathic Understanding in Therapy

There are quite a number of empirical studies that suggested strong correlations etween empathic understanding of clients ana effective counselling. Examples include (Horvath and Symonds 1991; Lambert and Barley 2001). Kolo (2003) identified the following gains of empathy in counselling.

1. Empathy communicates the counsellor's understanding of the client which in turn enhances the client's self esteem. That the mere fact that the client fees that the counsellor is sincerely struggling to understand him/her contributes to the clients sell importance.
2. Empathy dissolves alienation. It is virtually impossible for the client to alienate him or herself while the counsellor is trying to understand him/her.
3. Empathy increases client's awareness of the underlying and surface feeling.

4. Empathy tends to encourage further and deeper exploration on the part of the client.

Empathic way of being with another person is a powerful and usually underrated route both to understand personality dynamics and to effecting changes in personality and behaviour (Grummon 1979). That if therapists are to understand the personality dynamics of their client's and to assist them to change, grow and develop they should feel, be, and communicate same to clients (empathy). He further identified the following purposes of accurate empathy.

1. To help the client to get closer to his or her own experience, which in turn becomes the reference that guides behaviour and self understanding?
2. To provide the therapist with the freedom to be a move as five participant in therapeutic relationship.
3. To help the therapist and client to perceive and communicate those aspects of feelings that are present in the client but that the client perceives and communicate them less clearly.

Empathy according to Batson, et al (1997) is thought to motivate individuals to relieve the suffering of their fellow human beings. This is because empathy serves an informative function. The counsellor is apparently informing the client through empathy that he cares. The advantage of this according to Broadly (1998) is that empathic understanding responses tend to facilitate more client communication concerning his or her, situations and experiences. In addition to the facilitative effect mentioned, Broadly (1998) also suggested

that clients tend to become more consistently and intently focused on and expressive of the experiential sources of what they are talking about.

1. **Empathy is correlated with self-exploration and process movement.** It has been learned that a relationship climate with a high degree of empathy is associated with various aspects of process and progress in the therapy. Such a climate is definitely related to a high degree of self- exploration in the client (Bergin and Strupp, 1972; Kurtz and Grummon, 1972; Tausch, et. al, 1972).
2. **Empathy early in the relationship predicts later success.** The degree of empathy which exists and will exist in the relationship can be determined very early, in the fifth or even the second interview. Such early measurements are predictive of the later success or lack of success in therapy (Barrett-Lennard, 1962; Tausch, 1988). The implication of these findings is that we could avoid a great deal of unsuccessful therapy, by measuring the therapist's empathy early on.
3. **The client comes to perceive more empathy in successful cases.** In successful cases, the client's perception of the empathic quality in the relationship, and that quality as rated by objective judges, increases over time, although the increase is not very great (Cartwright and Lerner, 1966; an Der Veen, 1970).
4. **Understanding is provided by the therapist, not drawn from him**. We know that empathy is something offered by the therapist, and not simply elicited by some particular type of client (Tausch, et al, 1970; Truax and Carkhuff, 1967). There have been speculations to the contrary, that an appealing or seductive client might be responsible for drawing understanding from the therapist. The evidence does not support this. Indeed, the degree of empathy in a relationship can be rather

> accurately inferred simply by listening to the therapist responses, without any knowledge of the client's statements (Quinn, 1953). So if an empathic climate exists in a relationship, the probability is high that the therapist is responsible. The more experienced the therapist, the more likely he is to be empathic. Experienced therapists offer a higher degree of empathy to their clients than less experienced, whether we are assessing this quality through the client's perception or through the ears of qualified judges (Barrett Lennard, 1962; Fiedler, 1949, Mullen and Abeles, 1972). Evidently therapists do learn, as the years go by, to come closer to their ideal of a therapist, and to more sensitively understand.

Empathy is a special quality in a relationship, and therapists offer definitely more of it than even helpful friends (Van Der Veen, 1970). This is reassuring. The better integrated the therapist is within himself, the higher the degree of empathy he exhibits. Personality disturbance in the therapist goes along with a lower empathic understanding, but when he is free from discomfort and confident in interpersonal relationships; he offers more of understanding (Bergin and Jasper, 1969; Bergin and Solomon, 1970). As I have considered this evidence, and also my own experience in the training of therapists, I come to the somewhat uncomfortable conclusion that the more psychologically mature and integrated the therapist is as a person, the more helpful is the relationship he provides. This puts a heavy demand on the therapist as a person.

Experienced therapists often fall far short of being empathic. In spite of what has been said of experienced therapists, they differ sharply in the degree of empathy they offer. Raskin (1974) showed that when the recorded interviews of six experienced therapists were rated

by other experienced therapists, the differences on twelve variables were significant at the .001 level, and empathy was second in the extent of difference. The outstanding characteristic of the client- centered therapist was his empathy. Other approaches had as their outstanding characteristic their cognitive quality, or therapist-directedness, and the like. So, though therapists regarded empathic listening as the most important element in their ideal, in their actual practice they often fall far short of this. In fact the ratings of the recorded interviews of these six expert therapists by 83 other therapists came up with a surprising finding. In only two cases did the work of the experts correlate positively with the description of the ideal therapist? In four cases the correlation was negative, the most extreme being a -.66! So much for therapy as it is practiced!

Clients are better judges of the degree of empathy than are therapists. Perhaps then it is not too surprising that therapists prove to be rather inaccurate in assessing their own degree of empathy in a relationship. The client's perception of this quality agrees rather well with that of unbiased judges listening to the recordings, but the agreement between clients and therapists, or judges and therapists, is low (Rogers, Gendlin, Kiesier and Truax, 1967). Perhaps, if we wish to become better therapists, we should let our clients tell us whether we understand them accurately!

2.4.7 Consequences of an Empathic Climate

In discussing what effects do a series of deeply empathic responses have upon the recipient? The evidence is quite overwhelming that Empathy is clearly related to positive outcome. From schizophrenic patients to pupils in ordinary classrooms; from clients of a counseling center to teachers in training; from neurotics in Germany to neurotics in the

United States, the evidence is the same, and it indicates that the more the therapist or teacher is sensitively understanding, the more likely is constructive learning and change (Aspy, 1972, Barrett-Lennard, 1962; Bergin and Jasper, 1969; Bergin and Strupp, 1972; Halkides, 1958; Kurtz and Grummon, 1972; Mullen and Beles, 1971; Rogers, et al, 1967, Chs. 5, 9; Tausch, Bastine, Bommert, Minsel and Nickel, 1972; Tausch, et al, 1970; Truax, 1966). As stated by Bergin and Strupp (1972) various studies have demonstrated positive correlation between therapist empathy, patient self-exploration, and independent criteria of patient change".

2.05 Concept of Unconditional Positive Regard

In attempting to define unconditional positive regard, Iberg (2001) observed the central position of the concept in the theories of Carl Rogers both for psychotherapy and for interpersonal relations. He separated the three terms and attempted their definitions respectively.

i. Unconditional: Iberg (2001) cited Rogers (1959) that one who experienced unconditional positive regard holds "no conditions of acceptance. It is the opposite pole from a selective evaluating attitude".

ii. Positive: One offers "warm acceptance a prizing of the person". To mean caring for the client.

iii. Regard: That one regards 'each aspect of the clients experience as being part of that client. It means a caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means caring for the clients as

separate persons, with permission to have his or her own feelings, his or her own experience".

Unconditional positive regard is therefore defined as "an attitude of deep and genuine caring for the client which does not depend on what the client thinks feels or does. It is not an attitude of I will accept you when ... rather it is one of I will accept you as you are"'. (Corey, 1991). Rogers (1977) observed that it is an attitude that "resembles the love that a parent sometimes feels towards an infant" (p.10). This does not mean that, therapist must always share their client's perspectives or that the therapist must always approve of what the client say or do. It does mean that therapist will continue to care deeply for their clients regardless of what their clients, think, feel or do.

To Patterson (1985) caring about, prizing, valuing and liking are other terms used for the respect condition. It is a non-possessive caring where the client is regarded as a person of worth and respect. Truax & Mitchell (1971) added that the respect condition refer to non-possessive warmth where there is an outgoing positive action involving active personal participation. Sharing similar views Grummon (1979) defined unconditional positive regard as the therapist experiencing deep and genuine but non- possessive caring for the client as a person and that this caring is uncontaminated by evaluation of the client's feelings, thoughts and behaviour as being good or bad. From the above definitions of unconditional positive regard, one can conclude that it involves the therapists feeling or experiencing warmth, deep and genuine respect, prizing, love, care and concern for the client and most importantly the therapist must experience such feelings as he or she relates to the client.

2.5.1 Importance of Unconditional Positive Regard in Therapy

Unconditional positive regard has been described as one of the necessary and sufficient conditions for successful therapy in client centred therapy. Wilkins, & Bozarth, (2001) explained that unconditional positive regard is considered essential in successful therapy because "when this attitude of the therapist is perceived by the client, its major effect is assumed to be counter conditions of worth. Freedom from conditions of worth ideally leads to the state of being fully functioning and therefore a desirable outcome of therapy". Roger (1959) acknowledged this when he described how a condition of worth can disturb one individual internal valuing process, preventing free and full functioning person which may results in incongruence. Therefore incongruence can be viewed as arising from a lack of unconditional positive regard. The 'corrective' for incongruence becomes the consistent perception of unconditional positive regard from a significant other. In the context of therapy, the significant other is the person in the role of the therapist.

Successful therapy occurs according to Rogers & Dymond (1954) in Thorne (1983) with the therapist providing an atmosphere of warm, caring and acceptance. With this realization, clients find that they can change from dealing with reality problems to experiencing themselves. The effect of this chanqe according to them is that clients begin to experience their feelings in the immediate presence without inhibition. They can be angry, hurt, childish, joyful, self deprecating, self appreciative, and as thus occur they discover many feelings bubbling through into awareness not previously conscious of. As these new feelings come, new thoughts are then admitted to awareness which can lead to breakdown of the previously held self concept (p.10). Amplifying this gain of unconditional positive regard,

Hall & Lindzey (1970) claimed that warm acceptance attitude of the counsellor encourages the client to explore his conscious feelings and to bring them into awareness. These feelings can then be assimilated into the self structure of the client. Another important social benefit gained from acceptance and assimilation of experiences that have been denied symbolization according to Hall & Lindzey (1970) is that the person becomes more understanding and accepting of other people. Rogers (1951) expressing the same opinion also stated that "when the individual perceives and accepts then he is necessarily more understanding of others and is accepting of others as separate individuals.

Kolo (2003) believed that the attitude of this unconditional respect for the client reduces fear and create the kind of trusting environment between the client and the counsellor which is needed in a counselling relationship. This trusting environment makes the client feel safe enough to explore previously fearful domains created by the conditions of worth earlier experienced.

2.5.2 Concept and Nature of Congruence/Genuineness

One of the conditions postulated by Rogers in (1957) was congruence or integration in the relationship. By this according to Patterson (1985) Rogers meant that "within the relationship, (the therapist) is freely and deeply himself, with his actual experiences accurately represented by his awareness of himself. This condition has since become known as genuineness". Roger (1957) described it, "Genuineness' in therapy means that the therapist is his actual self during his encounter with his client. Without facade, he openly has the feelings and attitudes that are flowing in him at the moment. This involves self awareness, that is, the therapist's feelings are available to him to his awareness and he is

able to live them, to experience them in the relationship, and to communicate them if they persist. The therapist encounters his client directly, meeting him, person to person.

This according to Rogers (1957) does not mean that the therapist burdens his client with overt expression of all his feelinqs, nor does it mean that the therapist disclose his total self to the client. What it does mean, however is that the therapist denies to himself none of the feelings he is experiencing and that he is willing to experience transparently any persistent feelings that exist in the relationship and to let these be known to his client. It means avoiding the temptation to present a facade or hide behind a mask of professionalism or to assume a confessional professional attitude. He opined that the definition of genuineness has two sides: an inner one and an outer one. The inner side refers to the degree to which the therapist has conscious access to, or is receptive to, all aspects of his own flow of experiencing. There is consistent unity of total experience and awareness. The outer side refers to the explicit communication by the therapist of his conscious perceptions, attitudes and feelings.

2.5.3 Relationship between Empathy, Positive Regard, and Congruence

Patterson and Hidore (1997) argue that empathy, respect (i.e., unconditional positive regard), and genuineness are statistically correlated to each other in many studies. Reviewing more than 20 studies that primarily used the BLRI, Gurman (1977) found that on average, empathy correlated with congruence. 62, with positive regard .53, and with unconditionality .28. In addition, Brock & Salinsky, 1993 found that empathy, regard, and congruence were highly interrelated and that they correlated with a measure of the strength of the therapeutic alliance. Factor analyses also revealed that these constructs are

highly correlated and heavily loaded on one general factor. These study results suggest that the three therapeutic conditions are not distinct variables. However, a few other studies suggest that the three therapeutic conditions are separate variables (Gurman, 1977; Horvath & Greenberg, 1986; Truax & Carkhuff, 1967). Bohart and colleagues (2002) conclude that there is evidence both for and against the hypothesis that empathy, positive regard, and congruence are separate and distinct variables. They suggest empathy is a relationship component that is both conceptually distinct and "part of a higher-order evaluative relationship construct". However, they did not name the higher construct that contains the three therapeutic conditions. I argue that the concept of caring can be conceptualized as the higher-order construct of these three constructs. Cognitive, emotive, and behavioral parts of caring correspond to empathy, positive regard, and congruence, respectively.

Bohart et al. (2002) describe the connectedness of the three therapeutic conditions within a bigger concept in the following way: While conceptually it may be possible to separate empathy from Rogers's other therapeutic conditions of (1) warmth or positive regard and (2) congruence or genuineness, in practice it is not. It is hard to imagine a therapist high in empathy and low in warmth and genuineness. It would seem that the quality of the empathy would be different under those circumstances. These three qualities may be analogous to the components of color: hue, brightness, and saturation. While in principle any given color can be dissected into these three qualities, the impact of that particular color depends on all three. However, as suggested earlier, caring seems to be more than the combination of the three therapeutic conditions. There are "cultural/contextual" and "active" components in my definition of caring. In order to be culturally/contextually

appropriate and more active in the expression of caring, the therapist needs to be more emotionally involved with the client as well as multiculturally competent. The therapist's emotional involvement is probably similar to sympathy or compassion, focusing on one's emotional reactions to the other person's experiences.

2.06 The self - Concept

2.6.0 Introduction

Perhaps a first question about normal functioning has to do with a person's self-concept. How do you feel about yourself? Do you like yourself? Do you have confidence in your abilities? Do you perceive yourself as being of value and worth? Or are you doubtful about your own worth, do you have little confidence in yourself and often feel unhappy about yourself? etc. This is the issue of self-esteem and/or self-concept. A person's self-concept is that person's view of self, and it is highly related to a wide variety of behaviours. Other terms such as self-esteem and self-image are used, and authors argue about the differences and similarities. Some differentiate between various self combinations, and others use all the terms synonymously. Paralleling the development of intelligence measurement, as well as the measurement of many other variables, self-concept research initially emphasized a general or unitary self-concept. Recently it has focused on the multidimensionality of the self-concept. For the purpose of this study, the researcher uses the term "self-concept" to include both global concept and specific dimensions.

Self concept has been defined by several authors. Wispe, (1986) holds it to be all that a person is tempted to call by the name me or mine. Murphy (1947) defines it as the individual as known to the individual. According to Symonds (1951), it is the way or manner

in which the individual reacts to himself. He spells out four aspects of self: i. how a person perceives himself; ii. What he thinks of himself; iii. How he values himself; and iv. How he attempts through various actions to enhance or defend himself. According to Combs and Snygg (1949) and Rogers (1951), people behave in a manner which is consistent with the way they view themselves. Festinger (1962) says the ways we react to people, tasks, etc. are those which seem to us most consistent with our self image.

Carl Rogers (1951) views the self as a differentiated portion of the phenomenal field, consisting of a pattern of conscious perceptions and values of the "I" or "me". He spells out some of the properties of self: a) the self develops out of the organism's interaction with the environment; b) it may introject the values of other people and perceive them in a distorted fashion; c) it strives for consistency; d) the organism behaves in ways that are consistent with the self; e) experiences that are not consistent with the self-structure are perceived as threats; f) the self may change as a result of maturation and learning. Sherif & Cantril (1947) use the term "ego" and define it as the constellation of attitudes of the type "what I think of myself, what I value, what is mine, and what I identify with." According to them, these attitudes, when activated, energise, direct and control the person's behaviour.

As self concept seems to play a significant role in the growth and development of a person, a detailed knowledge about its nature and its relation to other important factors of personality will provide an objective and encouraging basis for the educators and counsellors to work on. Torrance (1954) vouches for the practical uses of knowledge of the self concept in counselling and guidance. With such educational and counselling ends in mind, numerous studies have been undertaken on the subject in different parts of the

world. Indian studies on the subject have dealt with: factors contributing to changes in self concept; implementation of self concept in occupational choices; differences in self concepts of achievers and non achievers in school; etc.

2.6.1 Nature of Self -Concept Theory

Self-concept theory is a theory of self-evaluation. The theory maintains that self- concept is a network of ideas about the self and that self-consistency (being consistent with one self) and self-enhancement (the tendency to maintain positive belief about oneself) are its important features (Hattie, 1992). The theory argues that maintenance of positive view of the self is universally considered healthy.

Self-concept, as strictly defined by Sin cero, (2012) is the totality of our beliefs, preferences, opinions and attitudes organized in a systematic manner, towards our personal existence. Simply put, it is how we think of ourselves and how we should think, behave and act out our various life roles. She maintains that the self is perhaps the most complex unit to study in psychology. Each of us have different personalities, traits, abilities and preferences that sometimes we cannot understand what is really going on inside of us. While we may not be able to exactly explain why we think this way, or why do we behave in that manner, the self-concept theory is a good foundational knowledge on the importance of our perceptions towards our personal existence.

The earliest milestone in the self-concept theory is that of Rene Descartes, who proposed that a person's existence depended on how he perceives so. Sigmund Freud, one of the

most prominent psychologists, proposed many theories that talk about our internal mental processes. His theory holds that we have 3 main aspects within us, the id (pleasure-oriented), ego (balance between id and superego) and the superego (conscience-driven) which may influence the way we think of ourselves.

2.6.2 Assumptions of Self-Concept Theory

The self-concept theory holds many assumptions about our personal judgment towards our selves, some of them are:

1. **Self-Concept is Learned**

One of the very basic assumptions of this theory is that no person is born with a self-concept. Self-concept is believed to develop as a person grows old. This means that our perceptions towards our selves can be shaped and can be altered, and can also be affected by environmental factors. In this sense, self-concept is actually a product of socialization and development. A person may have a perception of himself different from what other people thinks of him. For example, an individual feels that he is generous while others see him as a selfish person.

2. Self-Concept is organized

A person may have numerous views of himself. He may think that he is kind, patient, loving and caring, or selfish, cruel, rude and stubborn. No matter how many different perceptions you have on yourself, still, there is one perception that facilitates all of these insights, causing one organized self-concept. When a person believes something that is congruent to

his self-concept, it is more likely that he would resist changing that belief. He tends to stick to his present view of himself for quite a long time, and changing this perception of his self may take too long, but change is feasible.

3. Self-Concept is Dynamic

As a person faces different situations and new challenges in his life, his insight towards himself may constantly change depending on the way he responds to such life changes. We see things depending on our self-concept. We behave according to how we see ourselves in a situation. Therefore, self-concept is a continuous development wherein we tend to let go of the things and ideas that are not congruent to our self-concept, and we hold on to those that we think are helpful in building a more favorable perception of our personal existence.

2.6.3 Methods of Self-Concept Assessment

According to Strein (1995), Self-concept is inherently phenomenological, that is, it refers to the person's own view of him- or herself. In fact, one leading scholar in the field (Wylie, 1974) has argued that comparisons to external events are not particularly relevant in the assessment of self-concept. Accordingly, self-concept is almost always assessed through self-report. Four commonly used self-report methods are described below (Burns, 1979).

"Rating scales" are the most frequently used type of instrument. Most of the currently published instruments are of this type. Rating scales typically are composed of a set of statements to which the respondent expresses a degree of agreement or disagreement.

Five- and seven-point Likert scales are common. Typical items might be "I am good at math" or "On the whole, I am satisfied with myself." Responses are then summed to form a score for a specific scale (e.g., math self-concept) or a measure of global self-concept.

"Checklists" involve having respondents check all of the adjectives that they believe apply to themselves. Because the adjectives have been assigned to a category, such as "self-favorability," based on either rational or empirical criteria, the person's choices can be tabulated to form a self-concept measure. Checklists provide interesting qualitative information, but have two shortcomings. First, responses are dichotomous (yes/no); there is no way for the respondent to indicate degree of agreement. Second, the categorization of the adjectives is done by an external party, without knowing what exact meaning the adjective has for the individual.

"Q-sorts" have been used extensively in self-concept research but are seldom used by practicing counsellors because they are time-consuming and require considerable commitment from the client. In brief, the Q-sort technique involves having the person sort cards that contain self-descriptors (e.g., "I am strong") into a pre-defined number of piles ranging from "most like me" to "least like me." Typically, 100 or more cards would be used and each pile can contain only a pre-determined number of cards. Both quantitative and qualitative methods can be used to evaluate the results of the sorting task.

In "free-response" methods respondents typically complete partial statements (e.g., I feel best when...). Although some sets of these sentence-completion tasks have been published formally, complete with quantitative scoring schemes, responses more frequently are evaluated qualitatively. Free-response methods are seldom used in self-concept research

but have favor with many counselors because the open-ended, qualitative nature of the task lends itself to facilitating discussion with the client. The rather low reliability of such methods, however, argues against interpreting the results as a "measure" of self-concept.

Although, most of the self-concept measures compare the person's response against some set of norms, one researcher (Brahm, 1981) successfully used a "criterion-referenced approach" in which the child's self-efficacy beliefs were assessed repeatedly in reference to an external criterion of accuracy. Brahm argues that this assessment approach integrates self-concept with mastery learning more effectively than does the traditional norm-referenced self-concept scale. Although this is a promising idea, it remains undeveloped. In this study, the reseacherb decided to use checklist method in measuring the self concept of juvenile Delinquents because of its promising reliability in meeting reliable data about the respondends' current feelings and emotions

2.6.4 Considerations in the Assessment of Self-Concept

Counsellors or others who wish to assess self-concept must keep several considerations in mind, including demand characteristics of self-report measure, technical adequacy of the assessment procedure, and whether the assessment is being used for research or clinical purposes. Self-report measures make several requirements of the respondent (Burns, 1979). First, the person must have a sufficient level of self-awareness. Young children may lack confidence but may not be consciously aware of their own perceptions. Second, self-report measures also require substantial verbal competence, a skill that can not be assumed. Third, even children are aware that some responses are more socially acceptable than others. The accuracy of self-reports is often decreased by this "social desirability" response tendency.

Technical quality of self-concept instruments demands serious consideration. Reliability and validity coefficients for personality tests are frequently considerably lower than for performance measures, such as those for cognitive ability. For some of the older self-concept measures internal consistency reliabilities, especially for subscales, are only in the .70 range. Some newer instruments, however, attain internal consistency coefficients in the .90's. Therefore to help in choosing a test, prospective test users should consult technical manuals and test reviews carefully before making a final choice, (Truax, 1967).

Finally, most empirically scored self-concept measures were developed more for research than for clinical use. Normative samples are seldom anywhere near as useful as for tests of achievement or ability. Information relating test scores to problem behavior is virtually absent. Counselors should use scores from self-concept measures very cautiously when working with individual clients. There is growing awareness that of all the perceptions we experience in the course of living, none has more profound significance than the perceptions we hold regarding our own personal existence - our concept of who we are and how we fit into the world (Purkey 1988). This is probably why researchers have picked special interest in understanding the nature of self concept.

Self concept may be defined as the totality of a complex, organized and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence (Purkey, 1988). To Fromm (1956) self concept can be described as life being aware of itself. Explaining further, Wikipedia (2007) saw self concept as the mental and conceptual understanding and persistent regard that sentient beings hold for their own existence. It is the sum total of a being's knowledge and understanding of his or her self. It

also identified components of self concept to include physical, psychological and social attributes which can be influenced by the individual's attitudes, beliefs, habits and ideas.

Embedded in the definitions of self concept according to Purkey (1998) are five basic assumptions or qualities of self concept:

i. Self concept is learned
ii. Self concept is organized
iii. Self concept is dynamic
iv. Self concept consistent
v. Self concept is modifiable

2.6.5 Self Concept and Client Centred Theory

Carl Rogers was one of the earliest proponents of the self-concept theory (Hattie, 1992). In Rogers' view, the self is the central ingredient in human personality and personal adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He emphasized that there is a basic human need for positive regard both from others and from oneself, and that every person there has a tendency towards self actualization.

Self-concept is the cognitive or thinking aspect of self and generally means the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence (Purkey & Schmidt, 1987). Self-concept can also means the general idea we have of ourselves. The idea of self-concept includes attitudes, feelings and knowledge about ability, skills, and social acceptance

capability of the self. According to Gross (1992), self-concept is simply a collection of personal attitudes towards oneself. Psychologists have paid a lot of attention to factors related to the formation and development of self-concept (Gross, 1992). It is suggested that if self-concept is positive and normal, the individual will possess normal mental health. Adversely, if self-concept is negative and abnormal, the individual may behave abnormally in his or her environment. According to Gross (1992), the consensus appears to be that self-concept is largely acquired. This point is very pertinent for students and for those who are involved in their upbringing, particularly their parents and teachers. The implication is that students' self-concept can be changed over time.

Self concept is a core concept in client centred therapy developed by Rogers out of his experience with clinical cases. Rogers (1959) defined self concept as the organized, consistent conceptual Gestalt composed of characteristics of "I" or "me" and perception of the relationships of the "I" or "me" to others and various aspects of life together with the value attached to these perceptions. From the writings of Rogers, Burns (1979) the following characteristics of self concept were identified.

i. The self concept is the organization of the perception of the self. It is concept rather than any 'real self' which is of significance in personality and behaviour.
ii. The self concept becomes the most significant determinant of responses to the environment. It governs the perceptions of meaning attributed to the environment.
iii. Whether learned or inherent, a need for positive regard from others develops or emerges with the self concept.

iv. It is the way a person sees and feels about himself.

v. The self concept influences the direction of activity rather than initiating it.

vi. The self concept comprises of the ideal self and the real self. The ideal self is who one would like to be or ought to be. While the real self is who one actually is.

vii. Congruence occurs when there is agreement between the ideal self and the self. While maladjustment occurs when there is no congruence between the ideal self and the real self.

Self concept theory has always had strong influence on the emerging of counselling especially client centred counselling, Rainy (1948); Purkey & Schmidt, (1987) have argued that psychotherapy is basically a process of altering the ways that individuals see themselves (self concept). This probably explains why the client centred therapy introduced an entire system of helping built around the importance of the self. Rogers (1957) viewed the self as the central ingredient in human personality and personal relationship that is always striving for consistency. This is what makes client centred therapy the central focus in this work.

2.6.6 Gender Differences in Self-Concept

Many studies have focused on gender differences in self-concept. Katzer (1991), for example, compared self-esteem of males and females in his sample of students and found no significant difference when using three different instruments in assessing their self concept. And Indeed, many have reported similar findings (Young and McIntyre, 1991; Ketcham, 1977; Karnes & Wherry, 1981;). In contrast, Colango, (1994) reported gender differences in self-concept scores of children in remand home custody. It was reported that

for females, “high academic ability was associated with high academic self-concept” while “social self-concept and academic ability were more clearly related for boys” (p.75).

2.07 Theoretical Framework

2.7.1 Person-Centered Counselling of Carl Rogers (1965)

The goals of person-centered therapy are different from those of traditional approaches. The person-cemered approach aims toward a greater degree of independence and integration of the individual. Its focus is on the person, not on the person's presenting problem. In Rogers's view (1977) the aim of therapy is not merely to solve problems. Rather, it is to assist clients in their growth process, so that they can better cope with problems they are now facing and with future problems.

Rogers (1961) writes that people who enter psychotherapy are often asking: "How can I discover my real self? How can I become what I deeply wish to become? How can I get behind my facades and become myself?" The underlying aim of therapy is to provide a climate conducive to helping the individual become a fully functioning person. Before clients are able to work toward that goal, they must first get behind the masks they wear, which they develop through the process of socialization. Clients come to recognize that they have lost contact with themselves by using these facades. In a climate of safety in the therapeutic session, they also come to realize that there are other possibilities. When the facades are worn away during the therapeutic process, what kind of person emerges from behind the pretenses? Rogers (1961) describes people who are becoming increasingly actualized as having (l) an openness to experience, (2) a trust in themselves, (3) an internal source of

evaluation, and (4) a willingness to continue growing. Encouraging these characteristics is the basic goal of person-cenrered therapy.

These four characteristics provide: general framework for understanding the direction of therapeutic movement. The therapist does not choose specific goals for the client. The cornerstone of person-centered theory is the view that clients in relationship with a facilitating therapist have the capacity to define and clarify their own goals. Many counselors, however, experience difficulty in allowing clients to decide for themselves their specific goals in therapy. Although it is easy to give lip service to the concept of clients' finding their own way, it takes considerable respect for clients and courage on the therapist'S pan to encourage clients to listen to themselves and follow their own directions particularly when they make choices that are not what the therapist hoped for.

This theory is based on a number of interrelated prepositions about the person. Rogers (1951) specified some conditions which constitute the premise on which the human personality can be adequately and meaningfully understood. It is only on the basis of such understanding that any effective personality change can be fostered and, it is upon these that the person-centred therapy draws its principles.

Generally, Rogers adapted the phenomenological approach to theory development. He acknowledged Freudian influence during his internship at the psychoanalytically oriented Institute for Child Guidance in New York City and the impact of the works of Otto Rank and the Philadelphia School for Social Work. Towards the end of the 1930's, he had the persuasion that man is endowed with a natural tendency toward and self-actualization. These were some of his experiences that culminated in the development of his new stance.

In 1939, he published The Clinical Treatment of the Problem Child which consisted of a, review of traditional, approaches visa vis his new stance. Rogers (1951) made the following propositions in relation to the human personality. His theory (1951) was based on nineteen propositions:

a) All individuals (organisms) exist in a continually changing world of experience (phenomenal field) of which they are the centre.
b) The organism reacts to the field as it is experienced and perceived. This perceptual field is "reality" for the individual.
c) The organism reacts as an organized whole to this phenomenal field.
d) A portion of the total perceptual field gradually becomes differentiated as the self.
e) As a result of interaction with the environment, and particularly as a result of evaluation interaction with others, the structure of the self is formed - an organised, fluid but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me", together with values attached to these concepts.
f) The organism has one basic tendency and striving - to actualize, maintain and enhance the experiencing organism.
g) The best vantage point for understanding behaviour is from the internal frame of reference of the individual.
h) Behavior is basically the goal directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.

i) Emotion accompanies, and in general facilitates, such goal directed behaviour, the kind of emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.

j) Values experienced directly by the organism, and in some instances are values interjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.

k) As experiences occur in the life of the individual, they are either, a) symbolized, perceived and organized into some relation to the self, b) ignored because there is no perceived relationship to the self structure, c) denied symbolization or given distorted symbolization because the experience is inconsistent with the structure of the self.

l) Most of the ways of behaving that are adopted by the organism are those that are consistent with the concept of self.

m) In some instances, behaviour may be brought about by organic experiences and needs which have not been symbolized. Such behaviour may be inconsistent with the structure of the self but in such instances the behaviour is not "owned" by the individual.

n) Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.

o) Psychological maladjustment exists when the organism denies awareness of significant sensory and visceral experiences, which consequently are not symbolized

and organized into the gestalt of the self structure. When this situation exists, there is a basic or potential psychological tension.

p) Any experience which is inconsistent with the organization of the structure of the self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self structure is organized to maintain itself.

q) Under certain conditions, involving primarily complete absence of threat to the self structure, experiences which are inconsistent with it may be perceived and examined, and the structure of self revised to assimilate and include such experiences.

r) When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.

s) As the individual perceives and accepts into his self structure more of his organic experiences, he finds that he is replacing his present value system - based extensively on introjections which have been distortedly symbolized - with a continuing organismic valuing process.

2.7.2 Therapeutic Conditions of Client Centred Theory

To Rogers, Certain qualities or attitudes are important for the counsellor to have. These conditions are genuineness or realness, unconditional positive regard and accurate empathic understanding. Formal theory of therapy and personality change follows an "if-then" model and consists of three main parts: conditions, process and outcome. If certain conditions exist, then a definable process is set in motion which leads to certain outcomes

or changes in the client's personality and behaviour. The formal theory of client centred therapy suggested that if certain conditions are made available to clients following identifiable process, then there will be positive outcome on the part of the client (Grummon 1979, in Adamu, 2010).

The client centred therapy does not believe that the therapist's technical skills and training account for success, instead, it is believed that certain attitudes that are held and communicated by the therapist to the client are the important ingredients that promote change in the client. Making reference to the attitudes that are held and communicated, Joseph (2003) stated that to Rogers all psychotherapies are effective if the necessary and sufficient conditions are present, and that these necessary and sufficient conditions outlined by Rogers (1957) described the three coreattitudinal qualities of client centred psychotherapy. They are the communication of empathy, unconditional positive regard and congruence. That whentheseconditionsarefully present, the client feels accepted and valued, listened to and understood, not judged or pushed. According to him "therapy is not a matter of doing something to the individual, or inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development, of removing obstacles so that he can again-move forward". To Rogers these definable eliminate of facilitative psychological attitudes are necessary and sufficient conditions for clients growth and development. The current view is that the facilitative or therapeutic conditions reside in the moment-moment living of the relationship between counsellor and client. It describes a special way of being with another person in which the counsellor tries to

experience the client's inner experiences. While emphasizing techniques in favour of attitudes that facilitate the therapeutic relationship Rogers (1977) observed that the counsellor's self, feelings, images and fantasies may at times become a part of the interaction that is fulfilling and growth- producing for both client and counsellor. These psychological attitudes that facilitate therapeutic relationship are not as simple as they sound. Rogers (1957) recognizes that these attitudes are difficult to achieve when he stated that "to be genuine, or honest or congruent or real means to be this way about oneself. I cannot be real about another person, because I do not know what is real for him. I can only tell if I wish to be truly honest what is going on in me". While it has been agreed that therapeutic conditions are necessary and sufficient conditions of growth and development for clients, Corey (1991) observed that therapeutic core conditions are necessary for therapy to occur yet he did not see them as being sufficient conditions of change. That they are necessary foundations on which therapists must then build the skills of therapeutic intervention. The present study wishes to investigate the effects of applying the therapeutic conditions of client centred therapy on the self concept of armed robbers believing that these conditions are in themselves necessary and sufficient for change to occur.

It was in the 1940's that Rogers adopted a pragmatic attitude towards seeking a more effective approach to counselling and psychotherapy. He did not prescribe specific rules of operation that must be followed dogmatically in the process of counselling, but emphasized that the counselling relationship should be entered into by both counsellor and client as people. His stance on counselling is derived from a

supposition that man has the natural tendency and necessary resources for the attainment of self actualisation, and given certain psychological conditions, he would gain increased insight into his experiences and be able to initiate self-directed behaviours which will in turn bring about the desired growth. In his article "The necessary sufficient conditions of therapeutic personality change", Rogers (1957) specified the required psychological conditions that would facilitate therapeutic personality change. These include: Genuineness, realness, or congruence; Acceptance, caring, prizing or unconditional positive regard; Empathic understanding; the client and therapist be in psychological contact; the client be vulnerable, anxious, in a state of incongruence and the client perceive or "register" the therapist's offered conditions. The first three are related to counsellor's attitude and they imply the following: The basic hypothesis of person-centred therapy is summarized in this sentence: "If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur" (Rogers, 1961). Rogers hypothesizes further that "significant positive personality change does not occur except in a relationship".

According to Rogers (1986), the following six conditions are necessary and sufficient for personality changes to occur:

1. Two persons are in psychological contact.

2. The first, whom we shall term the client, is experiencing incongruency.

3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

4. The therapist experiences unconditional positive regard or real caring for the client.

5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.

The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. Rogers hypothesizes that no other conditions are necessary. If the six conditions exist over some period of time, constructive personality change will occur. The conditions do not vary according to client type. Further, they are necessary and sufficient for all approaches to therapy and apply to all personal relationships, not just to psychotherapy. The therapist need not have any specialized knowledge. Accurate psychological diagnosis is not necessary and may more often than not interfere with effective therapy. Rogers admitted that his theory was striking and radical. His formulation has generated considerable controversy, for he asserts that many conditions that other therapists commonly regard as necessary for effective psychotherapy are nonessential, From Rogers's perspective the client/therapist relationship is characterized by equality, for therapists do not keep their knowledge a secret or attempt to mystify the therapeutic process. The process of change in the client depends to a large degree on the quality

of this equal relationship. As clients experience the therapist listening in an accepting way to them, they gradually learn how to listen acceptingly to themselves. As they find the therapist caring for and valuing them (even the aspects that have been hidden and regarded as negative), they begin to see worth and value in themselves. As they experience the realness of the therapist, they drop many of their pretenses and are real with both themselves and the therapist. As we have noted, three personal characteristics, or attitudes, of the therapist form a central part of the therapeutic relationship: (1) congruence, or genuineness, (2) unconditional positive regard, and (3) accurate empathic understanding

2.7.3 Theories of Juvenile Delinquency

There have been many theories as to the causes of juvenile delinquency. Delinquency and crime are social and political constructs. Branden, (1994) observed that, there are no acts or behaviours that are intrinsically criminal or delinquent. He maintained that the application of the criminal and delinquent labels to behaviours and actions are determined by socio-economic and political factors. Simply stated, it is not all socially injurious conducts that are labeled as crimes and delinquency that actually produce grievous social injuries. Whether actions and behaviours are labeled as criminal or delinquent or not, depend on the interplay of economic, political and social factors in society at a particular point in time. Delinquency and crime have been explained from different perspectives by several disciplines. For example, Criminological theory of delinquency consists of perspectives from biology, medicine, neurology, psychology, sociology and other social sciences. As a result, delinquency and crime have variously been explained in terms of biological, psychological

and socio-economic motivations and inadequacies. However, some theories of crime and delinquency are briefly discussed herein.

2.7.4 Bio-Psychological Theories of Juvenile Delinquency (Lombroso 1913)

Biological criminology argues that crime and delinquency are linked to several biological inadequacies or impairments. Modern positivist criminology owes its origin to an Italian scientist, Cesare Lombroso, who after investigation of skull of prisoners, claimed that criminals have distinctive physical characteristics. According to Lombroso crime and delinquency represent an atavistic throwback or regression to the primitive and pre-social stage of human evolution (Lombroso 1913). Similarly, Schmid (2001) also in a study of prison convicts argued that crime and delinquency could be explained as a product of physical and racial inferiority. Biological perspective also identified the genetic phenomenon of XYY as an explanation of crime and delinquency. The perspective postulates that people with XYY chromosomes are born criminal or are at least more likely to engage in criminal and delinquent behaviours. Psychological and psychiatric perspectives on crime and delinquency hold that these behaviours are products of (a) weak restraining forces which are incapable of curbing inherent aggressive and destructive tendencies in human beings; (b) failure to control instinctual drives; (c) neurotic conflicts and excessive use of mechanisms of defence, and (d) unfavourable childhood experiences, (Schmid,2001).

The psychoanalytic model attributes delinquent behaviours to unresolved conflicts between the psychic elements of id, ego and super-ego. They claimed that the single most important cause of crime and delinquency is feeble mindedness. Psychological theories of crime have identified several factors related to crime and delinquency. For example, Farrington (1986) argues that: children from poorer families are likely to offend because they are less able to achieve their goals legally and because they value some goals (e.g. excitement) especially highly. Children with low intelligence are likely to offend because they tend to fail in school. Impulsive children are more likely to offend because they do not give sufficient consideration and weight to the possible consequences.

Also Children who are exposed to poor child rearing behaviour, disharmony or separation on the parts of their parents are likely to offend because they do not build internal controls over socially disapproved behaviour, while children from criminal families and those with delinquent friends tend to build up anti-authority attitudes and the belief that offending is justifiable. The whole process is self-perpetuating. These bio-psychological constitutional theories of crime and delinquency have been continuously developed and therefore currently accepted as explaining certain kinds of aggressive and violent behaviours. Modern biological explanations within criminology attribute crime and delinquency to: 'hormone imbalances; testosterone, vitamin, adrenalin and blood sugar levels; allergies, slow brain-wave activity, lead pollution; epilepsy and the operation of the autonomic nervous system' (Muncie 1999).

However, as has have been argued, "the search for biological, physiological or genetic correlates of criminality is continually hampered because it is practically impossible to

control environmental and social influences and thus be able to measure precisely the exact influence of a genetic" (Muncie 1999). Although there is scientific evidence of biological and psychological influence on behaviour, it has been difficult to establish direct causal relationships between bio-psychological constitution and delinquency or crime. One of the problems in this area is that crime and delinquency are legal constructs determined by political and economic factors. Biological and psychological bases of aggression may be established, but aggression does not automatically become crime and delinquency, except when so defined by the law of a society. Law making and law enforcement are determined by the distribution of political and economic power. Thus the transformation of aggression into crime (as a legal phenomenon to be followed by law enforcement, judicial and penal procedures and consequences) requires political and moral judgment translated into public policy and law (Muncie 1999).

2.7.5 Sociological Theories of Crime and Delinquency

Sociological criminology proposes that crime and delinquency are caused more by the interplay of social, political, economic and cultural factors and forces than by biological and psychological pathologies. Accordingly, sociological criminological have variously explained crime and delinquency as products of anomie precipitated by disjunction between goals and means; conflict of cultures; social learning and differential association, social bonding and control, social injustice and oppression embedded in capitalist political economy and so on.

2.7.6 Social Disorganization Theory (Shaw and McKay, 1951)

Social disorganization perspective argues that delinquency is produced by social or community disorganization. Shaw and McKay who are generally regarded as the pioneers of ecological (social disorganization) theory of crime and delinquency, defined the indices of social or community disorganization as population heterogeneity, rapid population turnover, poor standard of living of residents, dilapidated building structures, weak social ties among residents and absence of dominant cultural patterns shared by most residents. Areas or zones of cities characterized by these indicators of social or community disorganization record high incidence of crime and delinquency as well as high rates of mental illness, infant mortality and other social problems. Delinquency from this perspective is caused by social disorganization. The specific features of community disorganization that leads to delinquency were described as: Successive changes in the composition of population of the alien culture, the diffusion of cultural standards result in dissolution of the neighborhood culture and organization. The continuity of conventional neighborhood traditions and institutions is broken. Thus, the effectiveness of the neighborhood as a unit of control and as a medium of the transmission of the moral standards of a society is greatly diminished (Shaw, 1951).

The critical argument of this perspective is that the absence of strong community and social ties, inadequate socio-economic opportunities as well as lack of dominant and consistent cultural norms in the neighborhood of cities can generate high rate of delinquency among young persons. The proponents argue that juvenile delinquency is a feature of an environment characterized by community disorganization rather than a product of

individual biological or psychological disability. Applied to the Nigerian setting, the perspective suggests that crime and delinquency will be highest in areas of cities where low-income migrants from different parts of the country are concentrated. Overcrowding, poor standard of living, cultural heterogeneity and absence of dominant cultural patterns that serve as effective social control, usually characterize such areas. One of the criticisms levied against the perspective is that its explanation is tautological, as it simply postulates that 'bad conditions' beget crime and delinquency. But crime and delinquency are some of the indicators of the 'bad conditions'. Nonetheless, the perspective draws attention to the role of culture, environment and standard of living as factors that may influence the incidence and persistence of delinquency in a community.

2.7.7 Anomie or Strain Theory (Robert Merton, 1968)

Crime and delinquency have been explained as reactions or modes of adaptation to strain or frustration caused by disjunction between the culturally prescribed goals and institutionalized means for the realization of such goals. Robert Merton introduced this perspective. According to Merton (1968) social structures exert enormous pressures on individuals. One of such pressures is that the social structure determines the nature of the aspiration of their citizens. Thus, in Nigeria, citizens are pressured to aspire to wealth, political power, and high educational achievement. According to Merton (1968) aberrant behaviour including crime and delinquency "may be regarded sociologically as a symptom of dissociation between culturally prescribed aspirations and socially structured avenues for realizing these aspirations". The point is that society prescribes goals that its citizens should pursue. However, the institutionalized means for realizing the aspirations are restricted by

distribution of talents and opportunities and by structural inhibition. Furthermore, cultural goals are emphasized without corresponding emphasis on the means of attaining those ends. Consequently, society creates the condition whereby the realization of the goal is emphasized to the detriment of the institutionalized means. Crime and delinquency result from overwhelming emphasis on goals, success or aspirations without corresponding emphasis on the means.

In Nigeria for example, there is overwhelming emphasis on being successful which means to be wealthy, to engage in ostentatious lifestyle and conspicuous consumption (possess expensive cars, large and expensive buildings, make huge donations at public fund-raising, etc), to be highly educated and to wield political power. Nigerians who fail to meet these aspirations and goals prescribed by society experience tremendous pressure or strain. Because of the dissociation of goals from means, many individuals may turn to other (none institutionally prescribed) means to attain the cultural goals. According to Merton, therefore, the explanation of crime and delinquency lies in the degree of correspondence between culturally prescribed goals and Institutionalized norms or means for attaining the cultural goals.

2.7.8 Social Learning/ Differential Association Theory (Albert Bandura, 1975)

Bandura (1975), states that a combination of environmental (social) and psychological factors influence behaviours of an individual. In his Theory, Albert Bandura believes that aggression which forces juveniles to delinquency is learnt through behaviour modelling by observing others aggressive models either through the media or environment where they live. He believes that aggression among

juveniles is influenced by the family members through reinforcement and thereafter, juveniles use the same aggressive tactics that their family members illustrate when dealing with others (Bandura, 1975). Bandura, (1975). noted that observation which is a major factor of Social Learning theory among juveniles has four elements. These are attention, retention, motor reproduction and motivation. Albert Bandura believes that attention makes an individual acquire significant features of the modeled behavior and in order to do this, juveniles must attend to what the model is doing and saying in order to reproduce the models‟ behavior. Retention is another element of observation and it goes hand in hand with the cognitive that helps juveniles to code and retrieve information. In order to reproduce the modeled behavior, juveniles must code the information into long-term memory. That is why when juvenile delinquents are in RCs, they behave to have retained what the care-takers tell them to adhere but on returning to their communities they start former acts of delinquency. This is because the former delinquency have been retained in the long-tem memory and once juvenile delinquents are returned to their communities from RCs, they start again to observe the models which make them to retrieve what has been kept in the long-term memory as delinquency. In such situation, environment plays an important role.

Besides that, Albert Bandura believes that the cognitive has got two behavioral components; the component that drives juveniles to delinquency and the component that drives juveniles to pro-social behaviors. In this case, when a juvenile delinquent is taken to any environment, it determines the behaviors to be illustrated. It has been observed that when the cognitive component of antisocial behaviors is excessive,

delinquent acts dominate the behaviors of a juvenile, the same to the cognitive component of pro-social behaviors. Motor reproduction is another element of observation learning. In this, juveniles must possess the physical capabilities to reproduce the models‟ behaviors once they are learnt through attention and retention.

The final element in observation learning is motivation or reinforcements. In this, juveniles expect positive reinforcements for the modelled behavior but when a negative reinforcement is given, a behavior of any kind ceases from them. In order to illustrate the theory into practice, Albert Bandura presents the bobo doll experiment where juveniles watched violence on television, 14 of a woman kicking and sitting on a bobo doll. She hit it with a little hammer, shouting aggressive phrases. The pupils who watched this film ware a group of kindergarten who liked it a lot. The pupils were later set out to play in a play-room with pens and clipboards in their hand (a brand new bobo doll) with several observers. A lot of little kids started beating the new bobo doll. They punched it and shouted “kick it” sat on it; hit it with the little hammers, and so on. To Albert Bandura, this seems like real experiment at first, but the change of behaviors by the children even without being rewarded elucidate that the pupils had physical capabilities to reproduce what they observed. Albert Bandura concludes that in case of reward, such children can perform well than what they portrayed. Albert Bandura agrees with the issue of television as source of behavior modeling and according to him, television has got great effects onto the adolescent juveniles.

Bandura (1976) goes ahead to elucidate the importance of environment to Social Learning Theory among juveniles. He believes that juveniles living in high crime rate areas are more likely to act violently than those who dwell in low-crime rate areas. To him, the neighborhood surrounded by culture of conflicts, decay and insufficient social organizations is a major cause of delinquency among juveniles.

In order to control acts of delinquency among juveniles, Bandura stated that the problem should be diagnosed and treated during ones‟ childhood by the therapists. When an individual becomes a youth or an adult, he should be subjected to self control in order to overcome criminal behaviors. The famous therapy is modeling therapy. Albert Bandura states that "if you get someone with a psychological disorder to observe someone dealing with the same issue in a more productive fashion, the first person will learn by modeling the second". Bandura‟s original research on this involved a herpephobic person with a neurotic fear of snakes. The client was subjected near the window, looking in the lab-room where only a chair, a table, a cage on the table with a locked latch, and a snake clearly visible in the cage were put.

The client through the window watched another person (an actor or the model) going through a painful experience to approach the snake. The person was terrified in his acts at first but later shook himself out of fear and told himself to relax and breathe normally. He could take one step at a time towards the snake. He later stopped in the middle to retreat from panic and started all over again. Ultimately, he got to the point where he opened the cage, removed the snake; sat on the chair, and swathed the snake

over his neck, all of a sudden gave him calming instructions. When the client saw this, (no doubt with his mouth hanging open the whole time) he was invited to try it. Well knowing that the other person was an actor, the client started the acts until he was successful. Albert Bandura recommended this approach to juvenile delinquents.

To those who are old, Albert Bandura believes that the idea of self-control must be incorporated into a therapy technique called self-control therapy and psychologist have noted that this has been quite successful in simple problems such as smoking, overeating, and study habits, drinking alcohol and idleness. Albert Bandura believes that this can work through behavioral charts, environmental planning and self-contracts. Bandura believes that Self-control requires an individual to keep close history of his behaviors both before changes. This involves something simple as counting how many cigarettes an individual smokes in a day as recorded in behavioral diary. With the diary approach, an individual keeps the details about when and where the habit occurs most. This gives an individual to know the cues associated with the habit (Does an individual smoke more with certain friends or in certain locations or after coffee).

Having realized the behavior chart, Albert Bandura believes that an individual can approach the environmental, For example, an individual can remove or avoid some of those cues that lead to bad behaviors; start drinking tea instead of coffee (divorce that smoking partner). In self-contract, an individual is encouraged to arrange rewards for himself when adheres to the plans of good behaviors, and possibly punish himself when he does not. The contract should be written down and witnessed by the

therapist, and details should be elucidated very explicitly. Forexample, an individual can say that, I will go out to dinner on Saturday night if I smoke fewer cigarettes this week than last week. This according to Albert Bandura is good to the families where juveniles find modals.

In some modes of academic discourse and popular consciousness, crime and delinquency are regarded as abnormal behaviours that occur through “strange” means or pathological conditions or processes. However, differential association theory formulated by Edwin (1939) suggests that there is nothing unusual in the process of becoming a criminal or delinquent. Criminal and delinquent behaviours are learnt in similar processes as people learn to become criminologists, lawyers, physicians, scholars, poets, and so on. Differential association theory identified the methods or processes through which criminal behaviour is learnt. The influential criminological theory involves nine propositions paraphrased below:

1. Criminal behaviour is learned (that is in the same way we learn other behaviour)
2. Criminal behaviour is learned in interaction with other persons in a process of communication.
3. The principal part of the learning of criminal behaviour occurs within intimate personal groups.
4. When criminal behaviour is learned, the learning includes (a) techniques of committing the crime, which are sometimes very complicated, sometimes very simple; (b) the specific direction of motives, drives, rationalizations, and attitudes.
5. The specific direction of motives and drives is learned from definitions of legal code as favourable and unfavourable.

6. A person becomes delinquent because of an excess of definitions favourable to violations of law over definitions unfavourable to violations of law. This is the principle of differential association.
7. Differential associations may vary in frequency, duration, priority and intensity. This means that associations with criminal behaviour and also associations with anticriminal behaviours vary in those respects.
8. The process of learning criminal behaviour by association with criminal patterns involves all the mechanisms that are involved in any other learning (emphasis added).
9. Though criminal behaviour is an expression of general needs and values, it is not explained by those general needs and values, since non-criminal behaviour is an expression of such needs and values.

These propositions attempt to explain the processes and mechanisms by which criminal and delinquent behaviours are learnt. The last proposition attempts to show that the same valuesn and needs may lead some individuals to obey the law while it may lead others to violate the law depending on what they learnt as methods of realizing those values and needs. Differential association perspective has contributed largely to the significant attention paid to the influence of family, peers and mass media (especially electronic medium of mass information and entertainment) on juvenile delinquency. Peers and mass media are perceived as important media which children and young persons learn delinquent behaviours. The theory implies, for the layperson, that people learn by association, imitation and motivation. Differential association explains how crime and delinquency are learnt as well as crime rates between communities. The nine propositions explain the process of

learning crime and delinquency. Sutherland (1947), however, also suggested that crime rates are explained by differential social organization. Every social organization consists of criminal and anti criminal elements. The balance (of preponderance) between criminal and anti-criminal elements determines the crime rates in a society. Some of the policies and programmes dealing with juvenile delinquency are influenced by the "common –sense assumption" embedded in differential association theory, which is that "bad company corrupts good manner". Thus, juvenile delinquency prevention and control policies and programmes among other things, attempts to isolate juvenile offenders from delinquent influences.

2.7.9 Control Theories of Crime and Delinquency (Reiss, 1951)

Several theorists have argued that crime and delinquency are produced by weak personal (self) or social control (Reiss 1951; Nye 1958; Hirschi 1969). Control theorists identified social and personal dimensions of control. These theorists, consciously or unconsciously assume that human beings are naturally aggressive and requires control. Where control is absent or weak, the human natural impulses towards aggression and crime are released. Reiss (1951) distinguished between personal (self) control and social control. According to him personal or self control is the "the ability of the individual to refrain from meeting needs in ways which conflict with the norms and rules of the community". On the other hand, social control is "the ability of social groups or institutions to make norms or rules effective". The two levels of control are intertwined. Social control precedes personal control. When social values and norms are not adequately and properly inculcated by the family and other socializing institutions (e.g. schools, religious bodies and civil associations),

individuals are more likely to develop or exhibit (personal) self-control. Nye (1958) identified four dimensions of social control- conscience that results from the internalization of social norms and rules; affection shared by children and parents; parental regulation of children's choices and associations; and availability of alternate means to fulfil or accomplish goals. The presence and effectiveness of these dimensions of social control will strengthen self-control, induce compliance and reduce delinquency. Walter (1961) attributed the incidence of crime and delinquency to weakness of containment "the lack of well defined limits to behaviour, the breakdown of rules, and the absence of definite rules for adolescents to play". Reckless identified "push and pull" factors in crime and delinquency. Factors such as poverty, injustices, bad companions, inconsistent moral front in society may pull individuals toward delinquency. On the other hand 'inner push factors' like weak self-concept, aggressiveness, and restlessness may push young people towards delinquency.

Travis, (1969) developed his social control and bonding theory around four conceptsattachment, commitment, involvement and belief. Hirschi suggests that human natural instincts lead to delinquency and crime. Consequently, the natural motivation of human beings is to deviate. Individuals will conform to social norm and rules only if there is effective social control through social bonding to society. Social bond involves attachment, commitment, involvement and belief. Attachment to others in the society restrains individuals from deviating. Commitment to and involvement in conventional activities help to bond individuals to society and minimize the chances of being involve in delinquent and criminal activities. Finally belief in the legitimacy of the rules, norms and values of society minimizes delinquency. The implication of the theory is that crime and delinquency are reflections of society's failure to create enabling conditions for attachment to people (i.e.

family, friends) commitment to and involvement in conventional activities (schooling, employment, recreation and leisure), and belief in conventional norms, values and rules.

2.7.10 Radical and Conflict Theory of Crime and Delinquency (Reiman 1984)

The radical and conflict theorists argue that the criminal laws that define certain acts as crime or delinquency do not represent the consensus of society. Laws, they argue, are instruments, which the ruling class employ to protect their interests. As a result, criminal laws prohibit the behaviours of the poor and powerless that threaten the interests of the ruling class while excusing or condoning equally or even more injurious behaviours of the rulers or those who control the politics and economy of society that harm the majority of the citizens (Reiman 1984; Quinney 1970). Conflict theorists explain crime and delinquency in terms of inequality in the distribution of socio-economic opportunities and political power. It is this inequality that is reflected in criminal laws and the actions of the criminal justice agencies and officials. Crime and delinquency are products of socio-economic inequality and injustice as well as the political oppression that sustains them. In this light, crime and delinquency can only be minimized with the enthronement of socio-economic justice and democracy in society (Taylor et al. 1973). According to Gillis (1974) the troubles of the children of the poor were deeply imbedded in the economic and demographic structure of society. The growing tendency to treat these as sychological and therefore as subject to clinical, rather than political or economic solution was at least as disturbing as the phenomenon itself. Sociological theories of crime draw attention to the social structure, economic and political systems of society as sources of crime and delinquency. The idea of correcting or reforming individual juvenile offenders without restructuring the society is to

sociological criminologists ridiculous, and its implementation can only lead to further oppression, impoverishment and further drift into criminal and delinquent career. The foregoing brief discussion of selected theories and perspectives provides us with an understanding of crime and delinquency especially their multiple and complex origins and manifestations.

2.7.11 Gender differences in adolescents' delinquent behaviour

Many studies have identified gender to be one of the strong factors in the study of adolescents' delinquent behaviour. According to Olusakin, (2001), delinquency is more pronounced among boys than girls. Agnew, (2005), and Gidden (2004) also explained that males have higher rates of delinquency than females especially in serious violent and property crimes. In the same vein, gender differences in adolescents' delinquency have been explained by the idea of Papilla, & Feldman, (2000) that in every society females are expected to be compliant and nurturing while men are to be active, aggressive and competitive.

2.7.12 Age and Delinquency

The view that delinquency involvement increases with age, was supported by both official and empirical researches. Whilst some criminologists have argued against the use of age in studying delinquency and crime (Hirschi & Gottfredson, 1983), many (Farrington, 1986; Greenberg, 1977) regard age as important in determining crime.

Haskell and Yablonsky, (1974:63) found that: Delinquent behaviour tends to peak around the age of 16 to 17 years and then level off; and The cultural roles that youths play at

different ages influence the type of delinquent behaviour they exhibit. This suggests differential age group involvement in various types of delinquency. Brown (1984), also found that delinquency among youths reach their peak at 18 years, and at this age youths were more likely to be found guilty of property related offences; and delinquent behaviour was evident between 16 and crimes of violence increased with maturity.

The importance of age in delinquency has been highlighted through the individual needs of persons belonging to the adolescence stage. These needs include recognition and being valued; need for new experiences; and need to establish acquaintances and a philosophy of life. In this respect the influence of peers is important. Warr (1993:17-39) has examined the influence of peers with reference to the exposure to delinquent peers; amount of time spent with peers; importance of the juvenile's place on activities peers; and loyalty to peers.

There has been a huge variation in age factor of adolescents from one society to another. Ezeh,(2005) noted that the biological changes are the driving force behind all adolescents‟ behaviour. It was also found that increase in age of participants attracted increase in the rate of delinquency. They infer that as the adolescent grows older, he/she has more courage to try out new things; more criminal things and rebellious nature also increase. It was also found that the mean of delinquency scores from age group 15 is significantly different from that of the other age groups while the mean of delinquency scores for age groups of 12, 13, and 14 and above 16 are about the same (Wu 1998).

2.08 The Remand Homes

The Remand Homes serves primarily to rehabilitate and create accommodation to the children who are in conflict with the law within the age bracket of 12 – 18 years. Principally juveniles awaiting trial or convicted for one delinquent act or the other. Also to improve the quality of life of juvenile delinquents and children who made the streets their homes. It also serves as a centre for careful observation and rehabilitation of such juveniles. Its vision is to create a society where juvenile offenders and former street children live to their full potential and their rights and aspiration fulfilled. As well as to improve on the services rendered to the juvenile delinquents and networking with other NGO‟s and other well wishers to start income generating activities (Remand Homes Bulletin, 2013).

2.09 Review of Related Studies

Empirical studies related to the effects of Emphathy and Unconditional positive regard conditions of counselling and selfconcept were examined. These studies were mostly carried out in foreign countries with eception of few carried out in Nigeria. The first study reported was done by Halkides (1958). Her study was based on 20 recorded cases, 10 of which could be classified by several objective criteria as more successful and 10 of them categorized as less successful therapists. She took an earlier and later recorded interview from each of these cases. On a random bases she picked nine client-counsellor interaction units (that is a client statement and a Counsellors response). From each of these interviews, she then had nine early interactions and nine later interaction units from each case.

These interview samples were then presented in a random manner for judges. Three judges worked together during the training period when they tried to be sensitive to the attitudinal qualities of the therapist by listening to interview recordings and making ratings on them.

The judges then worked independently and listened to counsellor and client interactions and rated each on a seven point scale. Reliability of the judges was high, that is .90. It was found out that a high degree of attitudinal conditions of empathy, positive regard and congruence of the counsellors were associated with the more successful cases at .001 level of significance. On the basis of this study, it is suggested by the researcher that irrespective of the type of problems, clients may be facing, counsellors can treat such cases successfully if the necessary and sufficient therapeutic relationships are provided and perceived by the clients.

Another similar study by Barrett-Lenard (1959) sought to establish the relationship between clients and therapist and whether these relationships can facilitate personality change. Using his relationship inventory, he studied a series of 42 clients dealt with by 21 therapists in which he had several measures of the degree of change in the clients. He administered the inventory to each client and therapist after the fifth interview and at the termination of therapy. He found that those clients who showed more change perceived more of the hypothesized conditions of empathy, unconditional positive regard and congruence in their relationship with their therapist at the time of the fifth interview than did those who eventually showed less change. The three conditions were found to be significant. Therefore, this study will attempt to find out whether the hypothesized conditions of empathy, unconditional positive regard, and congruence will improve the negative self concept of juvenile delinquents.

In another similar study by Adamu, (2010) sought to determine the effect of client centered therapeutic conditions on the self-concept of armed robbers. He establishes the relationship

between clients and therapist and whether these relationships can facilitate personality change. Using his armed robber's celf-concept scale inventory, he studied a series of 5 selected samples of convicted armed robbers out of 101 convicted armed robbers in Kaduna central prison on the basis of their scores on the armed robbers selfconcept scale. He found that there was significant difrence between the self-concepts of armed robbers exposed to the clients centered therapeutic conditions treatment by gender, parental economic status, types of sentence seved by the armed robbers. And found that there was no significant difference occording to the subjects' religiouse inclination, educational back ground. He foud that clients who showed more change perceived more of the hypothesized conditions of empathy, unconditional positive regard and congruence in their relationship with their therapist. The three conditions were found to be significant.

Traux, (1967) studied eight schizophrenic patients, four of them showing improvement on psychological tests and four showing more deterioration. He brought out evidence of the importance of empathy in therapy. Samples were taken from the first six interviews with these patients. There were 384 samples in all. Four judges listened to these samples independently and rated the degree of empathy exhibited by the therapist. When the ratings were analyzed, it was discovered that the improving patients received consistently more empathy than did those who were not improving. t is observed from the findings in this study that empathy, one of the three core conditions alone can produce personality change in clients. This may be especially true for schizophrenic patients who may appear to need empathic understanding more than other cases.

Demos (1995) applied certain principles of client centred therapy to Short-Term Vocational-Educational counselling in California. He investigated Weather there is significant relationship between success in counselling and the degree of empathy exhibited by the counsellor as judged by specialists in the field of counselling also a significant relationship between success in counselling and the degree of unconditional positive regard exhibited by the counsellor as judged by specialists in the field of counselling, as well as a significant relationship between success in counselling and the degree of genuineness or congruence exhibited by the counsellor as judged by specialists in the field of counselling. Also success in counselling and the degree of comfort exhibited by the counsellor as judged by specialists in the field of counselling also success in counselling and the degree of respect exhibited by the counsellor as judged by specialists in the field of counselling. The methods adopted are:

The supervisors rated the counsellors, using multiple objective and subjective criteria, as to their effectiveness and categorized the ten most successful counsellors from the group of 30. There was unanimous agreement on all the 20 counsellors ultimately selected by the supervisors. Tape recorded interviews of the 20 counsellors, counselling with secondary school age students with vocational - educational problems were secured. A minimum of four clients were counselled by each of the Enrolees during the six weeks. The tape interviews secured were sessions with the final client seen by each counsellor. Ten specialists in the field of counselling at the secondary school level were selected to serve as judges in critically listening to the taped interviews of the 20 counsellors. They had no knowledge of any of the counsellors involved and knew nothing of their effectiveness or prior ratings by their supervisors.

A five-point rating scale was devised for the judges to use in rating the tapes on each of the five characteristics listed above. Upon completion of the rating of the taped interviews by the judges, the results were tabulated and t-tests were computed to determine if any significant differences existed between the two groups on any of the five characteristics.

The result indicates that three of the five hypothesized characteristics of the therapeutic relationships were found to be significant in all the three cases, namely, empathy, unconditional positive regard and respect. The most successful counsellors exhibited more of these qualities than did the least successful counsellors as rated by judges listening to their taped recorded interviews. The research suggests that the provision of therapeutic condition of client centred therapy can assist secondary school students with educational-vocational problems to make rational decisions.

2.10 Summary

The review demonstrates that Researchs on self-verification processes (Swann 1983, Swann, 1982) suggests that self-concept can be both stable over a periods of time, and yet susceptible to change. Theories with a "self" perspective have been proposed by many people e.g Kaplan (1975), Braithwaite (1989), and Gottfredson and Hirschi (1990), Cohen (1955) proposed that delinquency is an attempt to acquire status. They claimed the "strain" on those who could not gain access to society's desirable values or goals would result in lower self-concept, ostensibly because of the conflict experienced in the roles required of them by parents, teachers, and peers, thereby giving consistency to and enhancing self-concept. The review also demonstrated that positive self-concept is a prerequsit to the development of healthy personality and is crucial to the attainment of mental health;

personal development and satisfactory living, as aresult the issue of self-concept enhancement continue to receive attention from psychologist and counsellors.

The review futher reveals that, more recently, Kaplan, (1980), on self-concept theory, has focused on esteem enhancement, and the main tenet of his theory is that negative self-concept underpins delinquency; that delinquency is merely a balancing response to self-concept deficiencies. Avoiding or rectifying negative self-concept is a primary motive of human beings, and engaging in antisocial behavior is a response that improves self-concept for some youths (Kaplan, 1975, 1977, 1978, 1980).

The review also reveals that Empathy and Unconditional Positive Regard are teachable and practicable techniques of therapy, and can sufficiently produce personality change. The review also considered some empirical studies that relate to the present study. Many of the studies revied were from foreign literature therefore; little literature is available to the researcher, and this study attempts to fill the gap by providing empirical data that will explain the effect of the application of Empathy and Unconditional Positive Regard counselling techniques on the self concept of juvenile delinquents in Kano state.

This study is uniquely different from othe studies conducted in the area of the study, in that the intervention led to significant improvement in the self-concept of juvenile delinquents proven the techniques of Empathy and Unconditional positive regard most effective in counselling for self-concept enhancement. The study also has important implication for counselling as the two techniques were found effective as self-concept enhancement strategies, can also form the basis for group and individual counselling in both the remand homes and schools to help the at risk adolescents personal development.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discused research design, the population, sample size and sampling procedure, the pre-treatment and treatment sessions, instrument for data collection, description of the instrument, validation of data collection instrument, procedure for intervention and the statistical instrument used for data analysis.

3.2 Research Design

The pre-test Post test control group design which is an aspect of quasi experimental research design was used in the study. This involves a pretest of participants before the introduction of treatment followed by a post test after the introduction of the treatment (Kerlinger, 1970; Akinade, 2010). Specifically, the design was chosen because of its comprehensiveness in examining and exploring the effect of the experimental treatment. The procedure of pre-test Post test control group design is diagrammatically represented below.

Table 3.2.1 Diagrammatic representation of Pretest-posttest Control Group Design

STEPS	P R O CE D U R E		AI AIM
Step 1	PRETEST	PRETEST	To measure the degree of the dependent variable before the treatment
Step 2	Non Random assignment to Control Group	Non Random ssignment to Experimental Group	To control subject characteristics threat to internal validity
Step 3	No treatment	Treatment	To influence the dependent variable
Step 4	POSTTEST	POSTTEST	To measure the degree of change

3.3 Control of Extraneous Variables

The term extraneous variable is used to refer to any other factor that might compound the treatment effect on the dependent variable. One major disadvantage of the quasi-experimental desing is that it does not have control for all confounding or extraneous

variables and, indeed their presence makes it extremely difficult to draw conclusions regarding the cause–and-effect relationship.There is always a need for the researcher to identify confounding or intervening variables in the study and most importantly how these variables can be control to maximise internal validity. Their control becomes necessary so that the researcher can attribute changes observed in the dependent variables as being a function of the independent variable. Many researchers such as Glass, (1997); Cook & Campbell (1979); have suggested a number of confounding or intervening variables that could be considered as threats to internal validity in quasi experimental research design. These factors and the measures taken to control each of them in the study are discussed briefly:

i. Effect of Testing: The subjects might become test wise and try to discover the distinguished purpose of the test. The researcher was able to reduce this threat by using item respose theory techniqs where the researcher developed large number of items and divided it for the pre test and post test respectively.
ii. Subjects' interaction: This refers to the interaction of the subjects from different groups ie the contol and experimental groups which may account for the differences in the result observed. This threat is controlled by selecting the subjects in treatment and control groups from different rooms in the remand homes and the remand homes officials were made to understand that their separation during the period of the study is one of the critical roles they are expected to play. Effort in this regard was meant to control the effect of interaction between the subjects in the procese of conducting the research.

iii. Seasonal Variation in Performance: Seasonal variation refers to time of the season when the study started and ended. If the study is conducted when the weather is terribly cold and ended when it is hot or vice versa, it might affect the data collected; similarly if the study is conducted during specific days of festivities such as Sallah or Maulud (Gani) celebration, the data may be influenced by such things. To control this threat to validity, the research began and ended within stable weather condition. Similarly the study was conducted avoiding periods of festivities.

iv. Experimental Mortality: This refers to the loss of subjects during the life of the experiment. This was controlled through assigning more members to the groups than required, one more member in each group, and eventually the extra members were dropped after treatment before post test.

v. Subject's attrition: this is control through incentives given to the participants in form of biscuit, soft-drinks and soap.

vi. Acculturation of the instrument: By translating the instrument into respondents' native language as they are predominantly Hausa speaking.

3.4 Population of the Study

The target population of this study comprises of all the Juvenile Delinquents in Goron Duste Remand Home and Kiru Reformatory Center in Kano state. Available records showed that there are two hundred and thirty four (234) Juvenile Delinquents in the Remand Homes as

at December, 2013. Out of this number only four (4) are females. The age range is 10 – 17, their Educational qualifications is below senior secondary school. Significant number of them dropped out of junior secondary school, many have not attended formal schooling, significant number of them came from underprivileged family background, and they are predominantly Hausa by tribe.

3.5 Sample Size and Sampling Technique

The sample size of this study was drown from the Juvenile Delinquents in Goron Duste Remand Home and Kiru Reformatory Center in Kano.The juvenile delinquents used were those yong people who had engaged in criminal activities in the near past, and one hundred and fifteen (115) confermed juvenile delinquents were identified by the remand homes entourage from the two hundred and thirty four (234) Juvenile Delinquents in the Remand Homes, out of whome the selection of the sixty (60) samples used in the study was made. considering the fact that the research design is experimental, and involve the use of individual counselling in the process of treatment, a sample of sixty (60) suffice to be use in the study as large sample size is not feasible, Equally, it is suggested that, in experimental study, a minimum of twenty (20) subjects are needed in order to achieve sufficient power and validity (Birbaun, 2003). Therefore the researcher selects sixty (60) samples for the study base on the pre test scores, using purposive sampling technique.

3.6 Procedures for Data Collection

The procedures for collecting data for this study were divided into three phases. The phases are pre-treatment phase, treatment phase, and post- treatment phases.

3.6.1 Pre-Treatment Session

This session formed the introductory session before treatment. The reseacher provided detailed information to the respondents about the research, and establish rapport between the clients and the counsellor. The researcher presents an introductory letter to the Officers in charge of the Remand Homes in order to gain access to the respondents. The letter contained an explanation regarding the nature and purpose of the study. The Officers in charge of the reformatory Homes granted permission to collect the data as requested. Thereafter, the researcher engaged in an interactive session with the officers in charge and their staffs. During the session, the researcher explained to them what the study is all about and the expectations on them.

The administration of the JDSCS was done in the normal free time after lunch and zuhur prayer. A total of sixty four individuals (64) were assigned to experimental and control groups respectively. Afterwards, all the groups were exposed to a pre-testing condition and the scores were kept for future reference and analysis along with the post test scores at the end of the study.

3.6.2 The Treatment Session

The treatment session involved basically the provision of counselling service using the counselling condition of Emphathy on the Juvenile Delinquents in Goron Dutse Remand Home, and Unconditoinal Positive Regard on the Juvenile Delinquents in Kiru Reformatory Home. The treatment sessions was conducted twice a week for a period of six (6) weeks consecutively. As participants were randomly assigned to different group, each clinet was

treated individually in a thirty minutes (30) counselling session. Each of the sessions began with the establishment of rapport between the clients and the therapist.

3.6.3 Post-Treatment Session

At phase three the treatments were evaluated by administering the instrument (JDSCS) on the inmates to determine the effect of the two treatment packages (Empathy and Unconditional positive regard). All the samples selected for the study were post-tested by administering the JDSCS. Results of the pre-test (before treatment) and that of the posttest (after treatment) were compared for differences. The extent of the differences determines the significant effects of the treatments given during intervention.

3.7 Instrumentation

The researcher uses Juvenile Delinquents' Self Concept Scale (JDSCS) to collect data for the study. The Juvenile Delinquents' Self Concept Scale was prepared by the researcher to measure the self concept of the respondents and was translated in to the respondent's native language (Hausa) as the respondents are predominantly Hausa by tribe. This is after the instrument was pilot tested on twenty (20) non respondents' samples from the population of the study before its administration.

3.7.1 Description of the Instrument

The Juvenile Delinquents' Self Concept Scale (JDSCS) as developed by the researcher from the adapted Tennessee Self Concept Scale (TSCS). The instrument consists of three sections (A, B, C,). The first section deals with Juvenile Delinquents' personal data such as gender,

age, religion, parental economic status and academic qualification. Section B consist of several trait-descriptive adjectives that relate to the measurement of the multifaceted nature of self concept of the respondents i.e. social, physical, academic, moral, emotional, parent relations and general esteem and identity. Tennessee Self Concept Scale (TSCS) is an applicable instrument in measuring self concept. Self concept is a portrayal of individual personality. This instrument was founded by William H. Fitts in 1965. It is widely used for counseling and diagnosis purposes. In counseling, this particular instrument is able to identify eight elements that formed the basis of a person's self concept, which are Physical, Moral and Ethics, Personal, Family, Social, Identity, Satisfaction and Behavior.

3.7.2 Scoring of the Instrument

A four - point Likert scale was used to measure the subjects' responses as follows;

All of the time 4

Most of the time 3

Some of the time 2

Not at all 1

Respondents to the Juvenile Delinquents' Self Concept Scale (JDSCS) can score a maximum of one twenty (120) points on the scale. This indicates positive self concept. The least score of a respondent on the self concept scale is thirty (30) which indicate negative or low self concept. The range of the scale is ninety (90) the mid point of the range is fourty five (45). The cut off point is fourty five to one twenty (45-120). These scores will be obtained by the summation of the measurement of the multifaceted aspects of the self concept of the respondents' scores respectively. Out of thirty items the instrument contained, items 5, 7, 8,

9, 12, 13, 14, 18, 19, 22, 23, 25, 27, 28, 29, and 30 were negative and were scored in a reverse direction on the scale while the rest were scored in an obverse direction.

3.7.3 Content Validity of the Instrument

The instrument was validated by experts in the Department of Educational Psychology and Counselling, Ahmadu Bello University Zaria. The researcher's supervisors and other experts in the depertment assessed the instrument and found it suitable for measuring the sel-concept of the respondents. Hence the instrument was judge valid for data collection in the study.

3.7.4 Reliability of the Instrument

The reliability of the instrument was established by the researcher in a pilot study conducted in the remand home of Goron Dutse. The pilot study involved the administration of the self concept scale to 20 non respondent pilot samples of Juvenile Delinquents in the Remand Home. The instrument was re administered after two weeks interval on the same subjects. The coefficient corelation at 0.05 levels of significance was used to estimate the reliability of the instrument. Pearson product moment correlation co-efficient was used in computing the correlation co-efficient of the instruments. A reliability co-efficient of 0.77 was obtained; hence, the instrument was statistically judged to be reliable and considered suitable for research work.

3.7.5 Administration of the Instrument

The Juvenile Delinquents' Self Concept Scale (JDSCS) was administered to the subjects in this experiment on pre-test and post test basis. The subjects responded to the questionnaire within thirty minutes. The instrument was personally administered and collected by the

researcher. As respondents who fill the questionnaire were advised to be honest in their responses. The respondents were given opportunity to ask questions on any item on the instrument that is not clear to them.

3.8 Procedure for Data Analysis

Descriptive statistical procedures were used in analyzing the research questions. In testing the hypotheses of the study, t-test was used in testing hypotheses 1, 2, 3, 4 and 5. And in testing hypotheses 6, and 7, the researcher used Analysis of Variance (ANOVA). ANOVA and Independent T-Test were used to analyze the data, as ANOVA is a prudent method for simultaneously comparing means for more than two groups (Campbell, 1985).

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents analysis of the data obtained from the study. The chapter answered the research questions using descriptive statistics and tested the null hypotheses. T-test for independent samples was used to test hypothesis one, two, three, and four, while one way analysis of variance (ANOVA) was used in testing hypothesis five and six. The basis for rejection or acceptance of the hypotheses is 0.05 level of significance. The chapter is

therefore organized according to the following sub-headings: Introduction, Data Presentation, Answers to Research Questions, Hypotheses Testing, Summary of major Findings, and Discussions.

4.2 Data Presentation

The data collected for the study cover the following: distribution of subjects into groups, distribution of subjects in to two treatment groups, distribution of subjects by gender and distribution of subjects by age. It is therefore presented in tables below.

Table 4.1: Distribution of respondents into groups

Groups	**Frequency**	**Percentage**
Experimental	30	50.0%
Control	30	50.0%
Total	**60**	**100%**

Table 4.1 shows the distribution of respondents into groups. The experimental group consisted of thirty (30) respondents representing 50% and the control group also consisted of thirty (30) respondents representing 50%.

Table 4.2: Distribution of respondents in two treatment groups and control groups

Groups	**Frequency**	**Percentage**
Empathy	15	25.00%
UPR	15	25.00%
Control	30	50.00%
Total	**60**	**100%**

Table 4.2 shows the distribution of respondents into treatments and control group. JDSCS was administered to sixty (60) Remand Home Inmates by the researcher. Fifteen (15) respondents were treated using empathy representing 25%, another 15 were treated using

UPR also representing 25% while thirty (30) respondents were used as control group representing 50%.

Table 4.3: Distribution of respondents by Treatments

Treatments	Frequency	Percentage
UPR	15	50.0%
Empathy	15	50.0%
Total	**30**	**100%**

Table 4.3 above shows the distribution of respondents based on treatment. Fifteen (15) were treated using unconditional positive regards representing 50.0% while another fifteen (15) respondents were treated using empathy technique representing 50.0%.

Table 4.4: Distribution of respondents by gender

Gender	Frequency	Percentage
Male	56	93.3%
Female	4	6.7%
Total	**60**	**100%**

Table 4.4 above shows the distribution of respondents by gender across experimental and control groups. A total of fifty six respondents representing 93.3% were male while 4 respondents representing 6.7% were female.

Table 4.5: Distribution of respondents by age

Age	Frequency	Percentage
12-13 Years	17	28.3%
14-15 Years	31	52.0%
16-17 years	12	20.0%
Total	**60**	**100%**

Table 4.5 above shows the distribution of respondents by age across experimental and control groups. 17 respondents are within the age range of 12-13 representing 28%, 31 respondents are between 14-15 years representing 52% while the remaining 12 respondents are within the age of 16-17 representing 20%.

4.3 Answers to Research Questions

The five research questions raised in chapter one were answered below using mean scores of the groups.

Research Question One: What is the effect of empathy counselling technique on the self concept mean scores of juvenile delinquents?

Table 4.6: Pre-test & post-test self concept mean scores of experimental group (Empathy) and the control group of juvenile delinquents

	Treatments	N	Mean	Std. Deviation
Pre-test	Empathy	15	40.4000	6.10386
	Control	15	42.4000	6.32230
Post-test	Empathy	15	50.8667	7.01902
	Control	15	41.9333	6.63827

From the mean scores and the standard deviation in the pre-test and that of post-test it is clear that the mean scores and the standard deviation of the experimental group is higher, hence the treatment of empathy is found to be effective in enhancing the self concept of juvenile delinquents.

Research Question Two: What is the effect of unconditional positive regard (UPR) on the self concept mean scores of juvenile delinquents?

Table 4.7: Pre-test & Post-test self concept mean scores of experimental group (UPR) and the control group of juvenile delinquents

	Treatments	N	Mean	Std. Deviation
Pre-test	UPR	15	40.6667	5.24631
	Control	15	41.8667	4.20657
Post-test	UPR	15	56.4667	8.04334
	Control	15	42.6000	4.06729

From the mean scores and the standard deviation in the pre-test and that of post-test it is clear that the mean scores and the standard deviation of the experimental group is higher, hence UPR treatment is effective in enhancing the self concept of juvenile delinquents.

Question Three: What is the differential effect of the two counselling techniques (Empathy and UPR) on the self concept mean scores of juvenile delinquents in the treatment groups?

Table 4.8: Post-test self concept mean scores of experimental groups (Empathy and UPR) of juvenile delinquents.

	Groups	N	Mean	Std. Deviation	Std. Error Mean
Posttest scores	Empathy Group	15	50.8667	7.01902	1.81230
	UPR Group	15	56.4667	8.04334	2.07678

Table 4.8 above shows the mean scores of the treatment group exposed to UPR is higher than those exposed to empathy technique. This shows that UPR technique is more effective in enhancing the self concept of juvenile delinquents.

Question Four: What is the differential effect of empathy counselling technique on the self concept of juvenile delinquents of different age groups?

Table 4.9: Descriptive statistics for the post-test self concept mean scores of empathy based on age.

	N	Mean	Std. Deviation	Std. Error
12-13 years	5	56.80	8.6429	3.86523
14-15 years	7	57.43	9.2711	3.50413
16-17 years	3	53.67	5.5076	3.17980
Total	15	56.47	8.0433	2.07678

From the Table 4.10 above, it can be observed that age has no significant effect on the self concept of juvenile delinquents treated with empathy. Though, a difference was observed in the effect of empathy treatments on the juvenile delinquents between the ages of 14-15 years with 57.43 as the highest mean difference, yet the difference is not statistically significant.

Question five: What is the differential effect of unconditional positive regard counselling technique on the self concept of juvenile delinquents of different age groups?

Table 4.10: Descriptive statistics for the post-test self concept mean scores of unconditional positive regards based on age.

	N	Mean	Std. Deviation	Std. Error
12-13 Years	5	56.8000	8.6429	3.8652
14-15 years	7	57.4286	9.2711	3.5041
16-17 Years	3	53.6667	5.5076	3.1798
Total	**15**	**56.4667**	**8.0433**	**2.0768**

From the Table 4.11 above, it can be observed that age has no significant effect on the self concept of juvenile delinquents treated with UPR. Though, a difference was observed in the effect of UPR treatments on the juvenile delinquents between the ages of 14-15 years with 57.42 as the the group with highest mean difference, yet the difference is not statistically significant.

4.4 Hypotheses Testing

Seven hypotheses were raised and tested at 0.05 level of significance using t-test for independent samples and analysis of variance (ANOVA).

HO_1 There is no significant difference between the pre-test and post-test mean self concept scores of juvenile delinquents exposed to Empathy.

Table 4.11: Summary of comparison for the pre-test and post-test self concept means scores of the experimental group on Empathy.

	Groups	N	Mean	S.D	Std. Error Mean	t-cal	Df	P-Value (2-tailed)
Pre-test	Empathy	15	40.40	6.1036	1.576	.881	28	
Post-test	Empathy	15	50.87	7.0190	1.812	3.581	28	.001

- Significant at P≤ 0.05

Table 4.11 shows that, From the P-value of .001, α = 0.05 level of significance, It can be observed that there is significant difference in the mean scores of pretest and posttest on Empathy. This implies that the technique is effective in enhancing the self concept of juvenile delinquents.

HO_2: There is no significant difference between the pre-test and post-test mean self concept scores of juvenile delinquents exposed to Unconditional positive regard.

Table 4.12: Summary of comparison for the pretest and post-test self concept mean scores of the experimental group (UPR).

	Groups	N	Mean	S.D	Std. Error Mean	t-cal	Df	P-Value (2-tailed)
Pretest	UPR	15	40.67	5.246	1.354	.691	28	
Posttest	UPR	15	56.47	8.043	2.076	596.	28	.000

- Significant at P≤ 0.05

Table 4.12 shows that, From the P-value of .000, α = 0.05 level of significance, It can be observed that there is significant difference in the mean scores of pretest and posttest on

Unconditional positive regard. This implies that the technique is effective in enhancing the self concept of juvenile delinquents.

HO_3: There is no significant difference between the post-test mean self concept scores of juvenile delinquents exposed to Empathy and those in the control group.

Table 4.13: Summary of comparison for the post-test self concept mean scores of the experimental (Empathy) and the control group.

	Groups	N	Mean	S.D	Std. Error Mean	t-cal	Df	P-Value (2-tailed)
Post-test	Empathy	15	50.87	7.0190	1.812	3.581	28	.001
	Control	15	41.93	6.6383	1.714			

❖ Significant at P≤ 0.05

Table 4.13 shows that, from the t.cal= 3.518 with P-value of .001, α = 0.05 level of significance, It can be observed that there is significant difference in the mean scores of posttest on Empathy. This implies that the technique is effective in enhancing the self concept of juvenile delinquents.

HO_4: There is no significant difference between the post-test mean self concept scores of juvenile delinquents exposed to Unconditional positive regard and those in the control group.

Table 4.14: Summary of comparison for the post-test self concept mean scores of the experimental (UPR) and the control group

	Groups	N	Mean	S.D	Std. Error Mean	t-cal	Df	P-Value (2-tailed)
Posttest	UPR	15	56.47	8.043	2.076	596.	28	.000
	Control	15	43.60	4.067	1.050			

❖ Significant at P≤ 0.05

Table 4.12 shows that, from the P-value of .000, α = 0.05 level of significance; it can be observe that there is significant difference in the mean scores of the UPR and the control group. Based on this the null hypothesis that states, there is no significant difference in the post-test mean scores of experimental group treated with UPR and those in the control group on the self concept of juvenile delinquents is therefore rejected. This implies that the technique is effective in enhancing the self concept of juvenile delinquents.

HO_5: There is no significant difference between the post-test self concept mean scores of juvenile delinquents exposed to Empathy and those in the UPR group.

Table 4.15: Summary of comparison for the post-test self concept mean scores of the experimental groups (UPR & Empathy)

	Groups	N	Mean	S.D	Std. Error Mean	t-cal	Df	P-Value (2-tailed)
Posttest	Emapthy	15	50.87	7.019	1.812	2.032	28	.052
	UPR	15	56.47	8.043	2.077			

❖ NS at (P≤ 0.05)

Table 4.13 shows the mean scores of experimental groups (Unconditional Positive Regards & Empathy) on the post-test scores on JDSCS. From the P-value of .052, at α = 0.05 level of significance, meaning that the two techniques (unconditional positive regards and empathy) do not differ significantly in enhancing self concept of juvenile delinquents.

HO_6: There is no significant age difference in the post-test self concept mean scores of juvenile delinquents exposed to empathy counselling technique.

Table 4.16a: Descriptive statistics of the post-test self concept mean scores of juvenile delinquents by age groups

	Age	N	Mean	Std. Deviation	Std. Error
Posttest Scores	12-13	5	49.20	6.30079	2.81780
	14-15	7	53.00	8.83176	3.33809
	16-17	3	48.67	1.15470	.66667

Table 4.16a above shows the post-test mean scores and standard deviation of the groups. From the means scores, no significant difference was observed across different age groups observed. The implication of this is that the treatment is effective when compared across different age groups in the improvement of the self-concept of juvenile delinquents.

Table 4.16b: Summary of ANOVA table for comparison of the pretest and post-test mean scores on the self concept of juvenile delinquents based on age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	30.552	2	15.276	.209	.814
Within Groups	875.181	12	72.932		
Total	905.733	14			

- NS at (P≤ 0.05)

Table 4.16a above, shows the calculated f-value of .209 is less than the f-critical of 2.56 at α = 0.05 level of significance with degree of freedom 28. The null hypothesis which stated that, There is no significant age difference in the post-test self concept mean scores of respondents exposed to empathy counselling technique. The null-hypothesis is therefore accepted, meaning there is no significant age difference within and between the age groups observed. Below is the Scheffe test and mean plot on the pretest and post-test scores.

Scheffe

		Subset for alpha = 0.05
AGE	N	1
16-17 years	3	48.6667
12-13 years	5	49.2000
14-15 years	7	53.0000

Sig.	.681

Means for groups in homogeneous subsets are displayed.

HO_7: There is no significant age difference in the post-test self concept mean scores of respondents exposed to UPR counselling technique.

Table 4.17a: Descriptive statistics of the post-test self concept mean scores of juvenile delinquents by age groups

	Age	N	Mean	Std. Deviation	Std. Error
Posttest Scores	12-13	5	56.80	8.643	3.865
	14-15	7	57.43	9.271	3.504
	16-17	3	53.67	5.508	3.179

Table 4.16a above shows the post-test mean scores and standard deviation of the groups. From the means scores, no significant difference was observed across different age groups observed. The implication of this is that the treatment iseffective when compared across different age groups in enhancing the self-concept of juvenile delinquents.

Table 4.17b: Summary of ANOVA table for comparison of the pretest and post-test mean scores on the self concept of juvenile delinquents based on age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	60.267	2	30.133	.574	.578
Within Groups	629.467	12	52.456		
Total	689.733	14			

❖ NS at P≤ 0.05

Table 4.16b above, shows the calculated f-value of .574 is less than the f-critical of 2.56 at α = 0.05 level of significance with degree of freedom 28. The null hypothesis which stated

that, there is no significant age difference in the posttest means scores on the self concept of juvenile delinquents after treatment is therefore accepted, meaning there is no significant age difference within and between the age groups observed. Below is the Scheffe test and mean plot on the post-test scores.

Table 4.17c: Scheffes post Hoc test.

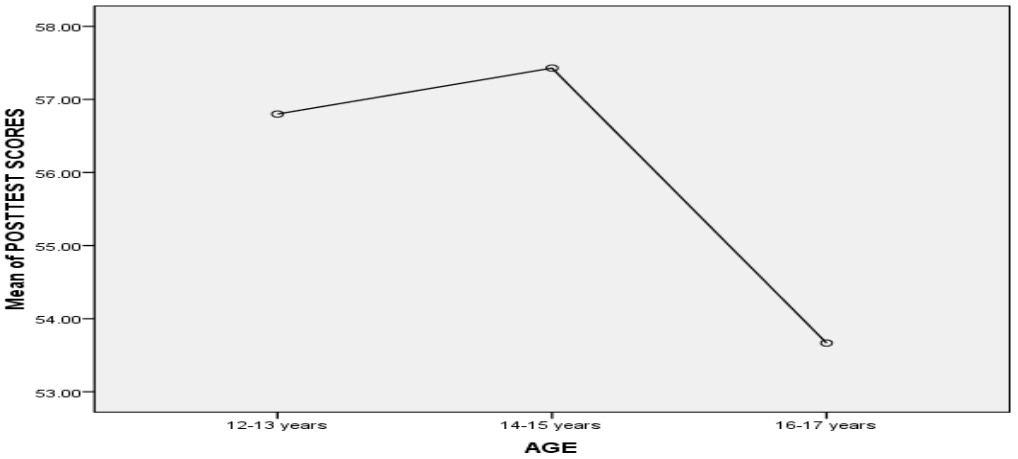
Scheffe

		Subset for alpha = 0.05
AGE	N	1
16-17 years	3	53.6667
12-13 years	5	56.8000
14-15 years	7	57.4286
Sig.		.809

Means for groups in homogeneous subsets are displayed.

The Scheffe test above is on the post-test scores of juvenile delinquents in terms of age and is used to find where the groups differ in their self concept enhancement after treatment. The slight difference in the means is not statistically significant. This implies that the two techniques can be employed to enhance the self concept of juvenile delinquents in the remand homes irrespective of their age differences.

Figure 3: Mean Plot of the age groups



The mean plot above shows the means of the age groups on the JDSCS. From the mean scores it is clear that the techniques (unconditional positive regards and empathy) do not differ significantly in enhancing the self concept of juvenile delinquents in term of the age groups of the respondents.

4.5 Summary of Findings

From the analysis of the result obtained, the following are summarized as the findings of the study.

1. The findings of the study reveal that Unconditional Positive Regard (UPR) had the effect of enhancing the self concept of juvenile delinquents with the JDSCS means scores of the treatment group: pre-test 40.67, post test: 56.47, From the P-value of .000, $\alpha = 0.05$ level of significance, in Table 4.12 which shows the existence significant difference in the mean scores of pretest and posttest on Unconditional positive regard.
2. It was also found that Empathy is effective in enhancing the self concept of juvenile delinquents with the JDSCS means scores of the treatment group; pre-test

40.40, postest 50.87, From the P-value of .001, α = 0.05 level of significance, as shown in Table 4.11, which shows the existence of significant difference in the mean scores of pretest and posttest on Empathy.

3. It was found that the effects of the two techniques (Unconditional positive Regard and Empathy) are almost similar in enhancing the self-concept of juvenile delinquents with the JDSCS means scores of treatment group post-test; 50.87; 41.93 respectively, and shown in table 4.13; with P-value of .001, α = 0.05 level of significance. That both techniques in question will produce similar result if applied

4. That Empathy counselling treatment had no difrential effect on the JDSCS meas scores of the treatment subjects among different age groups. With calculated f-value of .209; which is less than the f-critical of 2.56 at α = 0.05 level of significance with degree of freedom 28. With P-value of .814, α = 0.05 level of significance. This shows that age difference of the respondents does not constituted any barier to the success of the therapy with the technique of Empathy.

5. That Unconditional Positive Regard counselling treatment had no difrential effect on the JDSCS meas scores of the treatment subjects among different age groups; 49.20;53.00;48.67 respectively with the calculated f-value of .574 which is less than the f-critical of 2.56 at α = 0.05 level of significance with degree of freedom 28. As shown in table 4.14a above which shows the post-test mean scores and standard deviation of the groups and Table 4.16b which shows Summary of ANOVA table for comparison of the pretest and post-test mean scores on the self concept of juvenile delinquents based on age. From the means scores, no

significant difference was observed across different age groups observed. This implies that the treatment is effective when compared across different age groups in the improvement of the self-concept of juvenile delinquents.

6. That significant difference exists between the post-test mean self concept scores of juvenile delinquents exposed to Empathy and those in the control group, with the JDSCS means scores of treatment group Pre-test = 40.40 and post-test 50.87 respectively, with P-value of .001, $\alpha = 0.05$ level of significance.
7. That significant difference exists between the post-test mean self concept scores of juvenile delinquents exposed to Unconditional positive regard and those in the control group, with the JDSCS means scores of treatment group Pre-test 40.67; post-test 56.47 respectively, with P-value of .000, $\alpha = 0.05$ level of significance.

4.6 Discussions

The purpose of this research is to investigate the effects of Unconditional positive regard and Emphathy counselling techniques on the self-concept of juvenile delinquents in Kano state. To achieve this, two groups of juvenile delinquents whome are already confined in Remand Homes were formed (the experimental and the control group). Pupils in the experimental group were exposed to Unconditional Positive Regard and Empathy counselling conditions as the techniques for counselling, while those in the control group received no treatment. The two groups of juvenile delinquents in the remand homes were exposed to series of counselling sessions using unconditional positive regard and Empathy. Juvenile Delinquents Self-concept Scale (JDSCS) was used in collecting the data for the study.

The results of pre-test and post-test were used to compare the improvement of the subject's positive self-concept. These were analyzed according to the research questions and hypotheses developed for the study. The discussions of the results are as follows:

Reseach question one was raised to find out if Unconditional Positive Regard (UPR) technique would be effective in enhancing self concept of juvenile delinquents in the remand homes. It was found that the mean scores for control group is less than the mean scores of experimental group exposed to UPR technique. This has shown that UPR technique is effective in enhancing the self concept of juvenile delinquents. The null hypothesis which says that there is no significant difference between the mean scores of experimental group (UPR) and the control group in the post-test scores on JDSCS is therefore rejected, meaning there is significant difference between experimental (UPR) and control group on the post-test scores. A comparison between the pre-test and post-test revealed that UPR treatment had improved the self concept of juvenile delinquents.

This finding agreed with the earlier findings of Halkides, (1958) who maintained that a high degree of attitudinal conditions of empathy and unconditional positive regard of counselor toward the client is associated with more successful counselling outcome. In the same vein, Rogers, (1951) Also believed that the core attitudinal qualities of Unconditional Positive Regard and Empathy are the counsellors or therapists conditions most needed to facilitate change. Without these conditions being present a healing relationship cannot form. Rogers felt that a therapist, in order to be effective, must have these very special qualities. He says these qualities are "necessary and sufficient:" If the therapist shows these techniques, the client will improve, even if no other special "techniques" are used. In the same vein, Rogers, (1961) believed that human beings have inherent tendency to develop their "self" in the

process of interpersonal and social experiences, which they have in the environment. This finding is also in agreement with Grumman, (1979) that if certain conditions would be made available to client in a therapeutic relationship, positive outcome of the therapy is guaranteed.

The findings reveal no significant difference between experimental groups (UPR & Empathy) and control group in the pre-test scores on JDSCS among juvenile delinquents in the remand homes, possibly this was due to the fact that they have not been introduced to any treatment as such they have not been improved.

Hypotheses two reveals significant difference between experimental groups (Empathy) and control group in the post-test scores on JDSCS among juvenile delinquents in the remand homes. The findings of this study are practically supported by Carl Rogersn Client centered theory which aims toward a greater degree of independence and integration of the individual, and it focus is on the person, not on the person's presenting problem (Rogers, 1977). In Rogers's view, the aim of therapy is not merely to solve problems. Rather, it is to assist clients in their growth process, so that they can better cope with problems they are now facing and with future problems.

This finding is also in line with Gendlin, (2003) who maintained that our ability to listen to the implicit affective level in the client's talk. This affective level seems to show up in such terms as 'felt sense' where the counsellor tries to grasp the 'felt sense' of what the person with him is saying. The finding also agreed with that of Wood, (1997) who sees Empathy as one of the basic conditions for personality development in psychotherapy and to be empathic means to try to comprehend, as best as possible, the accurate meaning of what

the other is experiencing in the very moment, and communicate this to him. It is an attempt to put oneself in the internal world of perception of the other, in his frame of reference and to feel as if one is him. This 'as if' quality is crucial, as it distinguishes empathy from interpretation and identification (Schmid, 2001).

The findings of hypothesis which stated that there is no significant age difference in the post-test mean scores of experimental group (UPR & Empathy)) and those in the control group on self concept of juvenile delinquents.

The analysis in table 4.16b above, shows the calculated f-value of .222 is less than the f-critical of 2.05 at $\alpha = 0.05$ level of significance with degree of freedom 29. The null hypothesis which stated that, there is no significant age difference in the posttest means score of experimental groups (UPR & Empathy) and control group on the self concept of juvenile delinquents according to age classification is therefore accepted, meaning there is no significant age difference between experimental groups and control group. The Scheffe test above is on the post-test scores of juvenile delinquents in terms of age and is used to find if the groups differ in their self concept. The slight difference in the means is not statistically significant. This implies that the two techniques can be employed to enhance the self concept of juvenile delinquents irrespective of their age differences.

The mean plot above shows the means of post-test on the JDSCS in terms of age. From the mean scores it is clear that the techniques (unconditional positive regards and empathy) do not differ significantly in enhancing the self concept of juvenile delinquents in term of their age groups.

The result of this study confirmed that the age classifications of the juvenile delinquents did not constituted any barrier to the success of the therapy. This means that therapeutic use of empathy and unconditional positive regard has significantly improved the self-concept of juvenile delinquents irrespective of their age groups. This finding is in agreement with findings of Rogers, (1957) that all humans irrespective of differences in age have the inherent capacity to grow in a positive direction and to realized their full potentials if shown Empathy, Unconditional love and respect.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter presents the summary of the entire research work, conclusions drawn from the study, recommendations. Suggestions for further studies and limitations of the study were also presented in the chapter.

5.2 Summary

The study investigated the effects of Empathy and Unconditional positive Regard on the self-concept of juvenile delinquents in Kano state. Five research questions and seven hypotheses were stated and tested in the study. From the data collected and analyzed, it was discovered that therapeutic use of Empathy and Unconditional Positive Regard of the client had some positive effect on the self-concept of juvenile delinquents in that the juvenile delinquents were discovered to be more friendly and accommodating as well as potentiality of being less destructive.

Seven hypotheses were tested to discover if there is significant difference between the self–concept of juvenile delinquents exposed to the therapeutic conditions of Empathy and Unconditional Positive Regard treatment. Three null-hypotheses tested were accepted and four were rejected.

Hypothesis one was accepted as it was discovered that The null hypothesis which says that, there is no significant difference in the mean scores of experimental group (UPR, Empathy) and control group on the pre-test scores of juvenile delinquents is therefore accepted, meaning no significant difference exists between experimental (UPR, Empathy) and control group in the pre-test scores on JDSCS among juvenile delinquents in the remand homes of Northwestern Nigeria prior to the treatment.

Hypothesis two was rejected as it was discovered that the null hypothesis which says that there is no significant difference between the mean scores of experimental group (UPR) and the control group in the post-test scores on JDSCS is therefore rejected, meaning there is significant difference between experimental (UPR) and control group on the post-test scores after treatment.

Hypothesis three was also rejected at $\alpha = 0.05$ level of significance The null hypothesis which says that there is no significant difference between the mean scores of experimental group (Empathy) and the control group in the post-test scores on JDSCS is therefore rejected, meaning there is significant difference between experimental (Empathy) and the control group on the post-test scores after treatment.

Hypothesis four was accepted as Table 4.14 shows the mean scores of experimental groups (Unconditional Positive Regards & Empathy) on the post-test scores on JDSCS. $\alpha = 0.05$ level of significance, The null hypothesis which says that, there is no significant difference between the mean scores of unconditional positive regards and empathy group on the post-test scores on JDSCS is therefore accepted, meaning the two techniques (unconditional positive regards and empathy) do not differ significantly in enhancing self concept of juvenile delinquents..

Hypothesis five was also accepted at $\alpha = 0.05$ level of significance. The null hypothesis which stated that there is no significant difference between the post-test mean scores of male and female in enhancing self concept of juvenile delinquents is therefore accepted, meaning the two techniques are not gender sensitive.

Hypothesis six was rejected as the table 4.16a above shows the post-test mean scores and standard deviation of the groups. From the means scores, no significant difference was observed across different age groups observed. The implication of this means, the treatments are effective when compared across different age groups in enhancing the self-concept of juvenile delinquents.

The entire research work was made into five chapters. Chapter one of this research work is an introductory part of the study. The background of the study was expressed and the problem under investigation has been stated and explained, which is to test the effects of Empathy and Unconditional Positive Regard on the self-concept of juvenile delinquents. Seven objectives with corresponding research questions to guide the study were developed. Sixt hypotheses were formulated and tested at 0.05 level of significance. The expected contributions the study will make have also been highlighted; the chapter finally presents the scope and delimitation of the study. While chapter two, reviewed literature that related to the study which includes the conceptual and theoretical framework of the study as well as Empirical studies related to the study. Chapter three focuses on describing the type of design, which was quasi experimental design using pre-test-post-test design, as well as the population of the study, sample size and the sampling technique used in the study. The samples were randomly assigned to experimental and control groups respectively. The instrument for data collection was described and the detailed procedure for treatments was explained and finally the procedure for data analysis was presented in this chapter. Lastly, chapter four focuses on analysis of data obtained from the study. It involves data presentation, hypotheses testing, summary of findings and discussions on the findings.

5.3 Conclusion

From the findings of this study, it can be concluded that the therapeutic use of Empathy and Unconditional Positive Regard would help the juvenile delinquents to improve their self-concept which will in turn lead to their proper re-integration and rehabilitation rather than been isolated and stereotyped, which will eventually make them to lose their self-esteem and confidence. It can also be concluded that both Empathy and Unconditional Positive Regard counselling techniques were found to be similar in their effects in improving the self-concept of juvenile delinquents in the remand homes irrespective of their age differences.Gender difference in enhancing the self-concept of juvenile delinquents was not reported in this study, as the population of the female juvenile delinquents was found in only one of the remand homes, and was found to be statistically insignificant.The counselling intervention used in the study lead to a significant improvement in the self-concept of juvenile delinquents proven the techniques of Empathy and Unconditional positive regard most effective in counselling for self-concept enhancement.

5.4 Recommendations

Base on the findings of the study, the following recommendations were made.

1. Counsellors should be trained on the use of techniques of Empathy and Unconditional posititive regard in counselling for reducing juvenile delinquency and self-concept enhancement.

2. Base on the finding that the effects of the two techniques (Unconditional positive Regard and Empathy) are almost similar in enhancing the self-concept of juvenile delinquents. It is recommended that both techniques in question should be use concurrently in counselling for self-concept enhancement.
3. There should be no age disparity in the use of Empathy and Unconditional positive regard in counselling for self-concept enhancement and reducing juvenile delinquency
4. Since Empathy and Unconditional Positive Regard counselling treatment had no difrential effect on the JDSCS meas scores of the treatment subjects among different age groups of juvenile delinquents, it is recomemded that counsellors should use the techniques for counselling the juvenile delinquents irrespective of their age differences, to assist the juvenile delinquents get reformed for their effective reintergration in to the society.
5. Seminars and conferences should be organised in training counsellors and social workers on the use of the techniques in question for self-concept enhancement and reducing juvenile delinquency.
6. It is recommended that the remands homes should be supplied with trained counsellors who received professional guidance and counselling training on the use of the new techniques in question for counseling juvenile delinquents. This will help in facilitating effective rehabilitation and eventual reintegration of the juvenile delinquents in the society. Social workers and counselors should use the techniques effectively in helping the juvenile delinquents to form posive view of their selves and devlop positive concept of their selves so that they can live a rewarding life.

And Social workers in the remand Homes should be encouraged to make effective use of these techniques in correcting the juvenile delinquents.

5.5 Implications for Counselling practice

The techniques of Empathy and Unconditional positive regard as an effective self-concept enhancement strategies can form the basis for group and individual counselling in both the remand homes and schools to help the at risk adolescent personality development using the standardized counselling parkage for self-concept enhancement developed by the researcher. The use of the counselling pakage would facilitate counselling for self-concept enhancement. The research also has important implication for social policy, as enhancing self-concept is having, in that placing juvenile delinquent children in the remand homes without an effort to enhance their self-concept will lead to continuesly lower their self-concept and creat a long lasting stigmatization as suggested by labelling theory.

5.6 Suggestions for Further Studies

The following suggestions were made for further research in the area.

1. The study was carried out in Remand Homes of Kano state. It is suggested that similar study need to be conducted to cover the rest of the states in Nigeria to see whether the same results will be obtained so that generalization could be made about the findings on all the Juvenile Delinquents in Remand Homes in Nigeria.

2. Another study of this kind may possibly be replicated to cover other criminal behaviors which characterize juvenile delinquents such as drug addiction, homicide and stealing.
3. Similar study should be carried out using different counselling techniques on the same subjects with a view to ascertain its effect in improving the self-concept of juvenile delinquents in the remand homes.
4. It is suggested that similar studies could be replicated to determine the effect of Empathy and Unconditional positive Regard on the self concept of another category of youth with other types of growing maladaptive behaviors among adolescents behaviors such as sexual abuse, and prostitution substance abuse, stealing, fighting, aggravated assault and bullying of both teachers and learners as well as people with emotional difficulties such as anxiety and depression.
5. Another study could be conducted using the same techniques and be extended to teaching learning situation.
6. It is also finally recommended that similar study should be carried out using different subjects of juvenile delinquents in other places not remad homes, but Quranic rehabilitation schools which are commonly found in the north west zone of the country, and are called with local name as '*MAKARANTUN YANMARI''* with a view to ascertain its effect in improving the self-concept of juvenile delinquents in this reformatory institutions (*Makarantun yanmari).*

5.7 Limitations of the Study

The study has some limitations, some of which include:

1. The Remand homes used for this study were two Remand Homes in Kano state, which narrow the scope of generalizations of the findings. The generalization may not be extended to other Remand homes across the country, probably with juvenile delinquents of different socio-cultural background.
2. The conclusions reached in this study were restricted to the effects of Empathy and Unconditional Positive Regard on the self concept of juvenile delinquents hence generalization could not be made on juvenile delinquents with other emotional, behavioural, and psychological difficulties.
3. Gender was initially hypothesise in the study, but was letter droped as the reseaher realised that the number of female juvenile delinquents in the remand home was statistically insignificant, hence the findings could not be generalise on female juvenile delinquents.

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APPENDIX 1: 1st TREATMENT PROCEDURE (EMPATHY) EXPERIMENTAL GROUP 1

Week one:		
	Goal of the counselling	**The Counselling Process**
	The goal is to provide a climate conducive to helping the individual become a fully functioning person. In a climate of safety in the therapeutic session, to come to realize that there are other possibilities. Also to make the client becoming increasingly actualized as having (l) an openness to experience, (2) a trust in themselves, (3) an internal source of evaluation, and (4) a willingness to continue growing. Encouraging these characteristics is the basic goal of the therapy. And to work together with the-Client to solve the problems identified through the counsellor's active demonstration of emphatic understanding of the client by becoming more and more capable of	**Step:** 1. The session starts by expressing the counsellor's role, which is purely to facilitate the clients' exploration of themselves, their situation and the choices available to them; the counsellor does not interpret, evaluate or judge. And through a conversational and friendly atmosphere with the client feeling comfortable and relax, the client will be made to explore possibilities and become increasingly actualized. Thereafter, the clients will be asked to respond verbally to some items on the self concept scale related to social identity For example why he/she is unfriendly, unhappy, un organised, destructive, and not dependable? etc **Step** 2. The counsellor 'taps the unspoken relationship in order to get the client disclose Issues to do with dependency, responsibility and transference which often lie quite deep in the therapeutic relationship, having their bases as they do in the needs and fears of the client and sometimes the counsellor. The counsellor used his empathic expression to tap the unspoken relationship between himself and the client. After he recognizes a

	noticing and reflecting the clients' feelings, With the counselor At times, seeming to slip completely into the client's world, seeing and experiencing exactly what the client sees and experiences.	minimum state of anxiety and incongruence, in the clients which is achieve through the recognition of the presence of strong feeling in the clinical setting in the client (fear, anger, grief, disappointment) and so on. **Step** 2 Eventually the therapist will give selective attention to the clients by obtaining the views of the problems from the clients. The therapist will be pausing to imagine how the client might be feeling. **Step** 3. The therapist will be, at this point Stating perception of client's feeling. (I can imagine that you must be really angry) etc **Step** 4. The therapist will begin to be Respecting the client's effort to cope with the predicament. **Step** 5. The therapist will start Offering support and partnership to the client, such as: I am committed to work with you to resolve issues. **Step** 6. The therapist will be Showing deep and genuine caring, warmth, and respect and being he as well as being there for the client.
Week Two:		
	Goal of the counselling	**The Counselling Process**
	The main goal of therapy is to release the individual from any constraints and restrictions. The counsellor's aim is to provide the conditions necessary for this to occur through the therapeutic relationship. Which If	**Step:** 1. The session will starts with the client being asked to respond verbally to some items of the self concept scale related to physical appearance and ability of the client as a components of self concept For example why he/she un attractive, feels he is ugly, have trouble sleeping etc. **Step** 2. The counsellor will give selective

	successful, the client is enabled to explore in safety their inner experiences long denied or distortions which are inconsistent with their selfconcept? Also to discuss the client's self concept as well as posibibilities inherent in the client's faulty perception of himself and To work together with the client to solve the problems identified through the counsellor's active demonstration of Intellectual empathy which involves seeing the world from the client's perspective in a distant or intellectual way.	attention to the client's felling and focus on it. **Step** 3 The counsellor will recognize the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will begin Stating the perception of client's feeling, e.g. I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will begin Offering support and partnership to the client such as I am committed to work with you to… **Step** 8 The therapist will be showing deep and genuine caring, warmth, respect and being there for the client.
Week Three:		
	Goal of the counselling	**The Counselling process**
	The Goal of counselling this week is on the counsellors demonstration of *Emotional empathy* by naturally or spontaneously begin feeling an emotion in response to the client's words or emotional state of the client in the process of discussing the self concept of the client and to work together with the client to solve the problems identified.	**Step:** 1. The counselling session starts with the client being asked to respond verbally to some items of self concept scale related to emotional stability. Example why he/she is often depressed, very nervous, worry, un happy, low opinion of self, looses Temper easily, disorganized, lonely, and dissatisfied with self? etc. **Step** 2. The therapist will gives selective attention to the client. **Step** 3 The therapist will recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to

		imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling; example ("I can imagine that you must be ... or it sounds like you are upset about ...) **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step** 8 The therapist will be Showing deep and genuine caring, warmth, respect and being himself.
Week Four:		
	Goal of the counselling	**The Counselling Process**
	The Goal of counselling this week is on the counsellors' demonstration of *Imaginative empathy* which involves asking himself the empathy question: "How would I feel if I were in my client's situation?" and using it in conjunction with the other two therapeutic conditions, congruence and unconditional positive regard. The counselor will begin experiencing and conveying both empathy and unconditional positive regard when relating to clients, with particular emphasis on empathy, in the process of discussing the self concept of the client and to work together with the client to solve the	**Step:** 1. The session starts with the client being asked to respond verbally to some items of the self concept scale related to academic ability and parental relations Example, why is he/she is often hate school, have a poor vocabulary, hate most academic subjects ? etc **Step** 2. The therapist will give selective attention to the client. **Step** 3 The therapist recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling.(I can imagine that you must be ... **Step 6** The therapist will be Respecting the client's effort to cope with the predicament. **Step 7** The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step 8** The therapist will be legitimizing

	problems identified.	that feeling of the client; Showing deep and genuine caring, warmth, respect and being himself.
Week five	**Goal of the counselling**	**The Counselling Process**
	The Goal of counselling this week is on the counsellors' entering the private perceptual world of the client and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changes which flow in the client, to the fear of rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgments, sensing meanings of which he/she is scarcely aware, but not trying to uncover feelings of which the person is totally unaware, and to work together with the client to solve the problems identified.	**Step:** 1. The session starts with the client being asked to respond verbally to some items of the self concept scale related to spiritual and moral values of the client. Example why is he/she selfish, often not honest, bad, pious, well mannered, feeling not very trusted etc. **Step** 2. The therapist will give selective attention to the client. **Step** 3 The therapist recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling.(I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step** 8 The therapist will be Showing deep and genuine caring, warmth, respect and being himself.
Week Six:		
	Goals of the counselling	**The Counselling Process**
	The Goal of counselling this week is on the counsellors' demonstration	**Step:** 1. The session starts with the client being asked to respond verbally to some items of the self concept scale related to general esteem and identity of the client

	of Empathic listening and to be able to perceive the client's thoughts, feelings, behaviours and experiences "as if' they were one's own. Also to perceive experiences and feelings accurately and sensitively, and to understand their meaning to the client during the moment to moment encounter the therapist is completely at home in the universe of the client, a sensing of the client's inner world of private personal meanings as if it were the counsellors own, while never forgetting it is not yours. Also to sense the client's fear, his confusion, his anger, or his rage as if it were a feeling one might have (but which you are currently not having) And Communicating this perception in a language attuned to the client, which allows him more clearly to sense and formulate his fear, confusion, rage or anger. And to work together with the client to solve the problems identified.	Example, how he lacks confidence, a cheerful person, have high self control, lack self confidence, have poor self concept, so on? etc **Step** 2. The counsellor will give selective attention to the client. **Step** 3 The therapist will recognize the presence of strong feeling in the clinical setting (fear, anger; grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling.(I can imagine that you must be ... **Step 6** The therapist will be Respecting the client's effort to cope with the dilemma. **Step 7** The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step 8** The therapist will be Showing deep and genuine caring, warmth, respect and being there for the client while respecting the patients' effort to cope with the predicament, and offering support and partnership, example ("I am committed to work with you to ..., o.k. Lets' see what we can do together to…etc.

APPENDIX 1: 2nd TREATMENT PROCEDURE (UPR) EXPERIMENTAL GROUP 11

Week one:		
	Goal of the counselling	**The Counselling Process**
	The goal is to provide a climate conducive to helping the individual become a fully functioning person. In a climate of safety in the therapeutic session, to come to realize that there are other possibilities. Also to make the client become increasingly actualized as having (l) an openness to experience, (2) a trust in themselves, (3) an internal source of evaluation, and (4) a willingness to continue growing. And to work together with the-Client to solve the problems identified "By acceptance and a warm regard for him (the client) as a person of unconditional self worth, respect and a liking of him as a separate person, a willingness for him to possess his own feelings in his own way." The counsellor is able to express warm regard toward the client without the constraint of	**Step:** 1. The session will starts by expressing The counsellor's role, which is purely to facilitate the clients' exploration of themselves, their situation and the choices available to them; the counsellor does not interpret, evaluate or judge. And through a conversational and friendly atmosphere with the client feeling comfortable and relax, the client will be made to explore possibilities and become increasingly actualized. Thereafter, the clients will be asked to respond verbally to some items on the self concept scale related to social identity For example why he/she is unfriendly, unhappy, unorganised, fells un organised, dependable, and destructive? etc **Step** 2. The counsellor may 'tap the unspoken relationship in order to get the client disclose Issues to do with dependency, responsibility and transference which often lie quite deep in the therapeutic relationship, having their bases as they do in the needs and fears of the client and sometimes the counsellor. The counsellor used his caring expression to tap the unspoken relationship between himself and the client. After he recognizes a minimum state of anxiety and incongruence, in the clients which is achieve through the recognition of the presence of strong feeling in the clinical setting in the client (fear, anger, grief, disappointment) and so on.

	reciprocity by not depending on the client for self worth or positive regard and thereby allowing the client to be open and honest in the feelings he has for the counsellor. This lack of expectation on behalf of the counsellor allows the client more freedom to be authentic in his relationship to the counsellor. The warmth felt by the client is, however, expected to encourage feelings of trust and safety, and thus further the purpose of genuine disclosure.	**Step** 2 Eventually the therapist will give selective attention to the clients by obtaining the views of the problems from the clients. The therapist will be pausing to imagine how the client might be feeling. **Step** 3. The therapist will be, at this point Stating perception of client's feeling. (I can imagine that you must be really angry) etc **Step** 4. The therapist will begin to be Respecting the client's effort to cope with the predicament. **Step** 5. The therapist will start Offering support and partnership to the client, such as: I am committed to work with you to resolve issues. **Step** 6. The therapist will be Showing deep and genuine caring, warmth, and respect and being he as well as being there for the client.
Week Two:		
	Goal of the counselling	**The Counselling Process**
	The main goal of therapy is to release the individual from any constraints and restrictions. The counsellor's aim is to provide the conditions necessary for this to occur through the therapeutic relationship. Which If successful, the client is enabled to explore in safety, their inner experiences long denied or distorted thinking which are inconsistent with their self-concept Also to discuss the	**Step:** 1. The session will starts with the client being asked to respond verbally to some items of the self concept scale related to physical appearance and ability of the client as a components of self concept For example why he/she un attractive, feels he is ugly, have trouble sleeping etc. **Step** 2. The counsellor will give selective attention to the client's felling and focus on it. **Step** 3 The counsellor will recognize the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling.

	client's self concept as well as posibibilities inherent in the client's faulty perception of himself and to work together with the client to solve the problems identified through the counsellor's experiencing UPR, holding 'no conditions of accepting the client. And offers 'warm acceptance . . . a "prizing" of the client, ie caring for the client and regarding 'each aspect of the client's experience as being part of that client. That caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means caring for the client as a separate person, with permission to have his [or her] own feelings, his [or her] own experiences.	**Step** 5 The therapist will begin Stating the perception of client's feeling, e.g. I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will begin Offering support and partnership to the client such as I am committed to work with you to… **Step** 8 The therapist will be showing deep and genuine caring, warmth, respect and being there for the client.
Week Three:		
	Goal of the counselling	**The Counselling process**
	The Goal of counselling this week is to free the client of learned behaviours that are faulty and even hindering his innate tendency toward self-actualisation. Through counsellors demonstration of unconditional positive regard of the client by accepting the	**Step:** 1. The counselling session will start with the client being asked to respond verbally to some items of self concept scale related to emotional stability. Example why he/she is often depressed, very nervous, worry, un happy, low opinion of self, looses Temper easily, disorganized, lonely, and dissatisfied with self? etc.

	client first of all as a human being without any discrimination irrespective of his religious belief, social status, ethninicity and sex of the client, in the process of discussing the self concept of the client and to work together with the client to solve the problems identified.	**Step** 2. The therapist will gives selective attention to the client. **Step** 3 The therapist will recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling; example ("I can imagine that you must be ... or it sounds like you are upset about ...) **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step** 8 The therapist will be Showing deep and genuine caring, warmth, respect and being himself.
Week Four:		
	Goal of the counselling	**The Counselling Process**
	The Goal of counselling this week is to encourage the client to be able to differentiate and discriminate the object of his feelings including his environment, other persons, his self experiences, etc. thereby expressing feelings depicting the incongruity between his experiences and his concept of self. Gaining awareness and expressing	**Step:** 1. The session will start with the client being asked to respond verbally to some items of the self concept scale related to academic ability and parental relations Example, why is he/she is often hate school, have a poor vocabulary, hate most academic subjects ? etc **Step** 2. The therapist will give selective attention to the client. **Step** 3 The therapist recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating

	this awareness fully, as well as feelings which have in the past been denied to awareness or distorted in awareness. The counselor will be conveying unconditional positive regard of the client when relating to clients in the process of discussing the self concept of the client and working together with the client to solve the problems identified.	perception of client's feeling.(I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the predicament. **Step** 7 The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step 8** The therapist will be legitimizing that feeling of the client; Showing deep and genuine caring, warmth, respect and being himself.
Week five	**Goal of the counselling**	**The Counselling Process**
	The Goal of counselling this week is to make the client's concept of self becomes reorganised to assimilate and include these experiences formally distorted or denied. And to work together with the client to solve the problems identified. Through demonstration of unconditional positive regard for the client.	**Step:** 1. The session will starts with the client being asked to respond verbally to some items of the self concept scale related to spiritual and moral values of the client. Example why is he/she selfish, often not honest, bad, pious, well mannered, fell not very trusted etc. **Step** 2. The therapist will give selective attention to the client. **Step** 3 The therapist recognizes the presence of strong feeling in the clinical setting (fear, anger, grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5 The therapist will be Stating perception of client's feeling.(I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the

		predicament. **Step** 7 The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step** 8 The therapist will be Showing deep and genuine caring, warmth, respect and being himself.
Week Six:		
	Goals of the counselling	**The Counselling Process**
	The Goal of counselling this week is to make the client's self-concept become increasingly congruent with his experiences, by making the self now to include experiences which were preciously threatening to awareness thereby now experiencing the unconditional positive regard of the counsellor, in that he will experience himself as the locus of evaluation. And react to experiences less in terms of his condition of worth and more in terms of an organismic valuing process. And to work together with the client to solve the problems identified.	**Step:** 1. The session will start with the client being asked to respond verbally to some items of the self concept scale related to general esteem and identity of the client. Example, how he lacks confidence, a cheerful person, have high self control, lack self confidence, have poor self concept, so on? etc **Step** 2. The counsellor will give selective attention to the client. **Step** 3:The therapist will recognize the presence of strong feeling in the clinical setting (fear, anger; grief, disappointment) and so on. **Step** 4 The therapist will be Pausing to imagine how the client might be feeling. **Step** 5: The therapist will be Stating perception of client's feeling.(I can imagine that you must be ... **Step** 6 The therapist will be Respecting the client's effort to cope with the dilemma. **Step** 7: The therapist will be Offering support and partnership such as I am committed to work with you to ... **Step** 8: The therapist will be Showing deep and genuine caring, warmth, respect and being there for the client while respecting the patients' effort to cope with the predicament, and offering support and partnership, example ("I am

		committed to work with you to ... Lets' see what we can do together

APPENDIX 2: JUVENILE DELINQUENTS SELF-CONCEPT SCALE (JDSCS) 1ST VERSION

Dear Respondents, I am a postgraduate student of the Department of psychology/Guidance and Counselling Ahmadu Bello University, Zaria, currently undertaking a research in Guidance and Counselling. The questionnaire is designed to find out how you see yourself. Please state how you see yourself by reading guiding statements about self-concept. The boxes provided are on four points scale ranging from: All times, Most times, sometimes, and Not at all. Please tick what applies to you as appropriate. Please be honest and tick exactly as you feel now about the statements. There is no right or wrong answer. All information will be kept highly confidential and will only be used for research purposes.

Thanks in anticipation of your kind cooperation.

SECTION A: PERSONAL DATA OF RESPONDENT

INSTUCTION: Please tick as appropriate

1. Gender a Male. ☐ Female. ☐

2. Age a. Between 12-13. ☐

b Between 14- 15. ☐

c Between 16- 17. ☐

3. What is your highest level of education? ☐

a primary 1- 6. ☐

b JSS 1-3. ☐

c JSS 3- SS 2. ☐

d Did not attend formal school. ☐

SECTION B

SELF CONCEPT SCALE

Instruction: Please tick against each statement which best shows how you see yourself. Please be honesty and tick exactly as you feel now about the statements.

		All of	Most of	Some of the	Not at all

		the time	the time	time	
	SOCIAL IDENTITY				
1	I consider myself easy to get along with				
2	I am popular among my friends				
3	I will rather work with a group than work alone				
4	I believe in spending time and energy in doing things for others				
	PHYSICAL APPEARANCE& ABILITY				
5	I hate sports and physical activities				
6	I like to exercise vigorously at sports and/or physical activities				
7	I am poor at most sports and physical activities				
8	Most of my friends are better looking than I am.				
9	I wish that I were physically more attractive.				
	EMOTIONAL STABILITY				
10	I am usually pretty calm and relaxed.				
11	I am happy most of the time.				
12	I am anxious much of the time				
13	I always feel depressed				
	ACADEMIC ABILITY				
14	I often have to read things several times before I understand them.				
15	I have a lot of intellectual curiosity				
16	I am well behaved in school				
	PARENT RELATIONS				
17	My parents think good of me				
18	I hardly ever saw things the same way as my parents when I was growing up				
19	I still have many unresolved conflicts with my parents				
20	My values are similar to those of my parents.				
	SPIRITUAL & MORAL VALUES				
21	I believe that there will be some form of continuation of my spirit or soul after death				

22	Spiritual/religious beliefs have little to do with the type of person I want to be.				
23	Few, if any of my friends are very spiritual or religious				
24	I don't have a good moral				
25	I feel that I am not very trusted				
	GENERAL ESTEEM & IDENTITY				
26	I am generally satisfied with myself				
27	I am not interested in what others are doing				
28	I don't care to understand other people's view				
29	I often find it hard to talk with other people				
30	It is difficult for me to forgive other people				

APPENDIX 2: JUVENILE DELINQUENTS SELF-CONCEPT SCALE (JDSCS) 2ND VERSION

Dear Respondents,

I am a postgraduate student of the Department of psychology/Guidance and Counselling Ahmadu Bello University, Zaria, currently undertaking a research in Guidance and Counselling. The questionnaire is designed to find out how you see yourself. Please state how you see yourself by reading guiding statements about self-concept. The boxes provided are on four points scale ranging from: All times, Most times, Sometimes, and Not at all. Please tick what applies to you as appropriate. Please be honest and tick exactly as you feel now about the statements. There is no right or wrong answer. All information will be kept highly confidential and will only be used for research purposes.

Thanks in anticipation of your kind cooperation.

SECTION A: PERSONAL DATA OF RESPONDENT

INSTUCTION: Please tick as appropriate

1. Gender a Male. ☐ Female. ☐

2. Age a. Between 12-13. ☐

b Between 14- 15. ☐

c Between 16- 17. ☐

3. What is your highest level of education? ☐

a primary 4- 6. ☐

b JSS 1-3. ☐

c JSS 3- SS 2. ☐

d Did not attend formal school. ☐

SECTION B

SELF CONCEPT SCALE

Instruction: Please tick against each statement which best shows how you see yourself. Please be honesty and tick exactly as you feel now about the statements.

		All times	Most times	Some times	Not at all
	SOCIAL IDENTITY				
1	I am a sociable and friendly person				
2	I hate meeting with people				
3	I feel I am not important				
4	I am a generous Person				
	PHYSICAL APPEARANCE& ABILITY				
5	I am un attractive person				
6	I don't feel as healthy as I should be				
7	I wish to change a few parts of my body				
8	I am very happy about myself appearance				
9	I am not good in games and sport				
	EMOTIONAL STABILITY				
10	I tend to be highly-strung, tense, and restless				
11	I use to spend a lot of time worrying about things				
12	I am often depressed				
13	I tend to be a very nervous person				
	ACADEMIC ABILITY				
14	I enjoy most academic subjects.				
15	I have trouble with most academic subjects				
16	I have good reading comprehension				
	PARENT RELATIONS				

17	My parents are unhappy or disappointed with what I do.				
18	My parents have never had much respect for me.				
19	My parents treated me fairly when I was young.				
20	My parents do not understand me				
	SPIRITUAL & MORAL VALUES				
21	Religious beliefs have little to do with my life philosophy.				
22	Religious beliefs make my life better and make me a happier person				
23	My religious beliefs provide the guidelines by which I conduct my life.				
24	Continuous religious growth is important to me.				
25	I am a better person as a consequence of my religious beliefs				
	GENERAL ESTEEM & IDENTITY				
26	I have a lot of self-confidence				
27	I do nothing that is very important.				
28	I feel Iam not an important person				
29	My friends hate me				
30	Everybody seem to hate me				

RATAYE NA BIYU: JADAWALIN YADDA YARA MABARNATA KE KALLON KANSU: KASHI NA DAYA

GABATARWA: Assalamu alaikum, Ni dalibi ne a Sashen Ilimin Halayyar Dan'Adam da Jagoranci na Jami'ar Ahmadu Bello, Zaria. Ina karatun digiri na uku ne (wato digirin digirgir) inda nake gudanar da bincike a kan 'Effects of Emphathy and Unconditional positive Regard on the self-concept of juvenile delinquents in Kano state.

UMARNI: Ana bukatar ka/ki yayin cike wannnan takarda ka/ki yi bayani yadda ki/ka ke kallon kanka/ki. Akwatunan dake kasa sun kunshi bayanaine masu awon sikeli kamar haka: Kowane Lokaci, Mafi yawancin Lokaci, Wani Lokaci, Babu ko daya: Saika zabi wanda kaga ya kwanta maka. Babu wata amsa ta lalle lalle ko akasin haka. Ana bukatar ka/ki da kyasta wannan alama (√) daga cikin zabi hudun da aka bayar. Duk bayanan da ka/kika bayar za a yi amfani da su ne kawai don wannan bincike.

Godiya nake ta musamman.

Sashe na A: Bayani akan mai bayani

1. Jinsi a Namiji. ☐ Mace. ☐

2. Shekaru a. Tsakanin 12-13 ☐

b Tsakanin 14- 15. ☐

c Tsakanin 16- 17. ☐

3. Menene matakin iliminka/ki? ☐

a Firamare 4- 6. ☐

b JSS 1-3. ☐

c SS 1- 3 ☐

d Babu ko daya. ☐

		Kowane lokaci	**Yawancin lokuta**	**Wani lokaci**	**Babu ko daya**
	KAMANNI NA A MU A MALA				
1	Inada saukin mu'amala				
2	Inada farin jinni cikin abokaina				
3	Nafison aiki cikin mutane				
4	Na yarda da hidimtawa mutane				
	KAMMANI NA HAKIKA				
5	Banison wasannin motsa jiki				
6	Nakan so yin bajinta				
7	Banida kwazo wajen wasanni				
8	Yawacin abokaina sun fini kyawun gani				
9	Naso damandai nafi yaddanake kyau				
	DAIDATON MOTSIN RAI				
10	Ni mai shiru shirune da kyawun sura				
11	Nakan kasance cikin farinciki koyaushe				
12	Nakan dokanta da abubuwa lokuta dadama				
13	Nafaye damuwa dayawa				
	KWAZON ILIMI				
14	Nakanyi karatu tukuru kan ingane				
15	Nakan zaku wajen gane karatu				

16	Dabi'una nada kyau amakaranta				
	TSAKANINA DA IYAYE				
17	Mahaifana suna ganin kirkina				
18	Bana ganin alamura yadda mahaifana ke ganinsu				
19	Iyayena naganin kimata ina karami.				
20	Muradaina iridayane dana mahaifana				
	SHAANIN ADDINI DA IBADA				
21	Na yarda da rayuwa bayan mutuwa.				
22	Addini baida tasiri cikin irin rayuwar danake sha'awa				
23	Kadanne abokaina suka damu da addini				
24	Nadauki shaanin addini da muhimmanci.				
25	Bandamuda a aminceminba				
	SANIN KIMARKAI DA DABI'A				
26	Takowace fuska na gamsu da kaina				
27	Bandamuda shaawar abinda wasu keyiba				
28	Bandamu da fahimtar ra'ayin wasuba				
29	Bandamuda hira cikin abokaiba				
30	Banida yafiya.				

RATAYE NA BIYU: JADAWALIN YADDA YARA MABARNATA KE KALLON KANSU: KASHI NA BIYU

GABATARWA: Assalamu alaikum , Ni dalibi ne a Sashen Ilimin Halayyar Dan'Adam da Jagoranci na Jami'ar Ahmadu Bello, Zaria. Ina karatun digiri na uku ne (wato digirin digirgir) inda nake gudanar da bincike a kan 'Effects of Emphathy and Unconditional positive Regard on the self-concept of juvenile delinquents in North western Nigeria

UMARNI: Ana bukatar ka/ki yayin cike wannnan takarda ka/ki yi bayani yadda ki/ka ke kallon kanka/ki. Akwatunan dake kasa sun kunshi bayanaine masu awon sikeli kamar haka: Kowane Lokaci, Mafi yawancin Lokaci, Wani Lokaci, Babu ko daya: Saika zabi wanda kaga ya kwanta maka. Babu wata amsa ta lalle lalle ko akasin haka. Ana bukatar ka/ki da kyasta wannan alama (√) daga cikin zabi hudun da aka bayar. Duk bayanan da ka/kika bayar za a yi amfani da su ne kawai don wannan bincike.

Godiya nake ta musamman.

Sashe na A: Bayani akan mai bayani

1. Jinsi a Namiji . ☐ Mace. ☐

2. Shekaru a. Tsakanin 12-13 ☐

b Tsakanin 14- 15. ☐

c Tsakanin 16- 17. ☐

3. Menene matakin iliminka/ki?

a Firamare 4- 6. ☐

b JSS 1-3. ☐

c SS 1- 3 ☐

d Babu ko daya. ☐

Sashe Na B

		Kowane lokaci	**Yawancin lokuta**	**Wani lokaci**	**Babu kodaya**

	KAMANNI NA A MU A MALA				
1	Ni mutumne mai son mutane				
2	Na yarda da kaina				
3	Ina kallon kaina a marar kima				
4	Ni mutumne mai alheri				
	KAMMANI NA HAKIKA				
5	Ganina baicika janhankaliba				
6	Banajin kuzari yadda yakamata				
7	Inada bukatar canji ajikina				
8	Ina farin ciki da kamannina				
9	Ban iya wasannin motsa jikiba				
	DAIDATON MOTSIN RAI				
10	Nakan zamo cikin tashin hankali da kidima				
11	Nakan bata lokaci cikin tunane tunane				
12	Lokuta dadama nakan zamo cikin damuwa				
13	Nakan kidime wasu lokutan				
	KWAZON ILIMI				
14	Inajin dadin ayyukan makaranta				
15	Yawan darusan makaranta na bani wahala				
16	Inada saurin koyon karatu				
	TSAKANIN DA IYAYE				
17	Wasu dabiu'na , nabakantawa mahaifana				
18	Iyayena basa kimantani				
19	Iyayena naganin kimata ina karami.				
20	Iyayena basu fahimceniba				
	SHAANIN ADDINI DA IBADA				
21	Rayuwata bata tasirantu da addiniba.				
22	Son addinine na sani farinciki da daidaito				
23	Addinina ke tsaramin rayuwata.				
24	Nadauki shaanin addini da muhimmanci.				
25	Addini ya gyaramin rayuwata				

	SANIN KIMARKAI DA DABI'A				
26	Nayarda da kaina				
27	Ban fiye daukan komai da muhimmanciba				
28	Bani ganinkaina da wata kima				
29	Abokaina suna nunamin tsana				
30	Kusan kowa yatsaneni.				

APPENDIX 3: RAW DATA FROM JDSCS (PRE-TEST AND POST-TEST)

RAW DATA FOR UPR GROUP.sav

	Gender	Age	Group	Pretest	Posttest
1	1.00	1.00	1.00	42.00	70.00
2	1.00	2.00	1.00	44.00	68.00
3	2.00	2.00	1.00	40.00	57.00
4	1.00	2.00	1.00	38.00	60.00
5	1.00	1.00	1.00	42.00	55.00
6	1.00	3.00	1.00	37.00	50.00
7	1.00	2.00	1.00	39.00	45.00
8	2.00	2.00	1.00	35.00	50.00
9	1.00	1.00	1.00	40.00	51.00
10	1.00	1.00	1.00	41.00	48.00
11	2.00	2.00	1.00	56.00	70.00
12	1.00	1.00	1.00	46.00	60.00
13	1.00	2.00	1.00	36.00	52.00
14	1.00	3.00	1.00	36.00	51.00
15	2.00	3.00	1.00	38.00	60.00
16	1.00	1.00	2.00	41.00	41.00
17	1.00	2.00	2.00	37.00	38.00
18	1.00	2.00	2.00	43.00	43.00
19	2.00	1.00	2.00	44.00	45.00
20	1.00	2.00	2.00	45.00	44.00
21	1.00	3.00	2.00	52.00	53.00
22	2.00	1.00	2.00	38.00	40.00
23	1.00	2.00	2.00	39.00	40.00
24	1.00	3.00	2.00	47.00	46.00
25	1.00	2.00	2.00	45.00	47.00
26	1.00	2.00	2.00	37.00	39.00
27	2.00	1.00	2.00	38.00	37.00
28	1.00	2.00	2.00	40.00	41.00
29	1.00	2.00	2.00	42.00	43.00
30	1.00	3.00	2.00	40.00	42.00

RAW DATA FOR EMPATHY.sav

	Gender	Age	Groups	Pretest	Posttest
1	1.00	1.00	1.00	40.00	58.00
2	1.00	2.00	1.00	39.00	60.00
3	1.00	2.00	1.00	42.00	58.00
4	2.00	3.00	1.00	38.00	45.00
5	1.00	3.00	1.00	44.00	50.00
6	1.00	2.00	1.00	42.00	48.00
7	2.00	2.00	1.00	36.00	43.00
8	2.00	2.00	1.00	55.00	62.00
9	1.00	1.00	1.00	32.00	46.00
10	1.00	3.00	1.00	35.00	41.00
11	1.00	2.00	1.00	37.00	43.00
12	2.00	2.00	1.00	45.00	51.00
13	2.00	1.00	1.00	49.00	60.00
14	1.00	3.00	1.00	33.00	48.00
15	2.00	1.00	1.00	39.00	50.00
16	1.00	2.00	2.00	44.00	44.00
17	1.00	2.00	2.00	37.00	35.00
18	2.00	2.00	2.00	32.00	31.00
19	1.00	1.00	2.00	46.00	45.00
20	1.00	2.00	2.00	55.00	53.00
21	2.00	2.00	2.00	44.00	45.00
22	2.00	3.00	2.00	42.00	42.00
23	1.00	2.00	2.00	38.00	37.00
24	1.00	2.00	2.00	40.00	39.00
25	1.00	1.00	2.00	31.00	30.00
26	2.00	2.00	2.00	49.00	47.00
27	1.00	1.00	2.00	40.00	41.00
28	1.00	2.00	2.00	47.00	46.00
29	1.00	1.00	2.00	44.00	43.00
30	2.00	3.00	2.00	46.00	45.00

RAW DATA UPR GROUP GENDER & AGE.sav

	Gender	Age	Groups	Pretest	Posttest
1	1.00	1.00	1.00	42.00	70.00
2	1.00	2.00	1.00	44.00	68.00
3	2.00	2.00	1.00	40.00	57.00
4	1.00	2.00	1.00	38.00	60.00
5	1.00	1.00	1.00	42.00	55.00
6	1.00	3.00	1.00	37.00	50.00
7	1.00	2.00	1.00	39.00	45.00
8	2.00	2.00	1.00	35.00	50.00
9	1.00	1.00	1.00	40.00	51.00
10	1.00	1.00	1.00	41.00	48.00
11	2.00	2.00	1.00	56.00	70.00
12	1.00	1.00	1.00	46.00	60.00
13	1.00	2.00	1.00	36.00	52.00
14	1.00	3.00	1.00	36.00	51.00
15	2.00	3.00	1.00	38.00	60.00

RAW DATA FOR EXPERIMENTAL (EMPATHY) GENDER & AGE.sav

	Gender	Age	Groups	Pretest	Posttest
1	1.00	1.00	1.00	42.00	58.00
2	1.00	2.00	1.00	44.00	60.00
3	2.00	2.00	1.00	40.00	58.00
4	1.00	2.00	1.00	38.00	45.00
5	1.00	1.00	1.00	42.00	50.00
6	1.00	3.00	1.00	37.00	48.00
7	1.00	2.00	1.00	39.00	43.00
8	2.00	2.00	1.00	35.00	62.00
9	1.00	1.00	1.00	40.00	46.00
10	1.00	1.00	1.00	41.00	41.00
11	2.00	2.00	1.00	56.00	43.00
12	1.00	1.00	1.00	46.00	51.00
13	1.00	2.00	1.00	36.00	60.00
14	1.00	3.00	1.00	36.00	48.00
15	2.00	3.00	1.00	38.00	50.00

RAW DATA FOR POSTTEST (EMPATHY VS UPR).sav

	Groups	Posttest
1	1.00	58.00
2	1.00	60.00
3	1.00	58.00
4	1.00	45.00
5	1.00	50.00
6	1.00	48.00
7	1.00	43.00
8	1.00	62.00
9	1.00	46.00
10	1.00	41.00
11	1.00	43.00
12	1.00	51.00
13	1.00	60.00
14	1.00	48.00
15	1.00	50.00
16	2.00	70.00
17	2.00	68.00
18	2.00	57.00
19	2.00	60.00
20	2.00	55.00
21	2.00	50.00
22	2.00	45.00
23	2.00	50.00
24	2.00	51.00
25	2.00	48.00
26	2.00	70.00
27	2.00	60.00
28	2.00	52.00
29	2.00	51.00
30	2.00	60.00

APPENDIX 4: HYPOTHESES TESTING STATISTICS

```
T-TEST GROUPS=Groups(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Pretest Posttest
  /CRITERIA=CI(.9500).
```

T-Test

```
[DataSet0]
```

Group Statistics

	GROUPS	N	Mean	Std. Deviation	Std. Error Mean
PRE-TEST SCORES	Experimental Group	15	40.4000	6.10386	1.57601
	Control Group	15	42.4000	6.32230	1.63241
POST-TEST SCORES	Experimental Group	15	50.8667	7.01902	1.81230
	Control Group	15	41.9333	6.63827	1.71399

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
PRE-TEST SCORES	Equal variances assumed	.045	.833	-.881	28	.386
	Equal variances not assumed			-.881	27.965	.386
POST-TEST SCORES	Equal variances assumed	.343	.563	3.581	28	.001
	Equal variances not assumed			3.581	27.913	.001

Independent Samples Test

		t-test for Equality of Means			
				95% Confidence Interval of the Difference	
		Mean Difference	Std. Error Difference	Lower	Upper
PRE-TEST SCORES	Equal variances assumed	-2.00000	2.26905	-6.64793	2.64793
	Equal variances not assumed	-2.00000	2.26905	-6.64819	2.64819
POST-TEST SCORES	Equal variances assumed	8.93333	2.49444	3.82371	14.04296
	Equal variances not assumed	8.93333	2.49444	3.82299	14.04367

```
T-TEST GROUPS=Group(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Pretest Posttest
  /CRITERIA=CI(.9500).
```

[DataSet0]

Group Statistics

	GROUPS	N	Mean	Std. Deviation	Std. Error Mean
PRETEST SCORES	Experimental Group	15	40.6667	5.24631	1.35459
	Control Group	15	41.8667	4.20657	1.08613
POSTTEST SCORES	Experimental Group	15	56.4667	8.04334	2.07678
	Control Group	15	42.3000	4.06729	1.05017

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
PRETEST SCORES	Equal variances assumed	.058	.811	-.691	28	.495
	Equal variances not assumed			-.691	26.737	.495
POSTTEST SCORES	Equal variances assumed	7.986	.009	5.959	28	.000
	Equal variances not assumed			5.959	20.720	.000

Independent Samples Test

		t-test for Equality of Means			
		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
				Lower	Upper
PRETEST SCORES	Equal variances assumed	-1.20000	1.73626	-4.75657	2.35657
	Equal variances not assumed	-1.20000	1.73626	-4.76416	2.36416
POSTTEST SCORES	Equal variances assumed	13.86667	2.32720	9.09961	18.63373
	Equal variances not assumed	13.86667	2.32720	9.02300	18.71033

```
T-TEST GROUPS=Groups(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Posttest
  /CRITERIA=CI(.9500).
```

T-Test

```
[DataSet0]
```

Group Statistics

	Groups	N	Mean	Std. Deviation	Std. Error Mean
Posttest scores	Empathy Group	15	50.8667	7.01902	1.81230
	UPR Group	15	56.4667	8.04334	2.07678

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Posttest scores	Equal variances assumed	.310	.582	-2.032	28	.052
	Equal variances not assumed			-2.032	27.496	.052

Independent Samples Test

		t-test for Equality of Means			
				95% Confidence Interval of the Difference	
		Mean Difference	Std. Error Difference	Lower	Upper
Posttest scores	Equal variances assumed	-5.60000	2.75635	-11.24613	.04613
	Equal variances not assumed	-5.60000	2.75635	-11.25079	.05079

```
T-TEST GROUPS=Gender(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Posttest
  /CRITERIA=CI(.9500).
```

T-Test

HYPOTHESIS FOUR POSTTEST GENDER VS EMPATHY

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
POSTTEST SCORES	Male	11	55.4545	8.10387	2.44341
	Female	4	59.2500	8.30161	4.15080

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
POSTTEST SCORES	Equal variances assumed	.103	.754	-.798	13	.439
	Equal variances not assumed			-.788	5.250	.465

Independent Samples Test

		t-test for Equality of Means			
				95% Confidence Interval of the Difference	
		Mean Difference	Std. Error Difference	Lower	Upper
POSTTEST SCORES	Equal variances assumed	-3.79545	4.75853	-14.07564	6.48473
	Equal variances not assumed	-3.79545	4.81658	-16.00146	8.41055

```
ONEWAY Posttest BY Age
  /STATISTICS DESCRIPTIVES
  /PLOT MEANS
  /MISSING ANALYSIS
  /POSTHOC=SCHEFFE ALPHA(0.05).
```

Oneway

```
[DataSet0]
```

Descriptives

POSTTEST SCORES

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
12-13 years	5	56.8000	8.64292	3.86523	46.0684	67.5316	48.00	70.00
14-15 years	7	57.4286	9.27105	3.50413	48.8543	66.0029	45.00	70.00
16-17 years	3	53.6667	5.50757	3.17980	39.9851	67.3482	50.00	60.00
Total	15	56.4667	8.04334	2.07678	52.0124	60.9209	45.00	70.00

ANOVA

POSTTEST SCORES

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	30.552	2	15.276	.209	.814
Within Groups	875.181	12	72.932		
Total	905.733	14			

Post Hoc Tests

Multiple Comparisons

POSTTEST SCORES
Scheffe

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
12-13 years	14-15 years	-.62857	5.00052	.992	-14.5679	13.3108
	16-17 years	3.13333	6.23674	.883	-14.2521	20.5187
14-15 years	12-13 years	.62857	5.00052	.992	-13.3108	14.5679
	16-17 years	3.76190	5.89317	.818	-12.6658	20.1896

Multiple Comparisons

POSTTEST SCORES
Scheffe

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
16-17 years	12-13 years	-3.13333	6.23674	.883	-20.5187	14.2521
	14-15 years	-3.76190	5.89317	.818	-20.1896	12.6658

Homogeneous Subsets

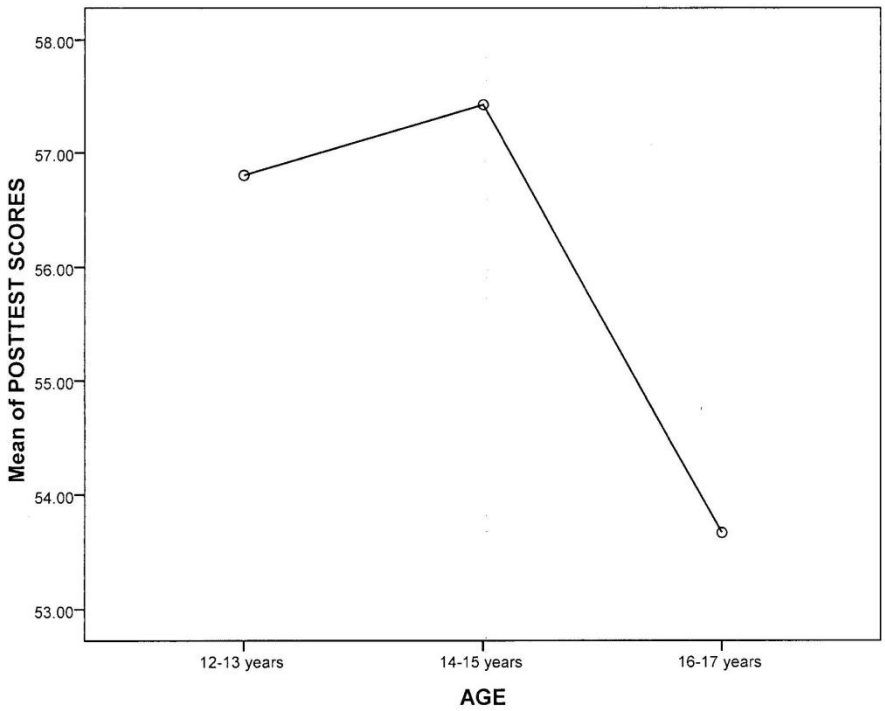
POSTTEST SCORES

Scheffe

AGE	N	Subset for alpha = 0.05
		1
16-17 years	3	53.6667
12-13 years	5	56.8000
14-15 years	7	57.4286
Sig.		.809

Means for groups in homogeneous subsets are displayed.

Means Plots



```
T-TEST GROUPS=Gender(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Posttest
  /CRITERIA=CI(.9500).
```

T-Test

```
[DataSet0] C:\Users\FCEKANO\Documents\RAW DATA UPR GROUP GENDER  AGE.sav
```

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
POSTTEST SCORES	Male	11	55.4545	8.10387	2.44341
	Female	4	59.2500	8.30161	4.15080

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
POSTTEST SCORES	Equal variances assumed	.103	.754	-.798	13	.439
	Equal variances not assumed			-.788	5.250	.465

Independent Samples Test

		t-test for Equality of Means			
				95% Confidence Interval of the Difference	
		Mean Difference	Std. Error Difference	Lower	Upper
POSTTEST SCORES	Equal variances assumed	-3.79545	4.75853	-14.07564	6.48473
	Equal variances not assumed	-3.79545	4.81658	-16.00146	8.41055

```
ONEWAY Posttest BY Age
  /STATISTICS DESCRIPTIVES
  /PLOT MEANS
  /MISSING ANALYSIS
  /POSTHOC=SCHEFFE ALPHA(0.05).
```

Oneway

```
[DataSet0] C:\Users\FCEKANO\Documents\RAW DATA UPR GROUP GENDER  AGE.sav
```

Descriptives

POSTTEST SCORES

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
12-13 Years	5	56.8000	8.64292	3.86523	46.0684	67.5316	48.00	70.00
14-15 years	7	57.4286	9.27105	3.50413	48.8543	66.0029	45.00	70.00
16-17 Years	3	53.6667	5.50757	3.17980	39.9851	67.3482	50.00	60.00
Total	15	56.4667	8.04334	2.07678	52.0124	60.9209	45.00	70.00

ANOVA

POSTTEST SCORES

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	30.552	2	15.276	.209	.814
Within Groups	875.181	12	72.932		
Total	905.733	14			

Post Hoc Tests

Multiple Comparisons

POSTTEST SCORES
Scheffe

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
12-13 Years	14-15 years	-.62857	5.00052	.992	-14.5679	13.3108
	16-17 Years	3.13333	6.23674	.883	-14.2521	20.5187
14-15 years	12-13 Years	.62857	5.00052	.992	-13.3108	14.5679
	16-17 Years	3.76190	5.89317	.818	-12.6658	20.1896

Multiple Comparisons

POSTTEST SCORES
Scheffe

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
16-17 Years	12-13 Years	-3.13333	6.23674	.883	-20.5187	14.2521
	14-15 years	-3.76190	5.89317	.818	-20.1896	12.6658

Homogeneous Subsets

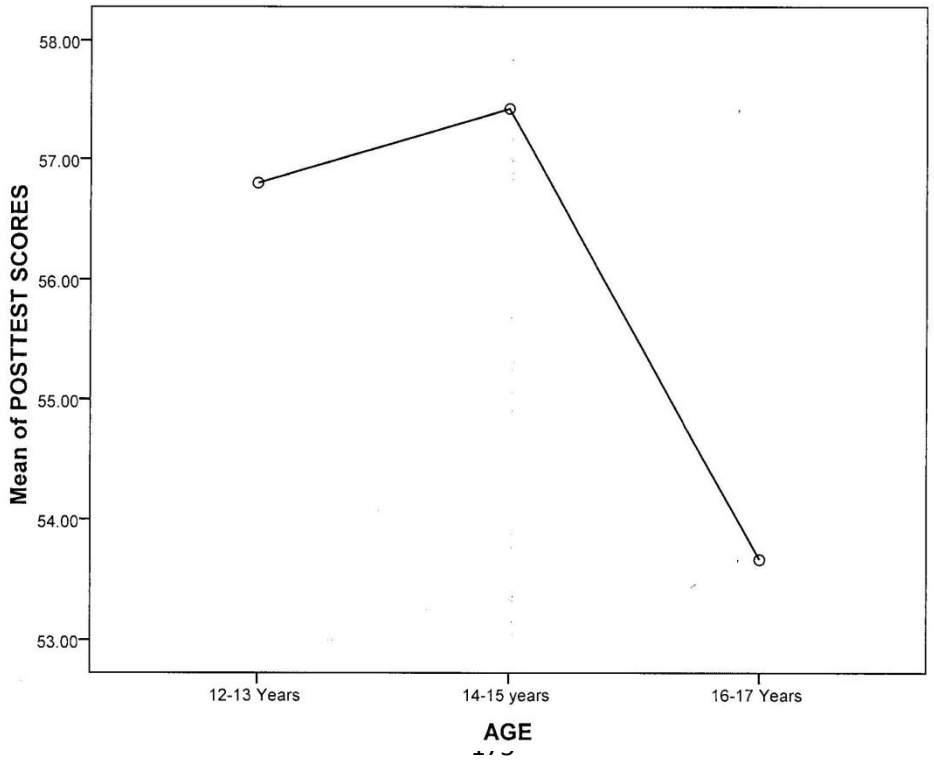
POSTTEST SCORES

Scheffe

AGE	N	Subset for alpha = 0.05
		1
16-17 Years	3	53.6667
12-13 Years	5	56.8000
14-15 years	7	57.4286
Sig.		.809

Means for groups in homogeneous subsets are displayed.

Means Plots



```
GET
  FILE='C:\Users\FCEKANO\Desktop\renewed Ananlysis\RAW DATA FOR EXPERIMENTAL (EMPATHY) GENDER  AGE.sav'.
DATASET NAME DataSet0 WINDOW=FRONT.
T-TEST GROUPS=Gender(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Posttest
  /CRITERIA=CI(.9500).
```

T-Test

APPENDIX 3: RAW DATA FROM JDSCS EMPATHY AND GENDER

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
POSTTEST SCORES	Male	11	50.0000	6.66333	2.00907
	Female	4	53.2500	8.46069	4.23035

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
POSTTEST SCORES	Equal variances assumed	.488	.497	-.782	13	.448
	Equal variances not assumed			-.694	4.438	.522

Independent Samples Test

		t-test for Equality of Means			
				95% Confidence Interval of the Difference	
		Mean Difference	Std. Error Difference	Lower	Upper
POSTTEST SCORES	Equal variances assumed	-3.25000	4.15631	-12.22916	5.72916
	Equal variances not assumed	-3.25000	4.68318	-15.76164	9.26164

```
ONEWAY Posttest BY Age
  /STATISTICS DESCRIPTIVES
  /PLOT MEANS
  /MISSING ANALYSIS
  /POSTHOC=SCHEFFE ALPHA(0.05).
```

Oneway

[DataSet1] C:\Users\FCEKANO\Desktop\renewed Ananlysis\RAW DATA FOR EXPERIMENTAL (EMPATHY) GENDER AGE.sav

Descriptives

POSTTEST SCORES

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
12-13 years	5	49.2000	6.30079	2.81780	41.3765	57.0235	41.00	58.00
14-15 years	7	53.0000	8.83176	3.33809	44.8320	61.1680	43.00	62.00
16-17 years	3	48.6667	1.15470	.66667	45.7982	51.5351	48.00	50.00
Total	15	50.8667	7.01902	1.81230	46.9797	54.7537	41.00	62.00

ANOVA

POSTTEST SCORES

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	60.267	2	30.133	.574	.578
Within Groups	629.467	12	52.456		
Total	689.733	14			

Post Hoc Tests

Multiple Comparisons

POSTTEST SCORES
Scheffe

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
12-13 years	14-15 years	-3.80000	4.24084	.678	-15.6217	8.0217
	16-17 years	.53333	5.28926	.995	-14.2109	15.2776
14-15 years	12-13 years	3.80000	4.24084	.678	-8.0217	15.6217
	16-17 years	4.33333	4.99788	.694	-9.5987	18.2653
16-17 years	12-13 years	-.53333	5.28926	.995	-15.2776	14.2109
	14-15 years	-4.33333	4.99788	.694	-18.2653	9.5987

Homogeneous Subsets

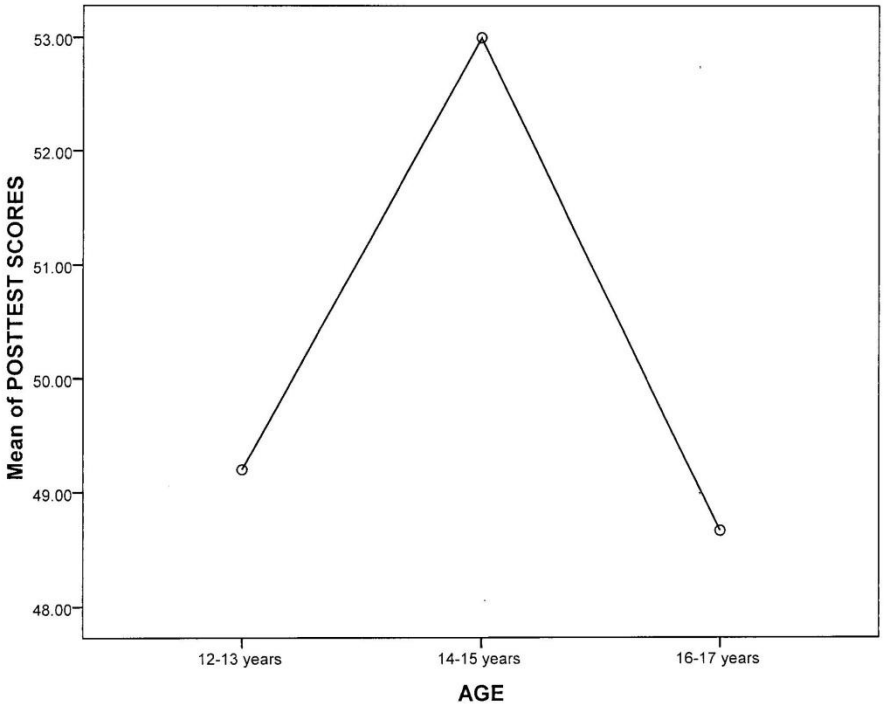
POSTTEST SCORES

Scheffe

AGE	N	Subset for alpha = 0.05 1
16-17 years	3	48.6667
12-13 years	5	49.2000
14-15 years	7	53.0000
Sig.		.681

Means for groups in homogeneous subsets are displayed.

Means Plots



APPENDIX 5: CORRELATION STATISTICS (PILOT STUDY)

```
CORRELATIONS
  /VARIABLES=test retest
  /PRINT=TWOTAIL NOSIG
  /MISSING=PAIRWISE.
```

Correlations

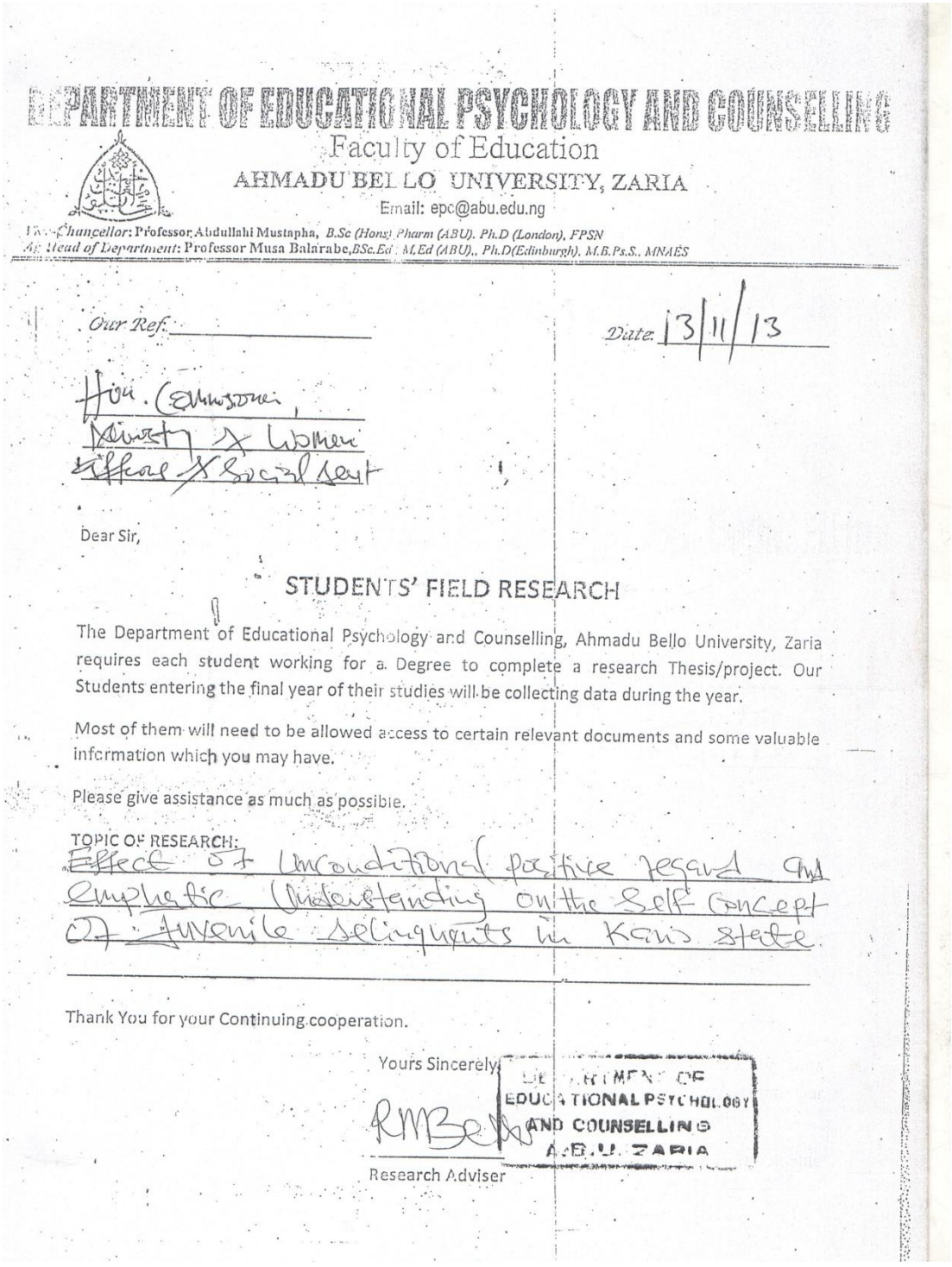
```
[DataSet0]
```

Correlations

		test	retest
test	Pearson Correlation	1	.767**
	Sig. (2-tailed)		.000
	N	30	30
retest	Pearson Correlation	.767**	1
	Sig. (2-tailed)	.000	
	N	30	30

**. Correlation is significant at the 0.01 level (2-tailed).

APPENDIX 6: INTRODUCTION LETTER



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING
Faculty of Education
AHMADU BELLO UNIVERSITY, ZARIA
Email: epc@abu.edu.ng
The Chancellor: Professor Abdullahi Mustapha, B.Sc (Hons) Pharm (ABU). Ph.D (London), FPSN
Ag. Head of Department: Professor Musa Balarabe, BSc.Ed., M.Ed (ABU),, Ph.D(Edinburgh), M.B.Ps.S., MNAES

Our Ref: _____ Date 13/11/13

Hon. Commissioner,
Ministry of Women
Affairs & Social Dev't

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research Thesis/project. Our Students entering the final year of their studies will be collecting data during the year.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

Please give assistance as much as possible.

TOPIC OF RESEARCH:
Effect of Unconditional positive regard and Emphatic Understanding on the Self Concept of Juvenile delinquents in Kano State.

Thank You for your Continuing cooperation.

Yours Sincerely,
RM Bello
Research Adviser

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING A.B.U. ZARIA

APPENDIX 7: COVERING LETTERS (MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT)

MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

OFFICE: Bank Road, P.M.B. 3280, Kano

☎: 064-646376, 632308 Fax: 064-646376, 632308

Our Ref: MWASD/OFF/75/VI.I Your Ref: Date: 4th Dec., 2013 ~~1 Safar, 1434AH~~

The Officer, Incharge,
Remand Home,
Goron Dutse,
Kano.

RE: STUDENT FIELD RESEARCH

Reference to the letter dated 13th November, 2013. I'm under instruction to write and refer Mukhtar Muhammad from the Dept. of Educational Psychology and Counseling Ahmadu Bello University Zaria to conduct his topic research "Effect of Empathy and Unconditional positive regard on the self concept of Juvenile Delinquents in North Western - Nigeria"

2. Based on the foregoing, you are requested to allow him and give him all necessary assistance he may require in your organization/ Center please.

3. Best Regards.

Mujtaba M. Hassan
Chief Asst. Social Welfare Officer
For: Hon. Commissioner,

MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

OFFICE: Bank Road, P.M.B. 3280, Kano

☎: 064-646376, 632308 Fax: 064-646376, 632308

Our Ref: MWASD/OFF/75/VI.I Your Ref: Date: 4th Dec., 2013 / 1 Safar, 1434AH

The General Manager,
Kano Reformatory Institute
Kiru,
Kano.

RE: STUDENT FIELD RESEARCH

Reference to the letter dated 13th November, 2013. I'm under instruction to write and refer Mukhtar Muhammad from the Dept. of Educational Psychology and Counseling Ahmadu Bello University Zaria to conduct his topic research "Effect of Empathy and Unconditional positive regard on the self concept of Juvenile Delinquents in North Western - Nigeria"

2. Based on the foregoing, you are requested to allow him and give him all necessary assistance he may require in your organization/ Center please.

3. Best Regards.

Mujtaba M. Hassan
Chief Asst. Social Welfare Officer
For: Hon. Commissioner,

APPENDIX 8: TABLE OF CRITICAL VALUES FOR THE *F*- DISTRIBUTION AND STUDENT T-TEST

Table of critical values for the F distribution (for use with ANOVA):

How to use this table:

There are two tables here. The first one gives critical values of F at the p = 0.05 level of significance. The second table gives critical values of F at the p = 0.01 level of significance.

1. Obtain your F-ratio. This has (x,y) degrees of freedom associated with it.
2. Go along x columns, and down y rows. The point of intersection is your critical F-ratio.
3. If your obtained value of F is equal to or larger than this critical F-value, then your result is significant at that level of probability.

An example: I obtain an F ratio of 3.96 with (2, 24) degrees of freedom.
I go along 2 columns and down 24 rows. The critical value of F is 3.40. My obtained F-ratio is larger than this, and so I conclude that my obtained F-ratio is likely to occur by chance with a p<.05.

Critical values of F for the 0.05 significance level:

	1	2	3	4	5	6	7	8	9	10
1	161.45	199.50	215.71	224.58	230.16	233.99	236.77	238.88	240.54	241.88
2	18.51	19.00	19.16	19.25	19.30	19.33	19.35	19.37	19.39	19.40
3	10.13	9.55	9.28	9.12	9.01	8.94	8.89	8.85	8.81	8.79
4	7.71	6.94	6.59	6.39	6.26	6.16	6.09	6.04	6.00	5.96
5	6.61	5.79	5.41	5.19	5.05	4.95	4.88	4.82	4.77	4.74
6	5.99	5.14	4.76	4.53	4.39	4.28	4.21	4.15	4.10	4.06
7	5.59	4.74	4.35	4.12	3.97	3.87	3.79	3.73	3.68	3.64
8	5.32	4.46	4.07	3.84	3.69	3.58	3.50	3.44	3.39	3.35
9	5.12	4.26	3.86	3.63	3.48	3.37	3.29	3.23	3.18	3.14
10	4.97	4.10	3.71	3.48	3.33	3.22	3.14	3.07	3.02	2.98
11	4.84	3.98	3.59	3.36	3.20	3.10	3.01	2.95	2.90	2.85
12	4.75	3.89	3.49	3.26	3.11	3.00	2.91	2.85	2.80	2.75
13	4.67	3.81	3.41	3.18	3.03	2.92	2.83	2.77	2.71	2.67
14	4.60	3.74	3.34	3.11	2.96	2.85	2.76	2.70	2.65	2.60
15	4.54	3.68	3.29	3.06	2.90	2.79	2.71	2.64	2.59	2.54
16	4.49	3.63	3.24	3.01	2.85	2.74	2.66	2.59	2.54	2.49
17	4.45	3.59	3.20	2.97	2.81	2.70	2.61	2.55	2.49	2.45
18	4.41	3.56	3.16	2.93	2.77	2.66	2.58	2.51	2.46	2.41
19	4.38	3.52	3.13	2.90	2.74	2.63	2.54	2.48	2.42	2.38
20	4.35	3.49	3.10	2.87	2.71	2.60	2.51	2.45	2.39	2.35
21	4.33	3.47	3.07	2.84	2.69	2.57	2.49	2.42	2.37	2.32
22	4.30	3.44	3.05	2.82	2.66	2.55	2.46	2.40	2.34	2.30
23	4.28	3.42	3.03	2.80	2.64	2.53	2.44	2.38	2.32	2.28
24	4.26	3.40	3.01	2.78	2.62	2.51	2.42	2.36	2.30	2.26
25	4.24	3.39	2.99	2.76	2.60	2.49	2.41	2.34	2.28	2.24
26	4.23	3.37	2.98	2.74	2.59	2.47	2.39	2.32	2.27	2.22
27	4.21	3.35	2.96	2.73	2.57	2.46	2.37	2.31	2.25	2.20
28	4.20	3.34	2.95	2.71	2.56	2.45	2.36	2.29	2.24	2.19
29	4.18	3.33	2.93	2.70	2.55	2.43	2.35	2.28	2.22	2.18
30	4.17	3.32	2.92	2.69	2.53	2.42	2.33	2.27	2.21	2.17
31	4.16	3.31	2.91	2.68	2.52	2.41	2.32	2.26	2.20	2.15
32	4.15	3.30	2.90	2.67	2.51	2.40	2.31	2.24	2.19	2.14
33	4.14	3.29	2.89	2.66	2.50	2.39	2.30	2.24	2.18	2.13
34	4.13	3.28	2.88	2.65	2.49	2.38	2.29	2.23	2.17	2.12
35	4.12	3.27	2.87	2.64	2.49	2.37	2.29	2.22	2.16	2.11

36	4.11	3.26	2.87	2.63	2.48	2.36	2.28	2.21	2.15	2.11
37	4.11	3.25	2.86	2.63	2.47	2.36	2.27	2.20	2.15	2.10
38	4.10	3.25	2.85	2.62	2.46	2.35	2.26	2.19	2.14	2.09
39	4.09	3.24	2.85	2.61	2.46	2.34	2.26	2.19	2.13	2.08
40	4.09	3.23	2.84	2.61	2.45	2.34	2.25	2.18	2.12	2.08
41	4.08	3.23	2.83	2.60	2.44	2.33	2.24	2.17	2.12	2.07
42	4.07	3.22	2.83	2.59	2.44	2.32	2.24	2.17	2.11	2.07
43	4.07	3.21	2.82	2.59	2.43	2.32	2.23	2.16	2.11	2.06
44	4.06	3.21	2.82	2.58	2.43	2.31	2.23	2.16	2.10	2.05
45	4.06	3.20	2.81	2.58	2.42	2.31	2.22	2.15	2.10	2.05
46	4.05	3.20	2.81	2.57	2.42	2.30	2.22	2.15	2.09	2.04
47	4.05	3.20	2.80	2.57	2.41	2.30	2.21	2.14	2.09	2.04
48	4.04	3.19	2.80	2.57	2.41	2.30	2.21	2.14	2.08	2.04
49	4.04	3.19	2.79	2.56	2.40	2.29	2.20	2.13	2.08	2.03
50	4.03	3.18	2.79	2.56	2.40	2.29	2.20	2.13	2.07	2.03
51	4.03	3.18	2.79	2.55	2.40	2.28	2.20	2.13	2.07	2.02
52	4.03	3.18	2.78	2.55	2.39	2.28	2.19	2.12	2.07	2.02
53	4.02	3.17	2.78	2.55	2.39	2.28	2.19	2.12	2.06	2.02
54	4.02	3.17	2.78	2.54	2.39	2.27	2.19	2.12	2.06	2.01
55	4.02	3.17	2.77	2.54	2.38	2.27	2.18	2.11	2.06	2.01
56	4.01	3.16	2.77	2.54	2.38	2.27	2.18	2.11	2.05	2.01
57	4.01	3.16	2.77	2.53	2.38	2.26	2.18	2.11	2.05	2.00
58	4.01	3.16	2.76	2.53	2.37	2.26	2.17	2.10	2.05	2.00
59	4.00	3.15	2.76	2.53	2.37	2.26	2.17	2.10	2.04	2.00
60	4.00	3.15	2.76	2.53	2.37	2.25	2.17	2.10	2.04	1.99
61	4.00	3.15	2.76	2.52	2.37	2.25	2.16	2.09	2.04	1.99
62	4.00	3.15	2.75	2.52	2.36	2.25	2.16	2.09	2.04	1.99
63	3.99	3.14	2.75	2.52	2.36	2.25	2.16	2.09	2.03	1.99
64	3.99	3.14	2.75	2.52	2.36	2.24	2.16	2.09	2.03	1.98
65	3.99	3.14	2.75	2.51	2.36	2.24	2.15	2.08	2.03	1.98
66	3.99	3.14	2.74	2.51	2.35	2.24	2.15	2.08	2.03	1.98
67	3.98	3.13	2.74	2.51	2.35	2.24	2.15	2.08	2.02	1.98
68	3.98	3.13	2.74	2.51	2.35	2.24	2.15	2.08	2.02	1.97
69	3.98	3.13	2.74	2.51	2.35	2.23	2.15	2.08	2.02	1.97
70	3.98	3.13	2.74	2.50	2.35	2.23	2.14	2.07	2.02	1.97
71	3.98	3.13	2.73	2.50	2.34	2.23	2.14	2.07	2.02	1.97
72	3.97	3.12	2.73	2.50	2.34	2.23	2.14	2.07	2.01	1.97
73	3.97	3.12	2.73	2.50	2.34	2.23	2.14	2.07	2.01	1.96
74	3.97	3.12	2.73	2.50	2.34	2.22	2.14	2.07	2.01	1.96
75	3.97	3.12	2.73	2.49	2.34	2.22	2.13	2.06	2.01	1.96
76	3.97	3.12	2.73	2.49	2.34	2.22	2.13	2.06	2.01	1.96
77	3.97	3.12	2.72	2.49	2.33	2.22	2.13	2.06	2.00	1.96
78	3.96	3.11	2.72	2.49	2.33	2.22	2.13	2.06	2.00	1.95
79	3.96	3.11	2.72	2.49	2.33	2.22	2.13	2.06	2.00	1.95
80	3.96	3.11	2.72	2.49	2.33	2.21	2.13	2.06	2.00	1.95
81	3.96	3.11	2.72	2.48	2.33	2.21	2.13	2.06	2.00	1.95
82	3.96	3.11	2.72	2.48	2.33	2.21	2.12	2.05	2.00	1.95
83	3.96	3.11	2.72	2.48	2.32	2.21	2.12	2.05	2.00	1.95
84	3.96	3.11	2.71	2.48	2.32	2.21	2.12	2.05	1.99	1.95
85	3.95	3.10	2.71	2.48	2.32	2.21	2.12	2.05	1.99	1.94

86	3.95	3.10	2.71	2.48	2.32	2.21	2.12	2.05	1.99	1.94
87	3.95	3.10	2.71	2.48	2.32	2.21	2.12	2.05	1.99	1.94
88	3.95	3.10	2.71	2.48	2.32	2.20	2.12	2.05	1.99	1.94
89	3.95	3.10	2.71	2.47	2.32	2.20	2.11	2.04	1.99	1.94
90	3.95	3.10	2.71	2.47	2.32	2.20	2.11	2.04	1.99	1.94
91	3.95	3.10	2.71	2.47	2.32	2.20	2.11	2.04	1.98	1.94
92	3.95	3.10	2.70	2.47	2.31	2.20	2.11	2.04	1.98	1.94
93	3.94	3.09	2.70	2.47	2.31	2.20	2.11	2.04	1.98	1.93
94	3.94	3.09	2.70	2.47	2.31	2.20	2.11	2.04	1.98	1.93
95	3.94	3.09	2.70	2.47	2.31	2.20	2.11	2.04	1.98	1.93
96	3.94	3.09	2.70	2.47	2.31	2.20	2.11	2.04	1.98	1.93
97	3.94	3.09	2.70	2.47	2.31	2.19	2.11	2.04	1.98	1.93
98	3.94	3.09	2.70	2.47	2.31	2.19	2.10	2.03	1.98	1.93
99	3.94	3.09	2.70	2.46	2.31	2.19	2.10	2.03	1.98	1.93
100	3.94	3.09	2.70	2.46	2.31	2.19	2.10	2.03	1.98	1.93

Critical values of F for the 0.01 significance level:

	1	2	3	4	5	6	7	8	9	10
1	4052.19	4999.52	5403.34	5624.62	5763.65	5858.97	5928.33	5981.10	6022.50	6055.85
2	98.50	99.00	99.17	99.25	99.30	99.33	99.36	99.37	99.39	99.40
3	34.12	30.82	29.46	28.71	28.24	27.91	27.67	27.49	27.35	27.23
4	21.20	18.00	16.69	15.98	15.52	15.21	14.98	14.80	14.66	14.55
5	16.26	13.27	12.06	11.39	10.97	10.67	10.46	10.29	10.16	10.05
6	13.75	10.93	9.78	9.15	8.75	8.47	8.26	8.10	7.98	7.87
7	12.25	9.55	8.45	7.85	7.46	7.19	6.99	6.84	6.72	6.62
8	11.26	8.65	7.59	7.01	6.63	6.37	6.18	6.03	5.91	5.81
9	10.56	8.02	6.99	6.42	6.06	5.80	5.61	5.47	5.35	5.26
10	10.04	7.56	6.55	5.99	5.64	5.39	5.20	5.06	4.94	4.85
11	9.65	7.21	6.22	5.67	5.32	5.07	4.89	4.74	4.63	4.54
12	9.33	6.93	5.95	5.41	5.06	4.82	4.64	4.50	4.39	4.30
13	9.07	6.70	5.74	5.21	4.86	4.62	4.44	4.30	4.19	4.10
14	8.86	6.52	5.56	5.04	4.70	4.46	4.28	4.14	4.03	3.94
15	8.68	6.36	5.42	4.89	4.56	4.32	4.14	4.00	3.90	3.81
16	8.53	6.23	5.29	4.77	4.44	4.20	4.03	3.89	3.78	3.69
17	8.40	6.11	5.19	4.67	4.34	4.10	3.93	3.79	3.68	3.59
18	8.29	6.01	5.09	4.58	4.25	4.02	3.84	3.71	3.60	3.51
19	8.19	5.93	5.01	4.50	4.17	3.94	3.77	3.63	3.52	3.43
20	8.10	5.85	4.94	4.43	4.10	3.87	3.70	3.56	3.46	3.37
21	8.02	5.78	4.87	4.37	4.04	3.81	3.64	3.51	3.40	3.31
22	7.95	5.72	4.82	4.31	3.99	3.76	3.59	3.45	3.35	3.26
23	7.88	5.66	4.77	4.26	3.94	3.71	3.54	3.41	3.30	3.21
24	7.82	5.61	4.72	4.22	3.90	3.67	3.50	3.36	3.26	3.17
25	7.77	5.57	4.68	4.18	3.86	3.63	3.46	3.32	3.22	3.13
26	7.72	5.53	4.64	4.14	3.82	3.59	3.42	3.29	3.18	3.09
27	7.68	5.49	4.60	4.11	3.79	3.56	3.39	3.26	3.15	3.06
28	7.64	5.45	4.57	4.07	3.75	3.53	3.36	3.23	3.12	3.03
29	7.60	5.42	4.54	4.05	3.73	3.50	3.33	3.20	3.09	3.01
30	7.56	5.39	4.51	4.02	3.70	3.47	3.31	3.17	3.07	2.98
31	7.53	5.36	4.48	3.99	3.68	3.45	3.28	3.15	3.04	2.96
32	7.50	5.34	4.46	3.97	3.65	3.43	3.26	3.13	3.02	2.93

33	7.47	5.31	4.44	3.95	3.63	3.41	3.24	3.11	3.00	2.91
34	7.44	5.29	4.42	3.93	3.61	3.39	3.22	3.09	2.98	2.89
35	7.42	5.27	4.40	3.91	3.59	3.37	3.20	3.07	2.96	2.88
36	7.40	5.25	4.38	3.89	3.57	3.35	3.18	3.05	2.95	2.86
37	7.37	5.23	4.36	3.87	3.56	3.33	3.17	3.04	2.93	2.84
38	7.35	5.21	4.34	3.86	3.54	3.32	3.15	3.02	2.92	2.83
39	7.33	5.19	4.33	3.84	3.53	3.31	3.14	3.01	2.90	2.81
40	7.31	5.18	4.31	3.83	3.51	3.29	3.12	2.99	2.89	2.80
41	7.30	5.16	4.30	3.82	3.50	3.28	3.11	2.98	2.88	2.79
42	7.28	5.15	4.29	3.80	3.49	3.27	3.10	2.97	2.86	2.78
43	7.26	5.14	4.27	3.79	3.48	3.25	3.09	2.96	2.85	2.76
44	7.25	5.12	4.26	3.78	3.47	3.24	3.08	2.95	2.84	2.75
45	7.23	5.11	4.25	3.77	3.45	3.23	3.07	2.94	2.83	2.74
46	7.22	5.10	4.24	3.76	3.44	3.22	3.06	2.93	2.82	2.73
47	7.21	5.09	4.23	3.75	3.43	3.21	3.05	2.92	2.81	2.72
48	7.19	5.08	4.22	3.74	3.43	3.20	3.04	2.91	2.80	2.72
49	7.18	5.07	4.21	3.73	3.42	3.20	3.03	2.90	2.79	2.71
50	7.17	5.06	4.20	3.72	3.41	3.19	3.02	2.89	2.79	2.70
51	7.16	5.05	4.19	3.71	3.40	3.18	3.01	2.88	2.78	2.69
52	7.15	5.04	4.18	3.70	3.39	3.17	3.01	2.87	2.77	2.68
53	7.14	5.03	4.17	3.70	3.38	3.16	3.00	2.87	2.76	2.68
54	7.13	5.02	4.17	3.69	3.38	3.16	2.99	2.86	2.76	2.67
55	7.12	5.01	4.16	3.68	3.37	3.15	2.98	2.85	2.75	2.66
56	7.11	5.01	4.15	3.67	3.36	3.14	2.98	2.85	2.74	2.66
57	7.10	5.00	4.15	3.67	3.36	3.14	2.97	2.84	2.74	2.65
58	7.09	4.99	4.14	3.66	3.35	3.13	2.97	2.84	2.73	2.64
59	7.09	4.98	4.13	3.66	3.35	3.12	2.96	2.83	2.72	2.64
60	7.08	4.98	4.13	3.65	3.34	3.12	2.95	2.82	2.72	2.63
61	7.07	4.97	4.12	3.64	3.33	3.11	2.95	2.82	2.71	2.63
62	7.06	4.97	4.11	3.64	3.33	3.11	2.94	2.81	2.71	2.62
63	7.06	4.96	4.11	3.63	3.32	3.10	2.94	2.81	2.70	2.62
64	7.05	4.95	4.10	3.63	3.32	3.10	2.93	2.80	2.70	2.61
65	7.04	4.95	4.10	3.62	3.31	3.09	2.93	2.80	2.69	2.61
66	7.04	4.94	4.09	3.62	3.31	3.09	2.92	2.79	2.69	2.60
67	7.03	4.94	4.09	3.61	3.30	3.08	2.92	2.79	2.68	2.60
68	7.02	4.93	4.08	3.61	3.30	3.08	2.91	2.79	2.68	2.59
69	7.02	4.93	4.08	3.60	3.30	3.08	2.91	2.78	2.68	2.59
70	7.01	4.92	4.07	3.60	3.29	3.07	2.91	2.78	2.67	2.59
71	7.01	4.92	4.07	3.60	3.29	3.07	2.90	2.77	2.67	2.58
72	7.00	4.91	4.07	3.59	3.28	3.06	2.90	2.77	2.66	2.58
73	7.00	4.91	4.06	3.59	3.28	3.06	2.90	2.77	2.66	2.57
74	6.99	4.90	4.06	3.58	3.28	3.06	2.89	2.76	2.66	2.57
75	6.99	4.90	4.05	3.58	3.27	3.05	2.89	2.76	2.65	2.57
76	6.98	4.90	4.05	3.58	3.27	3.05	2.88	2.76	2.65	2.56
77	6.98	4.89	4.05	3.57	3.27	3.05	2.88	2.75	2.65	2.56
78	6.97	4.89	4.04	3.57	3.26	3.04	2.88	2.75	2.64	2.56
79	6.97	4.88	4.04	3.57	3.26	3.04	2.87	2.75	2.64	2.55
80	6.96	4.88	4.04	3.56	3.26	3.04	2.87	2.74	2.64	2.55
81	6.96	4.88	4.03	3.56	3.25	3.03	2.87	2.74	2.63	2.55
82	6.95	4.87	4.03	3.56	3.25	3.03	2.87	2.74	2.63	2.55

83	6.95	4.87	4.03	3.55	3.25	3.03	2.86	2.73	2.63	2.54
84	6.95	4.87	4.02	3.55	3.24	3.03	2.86	2.73	2.63	2.54
85	6.94	4.86	4.02	3.55	3.24	3.02	2.86	2.73	2.62	2.54
86	6.94	4.86	4.02	3.55	3.24	3.02	2.85	2.73	2.62	2.53
87	6.94	4.86	4.02	3.54	3.24	3.02	2.85	2.72	2.62	2.53
88	6.93	4.86	4.01	3.54	3.23	3.01	2.85	2.72	2.62	2.53
89	6.93	4.85	4.01	3.54	3.23	3.01	2.85	2.72	2.61	2.53
90	6.93	4.85	4.01	3.54	3.23	3.01	2.85	2.72	2.61	2.52
91	6.92	4.85	4.00	3.53	3.23	3.01	2.84	2.71	2.61	2.52
92	6.92	4.84	4.00	3.53	3.22	3.00	2.84	2.71	2.61	2.52
93	6.92	4.84	4.00	3.53	3.22	3.00	2.84	2.71	2.60	2.52
94	6.91	4.84	4.00	3.53	3.22	3.00	2.84	2.71	2.60	2.52
95	6.91	4.84	4.00	3.52	3.22	3.00	2.83	2.70	2.60	2.51
96	6.91	4.83	3.99	3.52	3.21	3.00	2.83	2.70	2.60	2.51
97	6.90	4.83	3.99	3.52	3.21	2.99	2.83	2.70	2.60	2.51
98	6.90	4.83	3.99	3.52	3.21	2.99	2.83	2.70	2.59	2.51
99	6.90	4.83	3.99	3.52	3.21	2.99	2.83	2.70	2.59	2.51
100	6.90	4.82	3.98	3.51	3.21	2.99	2.82	2.69	2.59	2.50

Critical Values of Student's Distribution (t)

	Two-tailed test level of significance		One-tailed test level of significance	
df	.05	.01	.05	.01
1	12.706	63.557	6.314	31.821
2	4.303	9.925	2.920	6.965
3	3.182	5.841	2.353	4.541
4	2.776	4.604	2.132	3.747
5	2.571	4.032	2.015	3.365
6	2.447	3.707	1.943	3.143
7	2.365	3.499	1.895	2.998
8	2.306	3.355	1.860	2.896
9	2.262	3.250	1.833	2.821
10	2.228	3.169	1.812	2.764
11	2.201	3.106	1.796	2.718
12	2.179	3.055	1.782	2.681
13	2.160	3.012	1.771	2.650
14	2.145	2.977	1.761	2.624
15	2.131	2.947	1.753	2.602
16	2.120	2.921	1.746	2.583
17	2.110	2.898	1.740	2.567
18	2.101	2.878	1.734	2.552
19	2.093	2.861	1.729	2.539
20	2.086	2.845	1.725	2.528
21	2.080	2.831	1.721	2.518
22	2.074	2.819	1.717	2.508
23	2.069	2.807	1.714	2.500
24	2.064	2.797	1.711	2.492
25	2.060	2.787	1.708	2.485
26	2.056	2.779	1.706	2.479
27	2.052	2.771	1.703	2.473
28	2.048	2.763	1.701	2.467
29	2.045	2.756	1.699	2.462
30	2.042	2.750	1.697	2.457
40	2.021	2.704	1.684	2.423
60	2.000	2.660	1.671	2.390
120	1.980	2.617	1.658	2.358
∞	1.960	2.576	1.645	2.326

SOURCE: WALTER, (1998)