THE EFFECTS OF FAMILY CONFLICT
ON PREADOLESCENTS' PSYCHOLOGICAL NEEDS
AND EXTERNALIZING BEHAVIOUR

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Full Thesis submitted in fulfilment of the requirements for

the degree of Masters in Child and Family Studies MA (CFS)

in the Department of Social Work,

Faculty of Community and Health Sciences,

University of the Western Cape

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November 2015

ABSTRACT

To some extent all families experience family conflict; however, the concern is when it has an effect on preadolescents (age 10-12), behaviorally and psychologically. Preadolescence is a period marked by pubertal, emotional and behavioural changes. Family conflict may intensify preadolescents' experience of managing difficult situations. Self-determination theorists suggest that in order to have good mental health, basic psychological needs (autonomy, competence and relatedness) need to be met. Literature suggests that family conflict shapes behaviour and thus plays a pivotal role in externalizing behaviour (aggressive and antisocial behaviours).

This study aimed to determine the effects of family conflict on preadolescents' basic psychological needs and externalizing behaviour. A quantitative approach and a cross-sectional research design were employed in this study. A probability random sample was selected from two low socio-economic communities in Hout Bay, Cape Town. The sample consisted of N =128 preadolescents in grades 4, 5 and 6. The data for the study was obtained using self-report questionnaires that included - demographics, Family Environment Scale (FES), Basic Psychological Needs Scale (BPNS), Youth Self Report (YSR) and Buss Perry Aggression Questionnaire (BPAQ). Participants could choose whether they preferred responding in English or Afrikaans. The data was analysed using the Statistical Package for Social Sciences (SPSS) V23. The results were provided using descriptive and inferential statistics.

The findings of the study indicated that there is a significant positive relationship between family conflict and preadolescents psychological needs, antisocial behaviour and aggression (with the exception of verbal aggression). The results, yielded by regression analysis, indicated that physical aggression ($\beta = 0.31$, $p = 0.01$) and need frustration, significantly predicted antisocial behaviour ($\beta = 0.28$, $p = 0.00$); need frustration ($\beta = 0.28$, $p = 0.00$) and antisocial behaviour significantly predicted physical aggression ($\beta = 0.30$, $p = 0.00$); antisocial behaviour ($\beta = 0.24$, $p = 0.01$) significantly predicted verbal aggression; need frustration ($\beta = 0.35$, $p = 0.00$) significantly predicted anger and need frustration ($\beta = 0.26$, $p = 0.01$) significantly predicting hostility. The assumptions of this study were confirmed - family conflict frustrates the basic psychological needs of preadolescents, and family conflict

is related to the externalizing behaviour of preadolescents. The researcher ensured that confidentiality, anonymity and respect were adhered to throughout the study.

KEYWORDS

Family

Family Conflict

Preadolescent

Preadolescence

Externalizing Behaviour

Antisocial Behaviour

Aggression

Basic Psychological Needs

Self Determination Theory

Quantitative

ABBREVIATIONS

BPAQ - Buss Perry Aggression Questionnaire

BPNS - Basic Psychological Needs Scale

BPNT - Balanced Measure of Psychological Needs Scale

CEMIS - Centralised Educational Management Informational System

CET - Cognitive Evaluation Theory

COT - Causality Orientations Theory

DSM - Diagnostic Statistic Manual

EI - Emotional Intelligence

FES - Family Environment Scale

GCT - Goal Content Theory

OIT - Organismic Integration Theory

SDT - Self Determination Theory

SPSS - Statistical Package in Social Science

STAB - Subtypes of Antisocial Behaviour

YSR - Youth Self Report

DECLARATION

I, Zainab Kader, hereby declare that, *The effects of family conflict on preadolescent psychological needs and externalizing behaviour,* is my own original work, and that I have not previously, in its entirety, or in part, submitted it for any degree or examination at any other University. All the sources used in this thesis have been acknowledged in text and in the reference list.

Full name: Zainab Kader

Date: November 2015

Signed: ………………………………………

ACKNOWLEDGEMENTS

- The completion of this thesis would not have been possible without the strength and grace of the Almighty God. Although the journey has been challenging, I have been blessed abundantly.

- To my mother and my number one fan. Words cannot express how grateful I am to have you by my side throughout this journey. Your courage, resilience and motivation allowed me to reach new heights.

- Prof. Nicolette Roman, what would I do without you? Your patience, motivation, commitment and ability to make the most complicated concepts, uncomplicated, has kept me sane, motivated and focused. Thank you for sharing your wisdom with me and being there every step of the way.

- Eesa Abdullah, your patience, love, support, commitment and assistance is truly appreciated. Thank you for always being there to support me – even if it meant stapling questionnaires and folding consent forms, you did it with love. I am blessed to have you in my life.

- James House Child and Youth Care Centre. Thank you to the staff and management for making it possible for me to pursue this Masters Programme, and thank you for your understanding and continuous financial and moral support. It is highly appreciated.

- Vivian Leibrandt, my voice of reason and my anchor. Thank you for your constant encouragement and keeping me grounded. Thank you for always being there, when I needed you at the 11th hour, to assist with translations. I am grateful to have a friend like you in my life.

- To my family and friends, thank you for understanding, when I was not able to spend as much time as I would have liked with you, thank you for being there when I needed you most, and supporting me throughout this journey.

- To all the participants, thank you for your willingness, zeal and for taking part in this study – without you, this thesis would not have been possible.

- To the teachers and principal of the school where the study was conducted - thank you for your patience, encouragement, cooperation and willingness to assist. You have all contributed in making the process a pleasant experience.

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CHAPTER ONE

INTRODUCTION

1.1. Background and Rationale

We are all born into families and we are all attached to a family in some way or another. Usually, it is within families that we discover, develop and grow as individuals (Corey, 2009). According to The White Paper on Strengthening Families (Department of Social Development, 2013), families have the ability to sustain and strengthen family members in times of prosperity and adversity. However, Saxbe, Ramos, Timmons, Rodriguez & Margolin (2014) argue that not all families have the ability to sustain and strengthen. Many families experience family conflict.
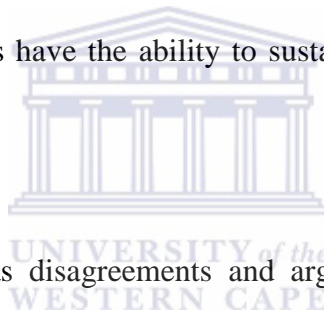
Conflict within families, such as disagreements and arguments, do not always result in physical and verbal abuse; often it can be dealt with appropriately (Minze, McDonald, Rosentraub & Jouriles, 2010). However, the inconsistency of how family conflict is dealt with, still affect children's ability to understand family conflict in an organized manner, which may be a cause for externalizing behaviour (Minze et al., 2010). This view is consistent with the Diagnostic and Statistical Manual 5 (American Psychiatric Association [APA], 2013), which asserts that exposure to violence involving feelings of helplessness, common to family conflict, cannot be minimized, as it can affect people of all ages, behaviourally and emotionally. This implies that family conflict may result in internalising behaviours – behaviours that are more harmful to the self – or externalising behaviours – behaviours that tend to have a negative impact on the environment (Liu, Chen & Lewis, 2011).

Self-Determination Theory (SDT) posits that family conflict, in isolation, cannot cause this externalising behaviour (Deci & Ryan, 2000). SDT theorists, therefore, imply that, when some form of family conflict exists, such as a controlling environment in the family, basic psychological needs are frustrated and externalising behaviour may develop as a form of negative behaviour (Deci & Ryan, 2000). In addition, when the family environment does not provide suitable pathways to fulfil the basic psychological needs of autonomy, competence and relatedness, individuals are not able to satisfy their needs. Therefore, children who live in homes that are not nurturing, because of family conflict, may be deprived of their basic psychological needs. Self-Determination Theory (SDT) presents this as a developmental deprivation that will result in various forms of psychopathology, such as externalising behaviour (Deci & Ryan, 2000).
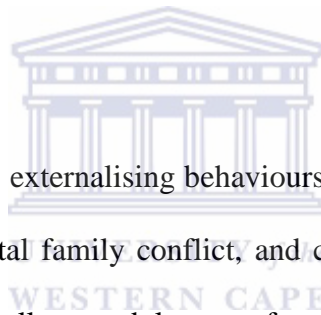
According to Engelbrecht (2015), externalising behaviours, such as aggression and antisocial behaviour, are common in parental family conflict, and could possibly develop into verbal and physical aggression. Additionally, preadolescents from an environment of family conflict do not display a clear sense of autonomy, competence and relatedness at school, as they struggle to take initiative, their academic performance is generally average, or below average, they struggle to relate to others, and do not have a good sense of belonging (Engelbrecht, 2015). This suggests that preadolescents may be especially challenged when exposed to family conflict.

Preadolescence forms part of the developmental stage, referred to as middle childhood. According to Uhls and Greenfield (2012), preadolescence is the period of age 10-12 years, marking the beginning of significant changes within the family, especially in terms of adjusting to the behavioural, emotional and physical changes, such as mood changes, peer
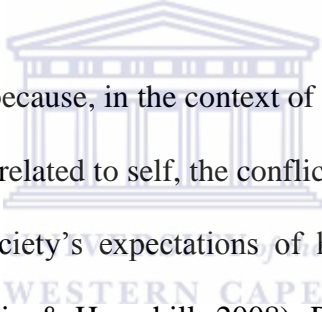
influences, testing boundaries and becoming rebellious, forming identity, bodily changes, puberty and trying to be less dependent on care-givers (Marin, Bohanek & Fivush, 2008). This adjustment alone may cause conflict within the family, as family members may disagree on what is acceptable behaviour and emotional expression, and what is not. Family conflict may intensify preadolescent's reactions to challenging experiences, as they may feel overwhelmed with the emotional, physical and social changes occurring during this period (Lewinsohn, Roberts, Seeley, Rohde, Gotlib & Hops (1994). This hampers the satisfaction of their basic psychological needs, which results in externalising behaviour.

There is, at present, limited research on family conflict and its effects on the basic psychological needs of preadolescents, as well as how the results those effects cause externalising behaviour. In addition, research places lesser emphasis on preadolescents as opposed to children in other developmental age groups (Kitzmann, Gaylord, Holt & Kenny, 2003; Santiago & Wadsworth, 2009; Saxbe et al., 2014). Often, preadolescents are included in these groupings, but it is important to study preadolescents independently, as preadolescence is a critical period that is characterized by certain behavioural and emotional responses (Uhls & Greenfield, 2012). Therefore, in an effort to understand this phase of development, the researcher proposed this study to determine the effects of family conflict on preadolescents' basic psychological needs and externalising behaviour.

1.2. Theoretical Framework

The theoretical framework supporting this study is the Self-Determination Theory. Deci and Ryan (2000) argue that the satisfaction of three basic psychological needs is essential for on-going psychological growth, integrity and well-being. The three needs are competence, relatedness and autonomy, which altogether play a critical role in the 'deep structure of the

human psyche' (Deci & Ryan, 2000: 229), as they pave the way to achieving effectiveness, connectedness and coherence, throughout the individual's life. The family environment either enhances or hinders the satisfaction of an individual's needs (Deci & Ryan, 1985; Deci & Ryan, 2000). When considering family conflict, preadolescents may be cautious to behave in a certain manner that will foster their basic psychological needs, for example, making decisions about their lives (autonomy), engaging with certain people (relatedness), and being fully focused on activities that they would like to master (competence). This could be due to fear that their decisions may result in family conflict, not feeling a sense of independence to make decisions due to the effects of family conflict, or family conflict has hindered their abilities to relate effectively with others (Engelbrecht, 2015).

SDT is well suited for this study because, in the context of family conflict, preadolescents are experiencing a variety of feelings related to self, the conflict situation, their own development as preadolescents, as well as society's expectations of how they should behave (Patton, Olsson, Bond, Toumbourou, Carlin & Hemphill, 2008). Preadolescence is a period, during which young people explore their competencies, express the need to be more independent from their parents and care-givers and embrace the idea of becoming more autonomous in their choices and actions, especially in terms of coping with the family conflict. Preadolescents want to relate with their peers about important issues, but would like to choose who they relate with (Corey, 2009). When family conflict hinders this process and compensatory behaviours are activated, preadolescents tend to engage in externalising behaviour, to mask their basic psychological needs, which are frustrated, preventing on-going psychological growth, integrity and well-being (Deci & Ryan, 2000).

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1.3. Problem Statement

Childhood exposure to family conflict may manifest itself in many ways (Habib, Toumbourou, McRitchie, Williams, Kremer, McKenzie & Catalano (2014); World Health Organisation [WHO], 2014). Witnessing family conflict may result in dysfunction later in life. More importantly, children, who witness conflict, display certain psychological and behavioural responses (internalizing and externalizing behaviour), which are direct results of family conflict (Santiago & Wadsworth, 2009; Saxbe et al., 2014). These psychological and behavioural responses play a role in preadolescent functioning at school, home and the community (environment) (Liu, 2004). In essence, some researchers have found family conflict to yield negative behavioural and psychological outcomes for preadolescents (Jaycox & Repetti, 1993; Cummings & Schatz, 2012). The effects of family conflict on preadolescents are problematic, as families are not able to strengthen and sustain a healthy family environment, which impacts on preadolescents sense of autonomy, competence and relatedness (Department of Social Development, 2013; Deci & Ryan, 2000). When basic psychological needs are frustrated, externalizing behaviour may result. However, there is, at present, limited research on how preadolescents perceive family conflict. Do they know what family conflict is? Do they understand the effects of family conflict on preadolescent's basic psychological needs and externalising behaviour?

This study was of particular interest to the researcher, who is a Registered Counsellor at an NGO that assists children with challenging behaviours. The researcher's anecdotal evidence suggests that family conflict has a negative effect on children's behaviour. Teachers often complain that these challenged children have anger outbursts, temper tantrums, display violent behaviour in the class (externalizing behaviour) and generally display hyperactivity and concentration difficulties, which affect their sense of competence in the class. The family

members claim that the children do not adhere to boundaries or spend much time at home, which affects their sense of autonomy and relatedness. The preadolescents claim that they are not able to express themselves. They are unhappy at home and are aware of their behaviour, but it helped them to cope, as it was the type of behaviour they had often witnessed in their homes.

Many families experience this kind of behaviour and family environment as normal, because it is common in their communities. This study was of particular interest to the researcher, who sought to assess these families' perceptions of family conflict – do they perceive what happens in the home as family conflict, which has a negative effect on preadolescents' behaviour, or simply as normal and expected behaviour. In addition, the researcher was keen to conduct this research study, in order to contribute to the knowledge and understanding of teachers, parents and others, who interact with the preadolescent. The researcher hopes to reveal that the preadolescent challenging behaviour was a consequence of his/her circumstances and not a conscious decision to make others' lives difficult. All responsibility should not be removed from the preadolescent, but it is necessary to acknowledge the effects, if any, of the family environment on a preadolescent's psychological needs and externalizing behaviour.

To date, no known studies have been found that explored the variables under study. This study, therefore, seeks to determine the effects of family conflict on the basic psychological needs (autonomy, competence and relatedness) and externalizing behaviour (aggression and antisocial behaviour) of preadolescents.

1.4. Research Questions

This study sought to answer the following research questions:

1. What is the effect of family conflict on preadolescents' basic psychological needs (autonomy, competence and relatedness)?

2. What is the effect of family conflict on preadolescents externalising behaviour (aggression and antisocial behaviour)?

1.5. Aim and Objectives

1.5.1   Aim

The aim of the study was to investigate the effects of family conflict on basic psychological needs and externalizing behaviour (aggressive and antisocial behaviour) of preadolescents.

1.5.2   Objectives

The objectives of the study were therefore to:

- Assess the perception of family conflict;

- Assess the basic psychological needs and externalizing behaviour of preadolescents; and

- Determine the effect of family conflict on the basic psychological needs (autonomy, competence and relatedness) and externalising behaviour (aggressive and antisocial behaviour) of preadolescents

1.5.3   Hypotheses

H1: Family conflict frustrates the basic psychological needs of preadolescents.

H2: Family conflict is related to the externalising behaviour of preadolescents.

1.6. Research Methodology

A quantitative methodology was used to conduct this study. The data was collected on predetermined instruments (questionnaires). A cross-sectional, correlational design was used, as this study sought to relate variables (family conflict, basic psychological needs and externalising behaviour) in a predictable pattern, for one group of individuals (preadolescents), at one point in time (Creswell, 2013). The study was conducted with male and female preadolescents (ages 10, 11 and 12), who reside in Hout Bay, Cape Town, Western Cape, and attend a Primary School in Hangberg, Hout Bay. Probability sampling techniques were used. Probability sampling refers to 'each member of the population has a specifiable probability of being chosen' (Cozby & Bates, 2012:145). The data was collected with a battery of instruments. Data was analysed using descriptive and inferential statistics. An in-depth discussion about the data collection procedures will be discussed later in Chapter Three. A detailed discussion about the procedure and results can be found in Chapter Four.

1.7. Significance of the Study

The family is one of the most fundamental units in a preadolescent's life. In the family the preadolescent learns right from wrong, boundaries, manners, they discover who they are, and often, the family context facilitates growth. However, in South Africa, many families are not able to create a context for optimal development. It is common that some families face challenges, such as poverty, substance abuse, domestic violence, sexual violence, and many families experience family conflict. The White Paper on Strengthening Families (Department of Social Development, 2013) suggests that the importance of the family needs to be

affirmed, marital unions must be fostered and stabilized, and positive values, as well as moral regeneration, must be promoted. Their strategic objectives include:

- establishing a family-focused, rather than individual-focused, approach in national development and poverty reduction policies and programmes;

- developing and strengthening programmes, and structures, to address and minimize family conditions, such as family disintegration;

- equipping young people's social and interpersonal skills to make informed decisions;

- developing coping and self-management mechanisms;

- placing preventive initiatives in areas where families at risk are most likely to live, such as low socio economic communities; and

- making therapeutic services easily accessible and affordable for families and their members.
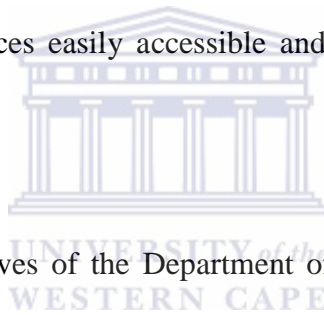
In line with the strategic objectives of the Department of Social Development (2013), the findings of this study will be beneficial to professionals, lay persons, teachers and social services that offer intervention and advocacy. It may be especially helpful in family interventions. The outcome of this study may evoke the need for government to fund projects that assist in minimizing family conflict, by offering supportive groups, workshops, as well as therapy to community members, who cannot afford to access private mental health services. It will allow organisations, focused on advocacy, to educate communities about the effects of family conflict.

Families may benefit from the findings, as it would provide insight into their preadolescent's behaviour, consequently allowing them to implement alternative strategies for managing externalising behaviour and fostering an environment, where basic psychological needs can

be met. Additionally, it may provide teachers with insight into the preadolescent's behaviour that could educate and enable them to employ more suitable behaviour management techniques.

1.8. Definitions and Descriptions of Key Concepts and Terms

Family: "A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence." (Department of Social Development, 2013).

Family Conflict: Family conflict involves active opposition between family members (Marta & Alfieri, 2014). Family Conflict refers to 'arguments, abusive behaviour, fights and violence between marital or de facto partners, or other people within the home' (Habib et al., 2014: 757).

Preadolescent: A preadolescent is a person aged 10, 11 or 12 (Uhls & Greenfield, 2012).

Preadolescence: A preadolescent goes through a period of preadolescence, which is characterized by a period of emotional reactions that may be heightened by physical, social and pubertal transitions (Patton et al., 2008).

Externalizing Behaviour: Refers to behaviour where children act out in an aggressive manner, causing disruption, involvement in violent acts, harassing others, defiance, antisocial behaviour, disruptiveness and criminal activity (Liu, 2004)

Antisocial Behaviour: Defined as "acts, which are in marked contrast to those expected of a member of a society, and which show disregard for, or a desire to harm, others. Antisocial behaviour tends to be impulsive and violent, and shows a disregard for the consequences to the actor, as well as the victim of the behaviour" (Matsumoto, 2009: 45).

Aggression: "A general term for behaviour with the intention of harming another, or controlling another for one's own needs, and to the other's detriment" (Matsumoto, 2009:23).

Basic Psychological Needs: Basic psychological needs refer to the 'innate psychological nutriments that are essential for on-going psychological growth, integrity and well-being'. (Deci & Ryan, 2000: 229). The three basic psychological needs are autonomy, competence and relatedness.

Self Determination Theory: SDT assumes that people are inherently motivated to engage in activities, they find interesting and important. These activities are necessary to effectively negotiate the social environment (Deci, Eghrari, Patrick & Leone, 1994). SDT is a theory that is growth orientated, and holds the view that people are naturally inclined to act, and not passively wait for needs to be met (Deci & Ryan, 2000).

Quantitative: "Inquiry approach useful for describing trends and explaining the relationship among variables found in the literature. To conduct this inquiry, the investigator specifies narrow questions, locates or develops instruments to gather data to answer the questions, and analyses numbers from the instruments, using statistics" (Cresswell, 2013: 626).

1.9. Structure of Thesis

Chapter One is an introduction to the study of determining the effects of family conflict on preadolescents' basic psychological needs and externalising behaviour. It provides a background and rationale for the study. Chapter One also offers an overview of the theoretical framework. In addition, it presents at the research questions, aims, objectives, definitions, motivation, as well as the significance of the study.

Chapter Two focuses on the theoretical framework, Self-determination Theory, and how it relates to the present study. The terms and concepts central to Self-Determination Theory will

be defined and elaborated on. It presents an overview of the theory and provides an in-depth discussion about the three basic psychological needs (autonomy, competence and relatedness).

Chapter Three explores existing literature, in terms of family conflict, family environment, and externalizing behaviour. It further discusses the existing body of literature about the effects of family conflict on basic psychological needs and externalizing behaviour of preadolescents.

Chapter Four focuses on methodology. This study uses a quantitative approach. The chapter will include a detailed discussion of the sampling procedures, participants, instruments, data collection processes, data-analysis, issues of reliability and validity and the ethical considerations of the study.

Chapter Five will present the results of the self-report questionnaires. It will provide information about how the data was captured and the results from the sample in terms of percentages, frequencies, means and correlations. In addition, it provides an analysis of the findings. The results were analysed using Statistical Package in Social Sciences (SPSS).

Chapter Six aims to answer the research questions, aims, objectives and hypotheses. It will provide clarity on the effect of family conflict on preadolescent basic psychological needs and externalising behaviour. This chapter will also focus on recommendations for future studies and provide a succinct conclusion to the study.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1. Introduction

This chapter focuses on the theoretical framework used to conceptualise this study. The purpose of this chapter is to build a theoretical understanding of the developmental stage of preadolescence (age 10-12) and Self-Determination Theory (SDT). The first section discusses the physical, cognitive, personality, emotional and social development of typical preadolescents. SDT is the theory that will be supporting this study, therefore, its core tenets: basic psychological needs and categories of motivation will be discussed. The theory will also be discussed in relation to the variables of this study: family conflict, externalising behaviour and preadolescents.
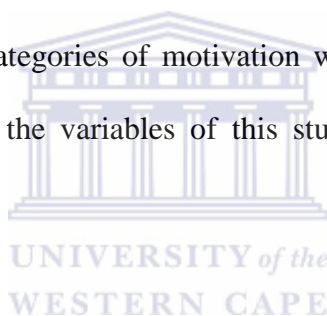
2.2. The Phase of Preadolescence

The period of preadolescence (age 10-12) falls within the developmental phase of middle childhood (age 6-12) (Louw & Louw, 2007; Russel & Cohn, 2012). According to Louw and Louw (2007), this period is relatively stable and calm, in comparison to the rapid development that occurs in early childhood and later in adolescent years. Nevertheless, preadolescence is still an important period in children's cognitive, social, emotional and self-concept development, as these areas of development enable children to achieve a greater understanding of the world (Louw & Louw, 2007; Russel & Cohn, 2012). It offers a period of new opportunities for socialisation and gaining new learning experiences. The school contribution is important during this phase, but the influence of parents and family are still of cardinal importance. The development in this period prepares preadolescents for adolescence.

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Therefore, balanced development in this phase, will serve as a solid foundation for later development (Louw & Louw, 2007).

2.3. The Physical Development of Preadolescents

Preadolescence coincides with the biological phase, just prior to, and during, the observable onset of puberty (Frank & Cohen, 1980; Russel & Cohn, 2012; Louw & Louw, 2007). The growth spurt is generally more gradual in middle childhood, as opposed to early childhood and adolescence. The bodies of preadolescents tend to take shape; meaning that their shape is similar that of an adult. In addition, Louw and Louw (2007) identify the following physical changes in preadolescence: the brain reaches its adult size and weight; improved function of the respiratory system, therefore, breathing becomes slower and deeper; the weight of the heart increases over time and the circulatory system develops at a slower rate; and milk teeth are replaced with permanent teeth. Interestingly, the growth rate during the early part of middle childhood is similar for girls and boys, whereas the girl's growth rate is more rapid than the growth rate of boys in preadolescence. Of course, the above mentioned is based on the average preadolescent, but, naturally, each individual and his/ her developmental process is unique (Lloyd & Oliver, 2012).

Preadolescents acquire and refine a variety of psychomotor skills. This is a prominent characteristic of this period of development (Marotz & Allen, 2012). This acquisition and refinement is based on an increase in strength, coordination and muscular control over the body. Preadolescents tend to take part in activities that require these motor skills, such as skating, swimming, kicking a ball, soccer, dance, netball etc. However, children in this developmental stage do not possess the same speed, strength and stamina as adolescents or adults, but their concentration, coordination and timing can be just as good. In terms of gross

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motor activities, such as running, jumping etc., boys tend to develop quicker than girls, as they have more muscle tissue, in comparison to girls (Louw & Louw, 2007; Lloyd & Oliver, 2012).

2.4. The Cognitive Development of Preadolescents

Although there appears to be less research focussed on this stage of development, in comparison to other stages; preadolescence is an important phase, as cognitive advances are made, habits and behaviours are formed, and preadolescents have a greater awareness of what is happening around them (Louw & Louw, 2007; Russel & Cohn, 2012). This ultimately affects their adolescent experience and is often carried into adulthood. It could be said that preadolescence sets the tone for adolescence and adulthood.

2.5. Piaget's Theory of Cognitive Development

Jean Piaget describes four periods of cognitive development: sensorimotor stage (age 0-2), preoperational stage (age 2-7), concrete operations stage (age 7-11) and formal operations stage (age 11, at its earliest) (Kosslyn & Rosenberg, 2006; Beilin & Pufall, 2013). This chapter focuses on the stages: concrete operations and formal operations stage, as it is the most appropriate for preadolescents. Piaget views preadolescence as a period characterised by intellectual growth. This period marks the end of childhood and ushers in the adolescent's increasing orientation toward reality and future (Gilmore & Meersand, 2014).

2.5.1. Concrete Operational Stage

During this stage mental operations are used to solve problems and reason. Preadolescents are able to consider other people's view-points. They can also perform concrete operations, such as classifying objects, grasping concepts and understanding

various mental operations, such as mathematics (Louw & Louw, 2007; Beilin & Pufall, 2013). Preadolescents learn that events can be interpreted in different ways and problems have many facets (Kosslyn & Rosenberg, 2006; Beilin & Pufall, 2013). However, there are limitations in this stage. Preadolescents are not yet able to think abstractly and hypothetically. Their thinking is limited to the tangible and the real, as well as the here and now (Louw & Louw, 2007).

2.5.2. Formal Operational Stage

The ability to think abstractly emerges at age 11 or 12 in the formal operations stage. Preadolescents, at this age, need not only think about 'what is', they are able to think about 'what could be' and 'what will happen if' (Louw & Louw, 2007). They are, therefore, able to form and test hypothesis and think about the outcomes of their and other people's, actions. Kosslyn and Rosenberg (2006) assert that preadolescents in this stage are able to weigh up the pros and cons. They tend to think more deeply and are able to carry out cognitive processes faster and more efficiently, in comparison to the former stages. The formal operations stage is the most advanced stage, as it is the final stage of cognitive development, meaning that it extends into adulthood. Preadolescents develop the ability to use logic, they can problem solve, they are able to evaluate people, events, situations, and may also be able to interpret people and situations in this stage. Besides, executive functions and memory strategies are improved, as a result of their present knowledge base (Louw & Louw, 2007; Beilin & Pufall, 2013; Liben, 2014). For example, in the context of family conflict, preadolescents begin to see the faults of others, are able to identify instigators and can hypothesise reasons for the conflict. They may even be able to pre-empt outcomes of the conflict. They are able to identify who is right and wrong and are, therefore, able to take sides in a conflict. They can evaluate and interpret the conflict in an age appropriate manner. They may be able

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to see the logic or lack of logic in the conflict. They are also able to identify positive and negative behaviours before the conflict, during the conflict and after the conflict.

Louw and Louw (2007) highlight six conceptual skills that emerge during this stage:

1. Mentally manipulate more than two category variables and understand the relationship between the two variables, for example, family conflict and parent's mood or behaviour.

2. Understand change that comes with time. For example, they may not always be friends with the same group forever.

3. Preadolescents will be able to hypothesise a logical sequence of events. For example, father hits mother; father apologises and buys her a gift; mother forgives.

4. Anticipate the consequences of their actions. For example, preadolescent bunks school; therefore, mother will withhold privileges from preadolescents.

5. Detect the logical consistency or inconsistency in a set of statements. For example, preadolescents are able to identify when someone is lying or making empty promises.

6. They are able to think in relativistic ways about themselves, other individuals and their world. For example, they may compare themselves with their siblings or friends.

Language development skills, generally, occur at a slower pace, in comparison to early childhood. However, there is development and refinement of language that occurs during this stage of middle childhood, such as vocabulary, grammar, pronunciation.

Preadolescents also learn sarcasm, irony, metaphoric language, and they are able to use words in context (Louw and Louw, 2007; Liben, 2014).

In terms of motivation and achievement, achievement is measured based on an individual's values, beliefs and psychological goals. Individuals tend to make attributions to their success and failure, such as effort, ability, task difficulty, luck and strategy use. Preadolescents, who are successful, generally, have the ability to attribute success to internal and controllable factors, such as hard work and ability, and their failures, to controllable or changeable factors, such as effort, strategy and task difficulty. They are able to believe that they can improve their ability and they are also focused on learning new things to improve their abilities. Conversely, children, who are unsuccessful, develop a helpless orientation; they believe their ability is fixed and unchangeable; they tend to seek out tasks that they do well, and fail to take up new challenges (Louw & Louw, 2007; Beilin & Pufall, 2013).
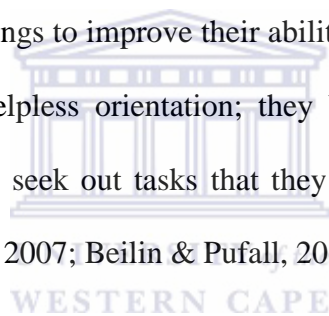
Family conflict can affect one's sense of achievement and motivation. For example, if the family context is not nurturing and family members do not spend time with preadolescents and acknowledge their success and failures, preadolescents will not feel supported and will, therefore, find it challenging to prosper or even continue excelling in the tasks they perform well. This is consistent will the view of Erikson (1968), who claims that gaining competence during preadolescence is an integral part of human development.

2.6. The Personality Development of Preadolescents

Louw and Louw (2007) argue that personality develops in preadolescence, therefore, preadolescents start describing themselves in terms of psychological traits; for example, their

ability to be a good friend, rude, nasty, friendly, helpful, responsible and kind. They speculate their strengths and weaknesses. Lamb and Bornstein (2013) state that they also start to compare themselves with others by making social comparisons. This is done by judging their own behaviour, abilities and appearance, based on their peers. Marotz and Allen (2012) highlight that their self-esteem and self-concept is impacted, as a result of the cognitive stage they find themselves in, which contributes to their personality and how they react to situations and others.

Preadolescents tend to form an ideal self and evaluate the real self in relation to the ideal self. The ideal self is based on norms, behaviours and knowledge that they have acquired. If there is a huge disparity between the real self and the ideal self, it can be a contributing factor to low self-esteem, especially if the family has very high expectations that the child cannot meet (Lamb & Bornstein, 2013). Self-esteem is based on judgements about one's own worth and the feelings associated with those judgements. Preadolescents' tend to receive more judgement and feedback, compared to when they were younger (Louw & Louw, 2007; Lamb & Bornstein, 2013). Erik Erikson studied human development and developed eight psychosocial stages to describe human development. The next section focuses on his understanding of the development of preadolescents and how it may impact their personality.

2.6.1. Erikson's Stages of psychosocial development

Erik Erikson believes that human development consists of the progressive and lifelong evolution. The relationship between the individual and society is complimentary, therefore, it takes a lifelong effort to know oneself and achieve congruence between one's self image and social aspects of one's life. He believes that the ego plays a role of determining the detail and success of development. Ego is understood as the planning and executive element of a person's functioning. The demands and opportunities of the

social environment play a determining role in the way the ego develops (Meyer, Moore & Viljoen, 2008).

Through continuous interaction between the individual and the social environment, the individual experiences a series of 'crises' – points at which the ego must make choices about its future development. The needs, possibilities, expectations, opportunities that emerge in each stage, demands a choice between two opposing development possibilities, for example, trust vs. mistrust. The ideal solution to each developmental crisis is to find a healthy balance between the two extreme possibilities, not excluding one of the possibilities, nor compromising. This balance is referred to as ego strength, which emanates from the solution of the developmental crisis − although the positive pole seems to carry more weight than the negative pole. Synthesis allows for a higher level of development. When the development is progressing successfully, the ego acquires characteristics, such as hope, will power, trustworthiness and the ability to care and love (Meyer et al., 2008).

Each developmental crisis emerges at a genetically determined age and in a fixed sequence. This must be worked through afresh during each stage, in terms of the individual's total development at that point. Unsuccessful resolution of a crisis, at any stage, complicates the handling of future crises, whereas successful resolution makes it easier to deal with a later crisis (Meyer et al., 2008).

Table 2.1 refers to the developmental stages, which are the basic psychological and social tasks to be mastered from birth to old age. There are key developmental task characteristics for each stage (Corey, 2009). Each of the tasks, if successfully achieved,

or the crisis successfully overcome, will attain the qualities of the developing self. Corey (2009) outlines the eight stages, periods of life, as well as the key developmental tasks:

Table 2.1: Erikson's stages of psychosocial development

Period of life (Age)	Psychosocial Stage	Key Developmental Task
0-1 years old	Trust vs. Mistrust	Hope
1-3 years old	Autonomy vs. Shame and Doubt	Will Power
3-6 years old	Initiative vs. Guilt	Purpose
6-12 years old	Industry vs. Inferiority	Competence
12-18 years old	Identity vs. Role Confusion	Reliability/fidelity
18-35 years old	Intimacy vs. Isolation	Love
35-60 years old	Generativity vs. Stagnation	Care
60+ years old	Integrity vs. Despair	Wisdom

Preadolescents find themselves in the stage of 'Industry vs. Inferiority'; therefore, this stage will be elaborated on.

2.6.1.1. Industry versus Inferiority

According to Meyer et al. (2008), children in this stage develop a sense of industry, meaning that they learn to gain recognition by producing things and acquiring skills. Families and society, in general, meet the needs of preadolescents by creating opportunities for cooperation and learning. Inferiority develops when there is a failure to acquire skills. Preadolescents strive for a healthy balance, which occurs through the ego strength of competence. This allows for the development of a sense of competence or proficiency (Kosslyn & Rosenberg, 2006).

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In addition, Corey (2009) views industry as the ability to understand one's world, develop gender role identity, setting and attaining personal goals, and learning the skills required for school success. Failure to do so, results in a sense of inadequacy. Louw and Louw (2007) argue that the danger at this stage is inferiority, as children have little confidence in their ability to perform well. This sense of inadequacy may develop, when parental attitudes are negative towards the child's developing competency, when family life has not prepared the child for school life, or when experiences with teachers and peers are so negative that they destroy the child's feelings of competence and mastery. Preadolescents will feel a sense of competence when they are able to establish peer relationships, adjust at school, learn to play by the rules and achieve academically (Louw & Louw, 2007).
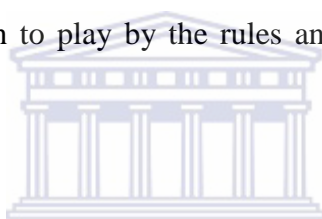
2.7. The Emotional Development of Preadolescents

During preadolescence, preadolescents become more aware of their emotions, especially complex emotions, such as shame and pride (Marotz & Allen, 2012). Preadolescents, who are impressionable, are also vulnerable and easily affected by family conflict and its aftermath. They desire a family context that is nurturing and accepting; this is not always possible when there is family conflict (Gilmore & Meersand, 2014). These emotions tend to become more internalised and integrated with a sense of personal responsibility (Marotz & Allen, 2012). Preadolescents tend to understand their emotions better and may, therefore, be able to identify why they are feeling certain emotions. They are better able to conceal or suppress negative emotional reactions (Louw & Louw, 2007). It is, therefore, important to develop the preadolescent's emotional intelligence (EI). Louw and Louw (2007) explain that EI as the ability to monitor one's own, as well as others', feelings and emotions, while using this

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ability to guide one's thinking and emotions. EI is important, as it allows the preadolescent to enjoy: improved physical and mental health; better academic achievements; better relationships with friends and peers; fewer behavioural challenges; improved self-esteem; better decision-making skills and enhanced coping mechanisms. Families play a critical role in this process. Families need to be aware that minimising children's emotions could be detrimental to their emotional development, as families role model this to the child and often this is re-enacted by the child as well (Louw & Louw, 2007).

2.8. The Social Development of Preadolescents

Preadolescents are less dependent on their parents and families in this phase, compared to earlier phases (Gilmore & Meersand, 2014). Preadolescents desire opportunities to make decisions affecting their lives, either jointly with their parents, or on their own. They are, generally, dissatisfied with existing rules, question authority and regularly test boundaries. It is important for parents and families to allow this process, but it is imperative that supervision is exercised, there is general oversight, and decision-making is allowed. However, parents cannot relinquish their role in decision-making, nor can they abdicate their responsibilities and place it with the preadolescent (Louw & Louw, 2007; Lamb & Bornstein, 2013). This is a critical part of development, because this process prepares them for adolescence, when they will be expected to make important decisions for themselves (Gilmore & Meersand, 2014).

Positive parental influence is, therefore, key during this phase of life, as it impacts the child's characteristics, as well as his/her behaviour, not only in the present, but also in the future (Garn, Matthews & Jolly, 2010). Parents influence the child's social development by choosing their environment (school, home, neighbourhood) and transmitting values and attitudes (Gilmore & Meersand, 2014). Parents act as role models and construct the home

environment (Louw & Louw, 2007; Gilmore & Meersand, 2014). Louw and Louw (2007) argue that if children experience security in their first social relationship (with parents), they internalise these experiences and are better able to develop positive future relationships. Sibling rivalry is common during this stage, but they rely on one another for companionship and assistance, especially in cases of absent or uninvolved parents (Lamb & Bornstein, 2013).

According to Louw and Louw (2007), preadolescents prefer to interact with other preadolescents. They interact to form interact friendships, fellowship and affection, whereas preadolescent-adult interaction is more based on the child's need for protection and care. Peer relations, therefore, is an important component of social development, as it allows preadolescents to test new behaviours, share and gain knowledge or information, and teaches them how to abide by rules and regulations. This process also allows the preadolescent to be less dependent on the family and experience other important relationships. Peer acceptance is very important for preadolescents (Louw & Louw, 2007; Lamb & Bornstein, 2013). The five components of preadolescent development (physical, cognitive, personality, emotional and social) is aligned with the basic psychological needs that occur in the preadolescent, namely, their sense of autonomy, competence and belonging (relatedness), as identified by Self-Determination Theory (SDT).

Literature by Louw and Louw (2007) and Lamb and Bornstein (2013) assert that preadolescents need to feel a sense of independence. SDT refers to this independence as autonomy; therefore, the family context needs to feel safe and supportive to foster an environment that allows for autonomy. However, the need for autonomy has to arise from intrinsic motivation. Preadolescents need to engage in activities and behaviours that they find

important and interesting. Preadolescents' emotions, personality, social and cognitive development allows them to experience a sense of competence; however, it is difficult to achieve competence when the desire to do well in a specific task is not intrinsic. Extrinsic motivation may bring a short term sense of competence, but the desire to continue the task, or similar tasks, will always need some form of intrinsic motivation or reinforcement. It is also very difficult to achieve this competence in social contexts, where needs are frustrated and cannot be met, which is when certain behaviours, such as externalising behaviours are displayed (Louw & Louw, 2007).

The next section discusses the basic psychological needs, which are the core tenets in SDT, and what motivates preadolescent's behaviour. This discussion will be followed by an explanation of how the development links with the basic psychological needs and categories of motivation, in relation to family conflict and externalising behaviour.

2.9. Overview of Self-Determination Theory

Even though ideas leading to Self-Determination Theory (SDT) began in the 1970's, the first comprehensive work of SDT was introduced in the mid-1980s, by Edward L. Deci and Richard M. Ryan (Deci & Ryan, 1985). SDT has developed through a set of five mini theories (Ryan, 2009):

1. *Cognitive Evaluation Theory (CET):* CET is concerned with how social contexts and interpersonal interaction, either facilitate, or undermine intrinsic motivation.

2. *Organismic Integration Theory (OIT): OIT* focuses on the process of internalization of various extrinsic motives. According to OIT, integration and internalisation is facilitated by contextual supports for autonomy, competence, and relatedness,

meaning that human beings are more likely to integrate and internalize a value or practice, if they chose it, can do well in it, and connect with those, who convey it.

3. *Causality Orientations Theory (COT):* COT is focused on describing individual differences, in terms of how people adjust to different aspects of the environment in regulating behaviour.

4. *Basic Psychological Needs Theory (BPNT):* The concept of basic needs is connected directly with psychological growth and development. Each need exerts an effect on psychological growth and development, because the impact of any behaviour, or event, on psychological growth and development is largely a function of its relations with need satisfaction.

5. *Goal Contents Theory (GCT):* Goals, such as personal growth, intimate relationships, or contributing to one's community, are conducive to need satisfaction, and therefore facilitate health and wellness.
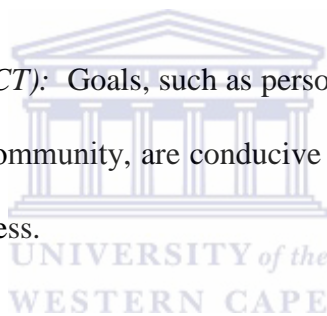
Together these five mini theories constitute SDT, which is an organismic dialectic model. Put in simpler terms, people are active organisms that have inherent tendencies to move toward psychological growth and development (Deci & Ryan, 2000; Ryan, 2009). According to Deci and Ryan (2000: 229) "the starting point for SDT is the postulate that humans are active, growth-oriented organisms, who are naturally inclined toward integration of their psychic elements into a unified sense of self and integration of themselves into larger social structures." Therefore, it is suggested that human beings, naturally, tend to participate in activities that they find interesting, that make use of their abilities, that they want to engage in (social groups) and that move toward integrating personal and interpersonal experiences (Deci & Ryan, 2000).

Deci and Ryan (2000), argue that people do not need to be pushed to perform, because human beings are intrinsically motivated to pursue and integrate the regulation of activities that are important in their social contexts. For example, preadolescents need not be forced to be respectful or do well at school, they would intrinsically feel the need to be respectful and work hard at school, to yield the desired results. Therefore, social contexts have the ability to allow people to satisfy their innate psychological need for self-determination by providing individuals with the power of choice and allowing interest in activities to emanate from the self (Deci et al., 1994; Deci & Ryan, 1985). Conversely, SDT suggests that behaviours that are controlled, either by needing to comply, or resulting in reinforcement (positive or negative), are considered to be compelled by some interpersonal or intrapsychic force, instead of out of free will and intrinsic desire, and therefore not satisfying the innate psychological need for self-determination (Deci & Ryan, 1985).
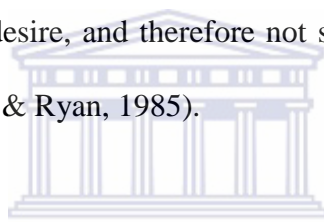
The SDT perspective firmly maintains that people will tend to pursue relationships, goals and domains that allow or support their basic psychological needs. When these opportunities are found, SDT suggests that positive psychological outcomes will be experienced (Deci & Ryan, 2000).

2.10. Basic Psychological Needs

Self-determination Theory (SDT) alleges that in order to understand human motivation, there has to be a consideration of innate psychological needs. Within the SDT paradigm, needs can be defined as 'innate psychological nutriments that are essential for on-going psychological growth, integrity, and well-being' (Deci and Ryan, 2000: 229). Deci and Ryan (2000) and Gagné and Deci (2005) highlight competence, relatedness, and autonomy as basic psychological needs, necessary for all individuals. Satisfaction of these needs could occur

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differently among individuals, cultures and contexts, by engaging in a wide variety of behaviours. However, the satisfaction of these needs is crucial for healthy development and well-being of all individuals, irrespective of cultures and contexts, as it is associated with effective functioning, and plays an integral role in optimal development.

Deci and Ryan (2000) maintain that in order to have good psychological health, one requires satisfaction of all three needs. Satisfying only one or two of these needs will not suffice, as satisfaction of a psychological need can be identified by observing the positive psychological consequences that stem from the conditions, which allows the satisfaction. Similarly, if the need has not been satisfied, the negative psychological consequences can be identified.

However, if the social context or family environment of the individual does not provide suitable pathways to fulfil the basic psychological needs, and if individuals are not able to satisfy their needs (e.g. children, who live in homes that are not nurturing, because it is plagued with conflict and violence), resulting in the neglect of the basic psychological needs, it is highly likely that accommodations, or compensatory, or substitute behaviours may become apparent. SDT, therefore, postulates that when there is developmental deprivation of basic psychological needs, such as parents or family members not allowing preadolescents to be more independent than they were in childhood, or by being too overprotective or *laissez faire,* various forms of psychopathology (such as externalising behaviour) may occur (Deci and Ryan, 2000). The next section discusses the three basic psychological needs of preadolescents.

2.10.1. Autonomy

The need for autonomy is explained by Ryan, Huta and Deci (2008) as having a sense of choice and decision in the regulation of behaviour. Darner (2009) affirms the

understanding of Ryan, Huta and Deci (2008) that having the need for autonomy satisfied involves individuals being able to make their own decisions and not being, or feeling, controlled by an external force (parent, teacher, reinforcement). According to Louw and Louw (2007), preadolescents want and need to be involved in decision-making; this facilitates growth and allows them to be less dependent on their parents or other family members. When decisions are made by preadolescents, for preadolescents, there is a sense of achievement and autonomy. Deci and Ryan (2000) concur that autonomous individuals are able to direct their actions according to their needs and capabilities, resulting in their ability to direct priorities, to ensure self-preservation. Self-preservation allows for an integrated self, which is considered a reflection of a 'deep inner design of the human organism, toward self-cohesion and the avoidance of self-fragmentation' (Deci & Ryan, 2000: 254). Since Louw and Louw (2007) highlighted earlier that preadolescents are generally dissatisfied with the choices made by others for them; having a sense of autonomy facilitates their opportunity for growth and minimises compensatory or destructive behaviour. This, however, would need to be supervised by parents and care-givers and a good balance needs to be present, as preadolescents are at the developmental stage, where they are too young to make all important decisions, but old enough to make some important decisions.

However, authoritarian, violent, confusing, harsh, and neglectful parenting and teaching environments make the satisfaction of autonomy very challenging, and less possible, which may result in inner conflict and feelings of depression, alienation, somatization and anxiety, as well as accommodating behaviours in an attempt to satisfy the need. For example, a child may feel that s/he should behave differently, so that the conflict in the family could end. In such cases, children feel controlled, as though they need to

surrender and relinquish their autonomy in order to gain peace in the home, which ultimately means that they are not being true to themselves (Deci & Ryan, 2000). Similarly, Darner (2009) asserts that unreasonable expectations, demands and rules that lack appropriate instruction, are less likely to foster autonomy, whereas choice and explanation from parents, care-givers and other family members, usually encourages autonomy.

2.10.2. Competence

Competence is described by Deci and Ryan (2000) as energising human activity, which alludes to using one's abilities to the best of one's ability. Competence is manifested in intrinsically motivated behaviour and is able to prompt social, cognitive and motor growth. Therefore, according to Ryan, Huta and Deci (2008), competence is linked with one's sense of efficacy in both internal and external environments. Similarly, Erikson (1968) believes that children in the industry and inferiority stage must acquire knowledge, learn to take pride in their work and acquire an attitude to do well in their work. There is a positive identification with others, who tend to do the desired things well, such as peers, parents and siblings. Structure, rules and regulations are more apparent in preadolescence, and are needed to achieve a sense of competency. If the preadolescent is successful in this stage, s/he will need, and want, accomplishments, strive for the completion of tasks and seek recognition for work well done. If competence is not achieved, preadolescents will encounter a sense of uselessness, inferiority and inadequacy, which would negatively impact their self-concept and self-esteem, therefore, hindering their social, emotional and personality development.

However, for an individual's need for competence to be satisfied, s/he has to face a challenging situation that requires and enhances his/her strength. For example, one

cannot ask a ten-year-old to make a pot of food and be angry, when the food is not done according to the care-givers' expectation. The preadolescent must feel competent in an age-appropriate task, or skill-appropriate task (Darner, 2009). Besides, enhancing an individual's skills, while s/he engages in a problem, provides him/her the satisfaction that fulfils his/her human desire to extend his/her understanding. This is important for preadolescents, as they are entering the stage of cognitive development, where they are learning to think logically, hypothesise and think about positive and negative outcomes of actions. Deci and Ryan (2000) emphasise the importance that the need for competence is satisfied, as it contributes to long-term psychological health.

2.10.3. Relatedness

Relatedness, according to Ryan, Huta and Deci (2008), refers to being loved and cared about by others, as well as loving and caring for others, thereby creating a sense of belonging. Deci and Ryan (2000) assert that this sense of belonging refers to feeling connected, sharing and internalising group needs and values; consequently relatedness allows one to cohere with one's group (family, friends, community). In the lives of preadolescents, they would need to feel a sense of belonging at home, with family, with their peers, at school and, more importantly, with their friends, as peer acceptance is very important during preadolescence (Louw & Louw, 2007). The ability to satisfy one's need for relatedness, or belonging, provides a motivational basis for internalization. As a result, groups (peers, family) share knowledge, skills and feelings to the individual, which promotes cohesive social organization. If preadolescents do not have a sense of belonging, or relatedness, they may experience feelings of alienation, loneliness and social isolation (Maestas, Vaquera & Munoz Zehr, 2007).

In order for basic psychological needs to be satisfied or frustrated, preadolescents need to be motivated (Garn, Matthews & Jolly, 2010). The next section discusses three categories of motivation, which contributes to need satisfaction or need frustration.
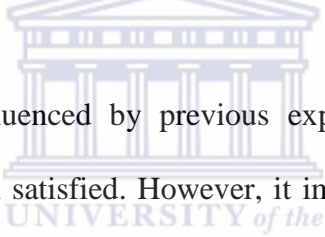
2.11. Categories of Motivation

The Cambridge Dictionary of Psychology (Matsumoto, 2009: 319) defines motivation as 'the hypothetical physio-mental force that leads humans and other animals to act'. However, Deci and Ryan (1985) highlight that motivation is based on the ability of social environments to support the three basic psychological needs. The three major categories of motivation in SDT are; intrinsic motivation, extrinsic motivation, and amotivation (Garn, Matthews & Jolly, 2010). People are usually concerned about how to move themselves or others to act in a certain way. This need to move is centrally concerned with motivation. In SDT, motivation is understood on a continuum moving from amotivation to intrinsic motivation (Ryan & Deci, 2000a). Preadolescents are often moved by external factors, such as grades, positive and negative reinforcement, affirmation and praise from others, reward systems, evaluations, or the opinions, they fear others might have of them. Yet, just as often, preadolescents are motivated from within, by curiosity, interests, care or abiding to family values. Thought of as a continuum, the concept of internalization describes how one's motivation for behaviour can range from amotivation (or unwillingness), to passive compliance, to active personal commitment. For example, preadolescents may not respect authority figures at school and refuse to complete school work. However, as they develop an interest in the subject, and feel that they are able to accomplish the task, they may become more committed, have an intrinsic motivation to attend the classes, complete the school work, and consequently start to respect the teachers and other authority figures at school. With increasing internalization (and its

association with a sense of personal commitment) come greater persistence, more positive self-perceptions, and a better quality of engagement (Ryan & Deci, 2000a).

2.11.1. Intrinsic Motivation

According to Deci and Ryan (2000), intrinsic motivation can be explained as doing an activity because we find it interesting, not because there will be a positive or negative outcomes. Intrinsically motivated behaviours are able to satisfy basic psychological needs, especially, competence and autonomy. Competence and autonomy are considered to have a crucial influence on intrinsic motivation, but relatedness cannot be disregarded, even though it plays a more subtle role. However, the behaviours that satisfy these needs are different for everyone (Ryan, Huta & Deci, 2008).

Intrinsic motivation is influenced by previous experiences of whether or not the individual's needs had been satisfied. However, it important to note that one does not only engage in intrinsically motivated behaviours with the sole purpose of satisfying one's needs, similarly, not all behaviours done to satisfy needs are intrinsically motivated. People engage in intrinsically motivated behaviours, because it promotes growth and is done out of interest and enjoyment. Essentially, intrinsic motivation is a key element for self-determined behaviour (Deci & Ryan, 2000).

Human beings experience different types of motivation, but intrinsic motivation is considered one of the important ones, because, as human beings, Ryan and Deci (2000: 56) claim, we are, 'in our healthier states, active, inquisitive, curious, and playful creatures, displaying a ubiquitous readiness to learn and explore'. Therefore, one does not require prodding, pressure or incentives to engage in behaviours that one enjoys or finds interesting. Intrinsic motivation is thus very important for physical, cognitive and

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social development, as it allows one to grow and gain knowledge, as well as skills (Ryan & Deci, 2000; Gilmore & Meersand, 2014; Louw & Louw, 2007).

2.11.2. Extrinsic Motivation

Literature by Ryan and Deci (2000), Ryan, Huta and Deci (2008) and Gagné and Deci (2005) explain extrinsically motivated behaviour as those behaviours that are geared toward to a specific outcome, such as tangible rewards or implicit approval – meaning, if one does not find an activity enjoyable or interesting, it is very likely that one would need extrinsic motivation to pursue the activity.

However, people feel controlled when extrinsic rewards are introduced for behaviour that ought to be intrinsic; as a result there is a shift in the perception of the locus of causality from internal to external, so they feel less like they own the behaviour and display less intrinsic motivation (Ryan & Deci, 2000a).

According to SDT, extrinsic motivation is delineated into four categories:

(a) integration - involves fully integrating identified regulations within the self, so that they are aligned with one's other existing needs and values;

(b) identification - involves acceptance and understanding a behaviour by identifying with the value and being able to accept and own the behaviour;

(c) introjection - these behaviours involve taking in a regulation, but not completely owning it; and

(d) external regulation - behaviours that satisfy external demands or rewards; these behaviours are considered least autonomous (Deci & Ryan, 2000).

According to Ryan and Deci (2000), integration and internalisation (assimilating external regulations into the self) allows extrinsically motivated behaviours to become more self-determined behaviours.

2.11.3. Amotivation

SDT distinguishes motivation and amotivation as, acting with intentionality (motivation), and acting with a lack of motivation (amotivation). SDT postulates that amotivation results from not feeling autonomous in the decision to act (Gagné & Deci, 2005), not feeling competent enough to act, or not believing that it will yield the desired outcome (Ryan & Deci, 2000a). Besides, Garn, Matthews & Jolly (2010) argue that controlling forms of motivation can lead to complete resistance or withdrawal.

2.12. Conclusion

Preadolescence is an under-studied stage, but it is in fact a crucial stage, as it can be considered a window period before adolescence. Preadolescents are impressionable and are easily influenced by their social contexts. Personality, behaviour patterns and emotional expression takes shape during preadolescents. This chapter has focused on preadolescent development and SDT, as both form part of the theoretical basis for this study. The next chapter focuses on how family conflict impacts preadolescents' basic psychological needs and externalising behaviour.

CHAPTER THREE

LITERATURE REVIEW

3.1. Introduction

The literature review provides insight into the researcher's understanding of preadolescents, family, family conflict and the effects of family conflict on preadolescents' basic psychological needs and externalising behaviour. The literature review examines the work and findings of healthy family environments, as well as dysfunctional family environments, where family conflict is present. The question is, therefore, asked: How does this family conflict affect preadolescents, their basic psychological needs of autonomy, competence and relatedness, and their behaviour, with specific reference to aggression and antisocial behaviour? Essentially, this literature review focuses on the internal (basic psychological needs) and external (behaviour) challenges that manifest as a consequence of family conflict.

3.2. Who are preadolescents and what are their basic psychological needs?

For an individual to find meaning and good psychological well-being in adolescence and adulthood, preadolescence should focus on successfully achieving the developmental tasks in the stage of 'industry vs. inferiority', with the aim to achieve competence in preadolescence (Erikson, 1968). In preadolescence, preadolescents are mainly focused on the happenings at school. Academically, preadolescents take pride and attempt to do well, but peer relations are just as important. Preadolescents try to win the approval of others, attempt to be recognized and feel successful, when they are able to produce things. Similarly, they provide other preadolescents with approval, recognition and enjoy receiving things (Erikson, 1968). Preadolescents desire success, friendships, feelings of workmanship and a sense of duty.

They want to participate in activities that they enjoy – they want to achieve and do well in their endeavors (Markstroom & Marshall, 2007). When preadolescents are unable to achieve this sense of success and competence, they may feel inferior and inadequate. These feelings would play a major role in adolescence and even adulthood (Erikson, 1982).

Preadolescents tend to seek positive role models or peers, who are knowledgeable in areas that are of interest to them (Markstroom & Marshall, 2007). Preadolescents, therefore, seek to relate with others and gain a sense of belonging (Deci & Ryan, 2000). Preadolescents become focused on rules, regulations and structure (Erikson, 1968). They become aware of the roles and behaviours of others, as well as their feelings toward people. Similarly, they are aware that other preadolescents are aware of their roles, behaviour and have feelings about them. They compare themselves to others in many respects; family, material goods (technology, toys, clothes etc.), competence and appearance (Louw & Louw, 2007).

Additionally, preadolescents want to start being independent and autonomous. In early childhood, there would have been heavy reliance on parents and family members; however, in preadolescence, there is a strong desire to explore, as well as experiment and value time with, and opinions of, peers and friends more than parents and family members (Deci & Ryan, 2000; Louw & Louw, 2007).

3.3. What is Family?

According to the White Paper on Families in South Africa (Department of Social Development, 2013), a family is an integral component of society. Families allow for socialisation, as well as material and emotional support for its members. Family's influence how society is organised, structured and functions. The interactions, dynamics, roles and

responsibilities, morals and values are essentially entrenched in its members and allow each generation to be replaced by the next. Children are, therefore, raised and influenced by the families they are born into – they are socialised and cared for by its members until they attain independence and are able to continue the family legacy. This is possible for functional and dysfunctional families; even though dysfunctional families are in conflict and, more often than not, children are neglected or abused, and there is misbehaviour, as well as substance abuse. Dysfunctional families still have the ability to legitimize and foster oppression regularly or continually, as well as influence its members, especially children (Department of Social Development, 2013).

3.4. Global Understanding of Families

The White Paper on Families in South Africa acknowledges the global understanding of families and responsibilities by families and toward families. Reference is made to the following global policies (Department of Social Development, 2013: 31):

(1) Universal Declaration of Human Rights, 1948 (Article 16, 3) and the International Convention on Civil and Political Rights, 1966 (Article 23, 1) state that family is 'the natural and fundamental group unit of society and is entitled to protection by society and the State'.

(2) International Covenant on Economic, Social and Cultural Rights, 1966 state 'the widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children'.

(3) The Convention on the Rights of the Child, 1990 state that 'the family, as a fundamental group and natural environment for the growth and well-being of children, should be given all necessary protection and assistance'.

(4) World Summit for Social Development, Copenhagen, Denmark, March 1995 asserts that 'the family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners'.

3.5. Understanding Families in a South African Context

The White Paper on Families in South Africa, defines family as 'a group of interacting persons, who recognise a relationship with each other, based on a common parentage, marriage and/or adoption' (Department of Social Development, 2013:11). Interestingly, they note that family members do not necessarily have to have close emotional bonds or attachments to be recognised as a family. However, within the South African context, the term family is a fluid term, given the multicultural nature of the South African society (Department of Social Development, 2013). Within the South African context, a single definition cannot be comprehensive enough to encapsulate all the diverse families, which exist in South Africa. The White Paper on Families in South Africa therefore highlights the various forms of families in South Africa – nuclear, three-generation, skip-generation, single parent (unmarried), single parent (absent spouse), elderly only, one adult only, child(ren) only, married couple only, married couple with adopted child(ren), one adult with adopted child(ren), siblings only (all adults), siblings (adults and children) and other (families that do not fit in the aforementioned categories). Since a clear definition cannot be established, the

fundamental functions of a family are outlined in the White Paper on families in South Africa (Department of Social Development, 2013). The core functions of families are:

(1) To create and maintain membership, as well as family formation by providing a sense of belonging, creating a personal and social identity and providing meaning and direction in life;

(2) Economic support, by providing for basic needs, such as food, shelter, clothing and other resources necessary to enhance human development;

(3) Nurturance, support and socialisation by instilling values, morals and norms, and providing social, physical, psychological and spiritual development for its members; and

(4) Protection of vulnerable members by providing care and support to the elderly, young, disabled, ill and otherwise vulnerable members.

While this is the expectation of families, this is not always experienced, especially in dysfunctional families. What does this mean for the preadolescents, who are preparing themselves to enter a phase of adolescence, where an identity needs to be formed? How important is the family to preadolescents and what is needed from families for preadolescents to reach optimal human development?

3.6. Understanding the Family Environment

Children are usually centred within families; therefore, the family environment is a vital aspect of development, socialisation and future success. Since each family in the world is comprised of different individuals and exist in different settings, each family environment is unique. Family environments can differ in many ways due to its socio economic status, family dynamics, family attitudes, as well as who makes up the family. Because family

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members and family environments are so diverse, it becomes extremely difficult to define or even describe an 'ideal family environment' (Zastrow & Kirst-Ashman, 2009).

3.7. Effective and Healthy Family Environment

Zastrow and Kirst-Ashman (2009) assert that two aspects are pivotal for an effective and healthy family – how well the family functions, and good communication. Family functions refer to caring for children, socialisation, providing basic needs and other care-giving functions. Within families, children should be nurtured and taught. Also, within a healthy and effective family, family members should be able to rely and depend on one another. Good communication in the context of healthy and effective families is characterised by communication and autonomy. This refers to expressing ones emotions and ideas respectfully, even when members of the family differ. It also involves being mindful and sensitive to the needs and feelings of other family members. When this occurs, it allows the family to be able to compromise, as opposed to being in conflict, so that each family member's needs are met.

Similarly, Habib et al. (2014) describe a healthy and effective family environment as supportive and safe. It should become a protective factor for when preadolescents are exposed to experiences of, or have perceptions about, conflict. Habib et al. (2014) argue that safe and supportive family environments contribute to optimising mental health and enabling a sense of belonging. A sense of belonging is the same as having a sense of relatedness, one of three basic psychological needs (autonomy, competence and relatedness) as identified by Self-Determination theorists, Deci and Ryan (2000). Once satisfied that sense of relatedness produces optimal mental health. Comparably, Cummings and Shatz (2012) argue that destructive conflict (such as physical aggression) between adults could create an at-risk

family environment. Additionally, if there is an at-risk family environment, it is probable that there would be higher rates of substance abuse, anxiety and depression within the family (Cummings & Shatz, 2012). These factors may, consequently, create more family conflict and may become a risk factor for adverse outcomes displayed by the child (Habib et al., 2014; UNICEF, 2012).

Zastrow and Kirst-Ashman (2009) and Arditti (2014) agree that a healthy or functional family environment fosters boundaries, safety, autonomy, roles and responsibilities. Negotiation is also crucial, because it allows family members to realise solutions for the mutual good of the family, especially in times of crisis and difficulty. Undoubtedly, healthy families have conflicts, but they are able to discuss it rationally, compromise and express their feelings in a healthy, calm and rational manner.
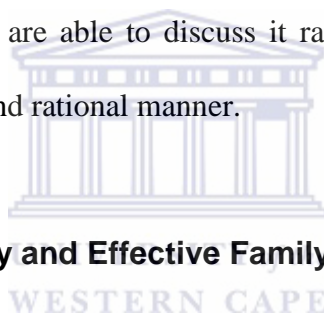
3.8. The Purpose of a Healthy and Effective Family Environment

The home environment of a family expresses many things about the family, such as their morals, values, financial resources, the amount of time they spend with each other, sub-units in the family, spiritual beliefs and how they assign roles and responsibilities (Arditti, 2014). Within the family environment, memories are created that remain with children for a long time; often these memories are around family structure, family dynamics, family conflict and conflict management within the family (Arditti, 2014).

When discussing family environments, one needs to consider the ecological context, in which the family exists. Every family exists within a broader community, which, naturally, has an effect on the family environment. Arditti (2014) highlights that the resources in highly supportive communities, or high socio economic communities, are different compared to low

socio-economic communities, in terms of resources and support. Arditti (2014) claims that, when family homes are located in dangerous or hostile ecological contexts, family members face different situations every day, in terms of how to protect their family. Essentially, it would be advantageous for families to have sufficient social resources, such as enough adults in the home to manage the everyday operations of the family unit, and having sufficient physical and financial resources to meet the family's needs, as well as the projected future needs of the family. However, if families do not have these resources, it does not mean that they will live in a dysfunctional family. They can be successful if they are able to support each other in other ways, such as forming positive relationships with others outside the nuclear family (extended family, friends and societal institutions that are able to support such families), being frugal and creative with the limited resources and placing strong priority on the family's most important needs (Arditti, 2014).
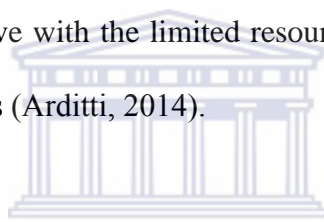
3.9. How the Family Environment Impacts Preadolescents

Healthy family environments can be discussed to great lengths, but it is of utmost importance to remember that children of all ages are taught how to behave and socialise, according to the makeup of their individual family environments (Arditti, 2014). It is within the family environment that preadolescents learn which transactions are appropriate, and which ones are not. Family environments enable preadolescents to maintain personal boundaries, form relationships, communicate with others, handle power and feel that they are important in the family system (Zastrow & Kirst-Ashman, 2009). For most preadolescents, their family environment provides a template for the manner in which to behave, when problems arise that are actual or perceived threats to the family unit. Ultimately, family members have the greatest impact on how the family environment would be. To a large extent, homeostasis in the family depends on whether the family functions in ways that are considered healthy,

normative and desirable, as opposed to harmful, deviant and challenging. It is noteworthy to acknowledge that all families, from all walks of life, face challenges, but all families (healthy and unhealthy) have resilience and, therefore, families and family members have the ability to bounce back from adversity (Arditti, 2014). The way this resilience is displayed has an impact on preadolescents' resilience in different contexts, such as at home, school and in the community (Arditti, 2014).

3.10. The Preadolescent and the Family

Preadolescence is characterized by changes in one's physical, cognitive, language, personality, emotional and social development (Louw & Louw, 2007). For example, preadolescents will have growth spurts, become more demanding and prefer spending more time away from home. As preadolescents develop, family roles may change. This adjustment may cause, or exacerbate, family conflict, if preadolescents' needs are not met effectively (Louw & Louw, 2007). It is during this time that preadolescents tend to compare their families with their friends' families and begin to ask questions about certain processes. According to Louw and Louw (2007), when there is family conflict, preadolescents will prefer to be away from home, and these questions may not be answered, which may have negative outcomes, such as the preadolescent's basic needs not being met, and the development of externalizing behaviour.

However, Roskam, Meunier, Stievenart & Noël (2013) explored the role of proximal and distal factors and how they impact preadolescents. Proximal factors refer to the parent-child relationship, whereas distal factors refer to factors, such as socio economic status, maternal education, or paternal criminality, as well as family environment. According to Roskam et al. (2013), parenting plays an important role in influencing children's behaviour (proximal

factors), especially in terms of their support and negative control. Support includes a variety of related behaviour, namely, acceptance, warmth, involvement, monitoring, autonomy and the establishment of guidelines. Negative control includes parents' efforts to control their children's behaviour by means of punishment, coercion, conflictual and/or harsh discipline, or by being inconsistent. When there is a lack of support from parents and the child often experiences negative control, Roskam et al. (2013) assert that this is considered a risk factor for externalizing behaviour. Similarly, distal factors, concerned with family environment, also affect externalizing behaviour, but to a lesser extent than proximal factors (Roskam et al., 2013). This happens because children, who receive adequate support and appropriate control, are able to integrate the good and the bad that occurs in family environments. When preadolescents are not able to integrate experiences appropriately, Roskam et al. (2013) argue that this may be a contributing factor to the development of externalizing behaviour.
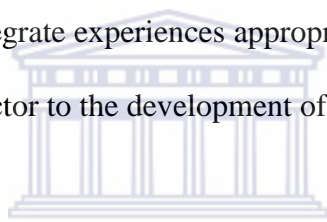
3.11. Describing Externalizing Behaviour

Liu (2004: 93) defines externalising behaviour as 'a grouping of behavior problems that are manifested in children's outward behavior and reflect the child acting negatively on the external environment'. Liu (2004) describes externalising behaviour as a risk factor for adult crime, later juvenile delinquency and violence. Hinshaw (1987) and Liu (2004) assert that externalising behaviour comprises of aggressive, antisocial, delinquent, hyperactive and disruptive behaviours. This paper will, however, only focus on two components of externalising behaviour: aggression and antisocial behaviour. The terms 'externalizing behaviour problems' and 'antisocial' are almost synonymous, but according to Liu (2004) externalizing behaviour is less severe than antisocial behaviour, even though antisocial behaviour falls under the umbrella of externalising behaviour. Aggression is also considered a component of antisocial behaviour, but it can be studied separately, as it has its own

characteristics, such as being easily angered, teasing others and making them angry, fighting, bullying, threatening and intimidating others with physical or verbal aggressive behaviour (Orpinas & Frankowski, 2001), whereas antisocial behaviour is more severe, as it involves disregard to others and the rules of society, with the intention to harm (Matsumoto, 2009).

3.11.1. Understanding Aggression as a form of externalizing behaviour

3.11.1.1 Defining Aggression

The Diagnostic and Statistical Manual 5 (DSM5) describes aggression as part of conduct disorder (APA, 2013). One can be aggressive towards people or animals. Aggression is described as bullying, threatening or intimidating others, forcing someone into sexual activity or stealing, while confronting a victim (example, armed robbery). Aggression also refers to initiating physical fights, using weapons that could cause serious harm to others, as well as being physically cruel to people and/or animals (APA, 2013).

3.11.1.2. Categories of Aggression

Aggressive behaviours can be further sub-categorized into dimensions that reflect both forms and functions. The form varies as direct (involving verbal or physical attack) or relational (involving damage to the target's friendships or inclusion in the peer group). The function is either instrumental – occurring in the anticipation of self-serving outcomes; or reactive – occurring as an angry defensive response to goal blocking or provocation (Collins & Steinberg, 2008). Archer and Coyne (2005) identify another form of aggression – indirect aggression, which takes on a covert form of aggression. A characteristic of this behaviour is, the perpetrator attempts to cause harm in such a way that s/he makes it seem as if there is no

intention to harm at all, for example, backbiting. Archer and Coyne (2005: 216) identify common aggressive behaviours displayed by preadolescents.

Table 3.1: Common Aggressive Behaviours

Indirect Aggression	Relational Aggression	Social Aggression (Direct)
Gossip	Gossip	Gossip
Spread rumours	Spread rumours	Spread rumours
Backbite	Backbite	Backbite
Break confidences	Break confidences	Break confidences
Criticize clothes and personality behind back	Criticize clothes and personality behind back	Criticize clothes and personality behind back
Ignore	Ignore	Ignore
Deliberately- leave others out of the group	Deliberately leave others out of the group	Deliberately leave others out of the group
Social ostracism/exclusion	Social ostracism/exclusion	Social ostracism/exclusion
Turn others against	Turn others against	Turn others against
Become friends with another as revenge	Become friends with another as revenge	Become friends with another as revenge
Imitate behind back	Imitate behind back	Imitate behind back
Embarrass in public	Embarrass in public	Dirty looks
Anonymous notes	Anonymous notes	Huddle
Practical jokes	Practical jokes	Roll eyes
Abusive phone calls	Abusive phone calls	Embarrass in public
Dirty looks	Huddle	Anonymous notes
Huddle		Practical jokes
Roll eyes		Abusive phone calls
Indirect physical aggression (e.g., vandalism)		Verbal insults (that hurt their self-esteem)

It is evident from Table 3.1 that there are subtle differences between the three forms of aggression. Therefore, it is important to realise that despite the slight nuances, we are dealing with the same phenomenon – aggression. This is supported by the view of Archer and Coyne (2005), who identify how the terms overlap - relational aggression is a slightly wider category compared to direct aggression, however, if dyadic relationships are excluded, where the aim is

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different, the two concepts are almost the same. Social aggression also has many similar traits to both indirect and relational aggression, but it is considered slightly wider because it includes nonverbal hostile gestures, as well. Basically, Archer and Coyne (2005) conclude their argument by stating that, overall, few differences exist between social (direct), indirect and relational aggression, with reference to their development, their actions involved, consequences and sex differences.

Roberton, Daffern and Bucks (2012) state that aggressive behaviour is typically directed toward an individual or group where the immediate intention is to cause harm. The victim is thus motivated and expected to avoid the behaviour. Traditionally, aggression was considered reactive, impulsive and driven by anger or hostility. It was considered premeditated, goal orientated and proactive, meaning that it had other functions, besides the intention to harm (Roberton et al., 2012). However, Roberton et al. (2012) highlight that the aforementioned may be true, but argue that multiple motives are responsible for aggression and by stating that aggression is only goal orientated towards a tangible outcome, or done with the intention to harm, is limiting.

3.11.1.3. The effect of emotional regulation on aggression

Roberton et al. (2012) argue that emotion regulation is crucial in aggressive behaviour. Emotional regulation refers to the attempts of humans to enhance, maintain and inhibit emotional expression and experience. Emotional regulation can be controlled and deliberate (hiding anger or sadness during conflict), or automatic (shifting ones attention from an image that is distressing). Deliberate emotional regulation is considered explicit, as it involves conscious effort and

attention, whereas automatic emotional regulation is considered implicit, as it occurs without a conscious decision and without attention (Mauss, Bunge & Gross, 2007).

Roberton et al. (2012) explain that emotional regulation can be *adaptive* or *maladaptive*. Maladaptive emotional regulation refers to being unable to contain emotional experiences well enough, to engage in goal-directed behaviours, or when the individual does not possess all the emotional experience to be fully experienced (s/he avoids certain emotions). There are two types of maladaptive emotion regulation: *under-regulation* and *over-regulation*. Under-regulation occurs when an individual is unable to contain difficult emotional experiences effectively, resulting in him/her being unable to inhibit impulsive behaviours, or engage in behaviours that are goal directed. Aggressive behaviour is often preceded by feelings of anger, therefore, someone, who under-regulates experiences of intense anger, may be more likely to engage in aggressive behaviour because s/he is unable to contain, control or inhibit emotional expression (Sullivan, Helms, Kliewer & Goodman, 2010). To the contrary, over-regulation refers to anger that has been over controlled, but there would be a build-up; the intensity is, generally, higher and results in aggressive behaviour.

3.11.1.4. Bullying: A common form of aggressive behaviour displayed by preadolescents

Panayiotou, Fanti and Lazarou (2015) found that bullying and aggressive behaviour has been related to low empathy, fearlessness, and premeditated antisocial behaviours. In the case of preadolescents, aggressive behaviours usually manifest itself in the form of bullying. Bullying usually happens at

school. Bullying involves physical (hitting) and non-physical (gossiping, isolation) aggression towards children, who are considered weaker and less dominant.

According to Panayiotou et al. (2015), the way children process and encode emotionally evocative situations are different. Situations are processed and encoded during social interactions, when responding and interpreting behaviours of other children, as well as the child's motivation toward gaining rewards and avoiding punishment. These factors play an integral role in school aggression. Sometimes children feel positive after aggressive acts, they are hyper-vigilant to hostile cues, and display poor emotional empathy towards others, who appear to be in distress. Children, who have aggressive tendencies, demonstrate low sensitivity to punishment and little fear for negative consequences to self and others. The DSM 5 (APA, 2013) discusses bullying as a form of aggression for conduct disorder. It further specifies that children with these tendencies have low prosocial behaviour and emotions. They hold a positive view about violence and are, generally, less anxious and fearful. Conversely, children, who were victims of being bullied (at home by friends or family, or at school) tend to be more impulsive and disruptive, and have intense emotional reactions (Panayiotou et al., 2015). Aggressive behaviour has negative results for victims and perpetrators, according to García-Sancho, Salguero and Fernández-Berrocal (2014), for example, low academic performance, involvement in delinquent acts, absenteeism from school, psychosocial maladjustment, substance abuse, and various mental health problems, such as higher levels of depression.

3.11.2. Understanding Antisocial behaviour as a form of externalizing behaviour

3.11.2.1. Defining Antisocial Behaviour

Antisocial behaviour is a challenge for individuals, families and communities (Walker, Gardner & Hyde, 2013). Antisocial behaviour is a range of behaviours that will vary in each individual or group. However, family, friends, teachers or community members may perceive these behaviours differently, as they would use their framework, or set of values to determine antisocial behaviour (Moore, 2011). Essentially, perceptions of antisocial behaviour are determined by a series of factors like context, location, social norm and interpretation (Yau, 2014). Antisocial behaviour is a construct used in various disciplines, such as psychology, sociology and criminology. It is a term that has many context dependent labels, definitions and assessment methods (Piotrowska, Stridde, Croft, & Rowe, 2015).
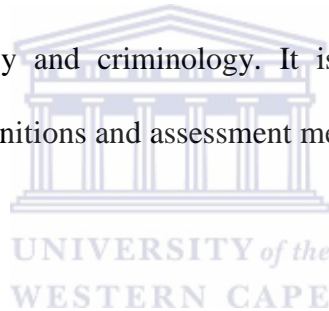
Often, antisocial behaviour is considered a unitary construct, but meaningful distinctions can be made within the broader construct of antisocial behaviour. However, this means that finding a clear and consensual definition of antisocial behaviour is a challenge. Antisocial behaviour is used interchangeably with other terms, such as delinquent behaviour, conduct problems, 'quality of life issues', violent behaviour, deviant behaviour and incivilities (Park, Lee, Sun, Vazsonyi & Bolland, 2010; Yau, 2014). Scholars have thus tried to capture the essence of antisocial behaviour, in order to have a workable understanding of the construct.

Park et al. (2010) describes antisocial behaviour as a wide variety of attitudes and actions that are in conflict with societal norms and the rights of others. Yau

(2014) identifies antisocial behaviour as intimidating, aggressive, destructive, destroying another person's quality of life, harassing, causing alarm and distressing others. Dunleavy and Leon (2011) describe antisocial behaviours as cruelty to animals, shoplifting, assault, lying and vandalism.

3.11.2.2. Components of Antisocial Behaviour

Burt and Donnellan (2010) understand antisocial behaviour in terms of physical aggression, rule breaking and social aggression. However, they acknowledge that these components of antisocial behaviour are distinct and often tend to overlap. Their study also makes use of the Sub-Types of Antisocial Behaviour (STAB) scale. This scale refers to antisocial behaviours as per the following Table 3.2 (Burt & Donnellan, 2010:918):

Table 3.2: Sub-Types of Antisocial Behaviour

Physical Aggression	Social Aggression	Rule Breaking
Felt like hitting people	Blamed others	Broke into a store, mall or warehouse
Easily angered	Tried to hurt someone's feelings	Broke the windows of an empty building
Hit back when hit by others	Made fun of someone behind his/her back	Shoplift
Threatened others	Excluded someone from group activities when angry with him/her	Littered public areas by smashing bottles, tipping trash cans, etc.
Trouble controlling temper	Intentionally damaged someone's reputation	Stole
Hit others when provoked	Tried to turn others against someone when angry with him/her	Left home for an extended period of time without telling family/friends
Got into fights more than the average person	Silent treatment	Sold drugs
Swore or yelled at others	Called someone names	Was suspended, expelled, or fired from school or work
Got into physical fights	Revealed someone's secrets when angry with him/her	Had trouble keeping a job
Felt better after hitting	Was rude towards others	Failed to pay debts
	Made negative comments about other's appearance	

Piotrowska, Stridde, Croft, and Rowe (2015: 48) summarises the concept of antisocial behaviour well by stating that 'antisocial behaviour is a heterogeneous concept, encompassing physically aggressive behaviours, such as fighting and bullying; rule breaking behaviours, such as lying, stealing, vandalism, arson and running away from home; oppositional behaviours, including irritability and headstrongness; and more severe behaviours associated with the lack of empathy and guilt'.

3.11.2.3. Types of Antisocial Behaviour

Krahé (2013) further unpacks the antisocial behaviour construct by describing two types of antisocial behaviour – life course antisocial behaviour and adolescent-limited antisocial behaviour. Life course persistent antisocial behaviour is characterised by cognitive deficits, difficult temperament, as well as hyperactivity and originates in early childhood. Life course persistent antisocial behaviour is exacerbated by high risk social environments, such as inadequate parenting, family conflict and rejection by peers. Often, people with life course persistent antisocial behaviour are born into high risk family environments. It is usually within the first two decades that physical aggression and antisocial behaviour features. Life course persistent antisocial behaviour is associated with violent crime in adulthood.

Conversely, adolescent-limited antisocial behaviour emerges in puberty and is considered a result of psychological discomfort during adolescence, when they desire autonomy. Adolescent-limited antisocial behaviour is associated with non-violence delinquent offences in adulthood. Typically, people with adolescent-limited antisocial behaviour are born into 'normal' family backgrounds - families

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not riddled with family conflict and inadequate parenting. Usually the motive for engaging in aggressive and antisocial behaviour is to demonstrate autonomy and to hasten social maturation. Krahé (2013) highlights that although the individual and environmental risk factors of adolescent-limited aggressive youth are considered less extreme than those with early onset, life course persistent aggression, individuals clearly experience risks during their preadolescent years, which has been linked with later antisocial behaviour.

In addition, youth antisocial behaviour is categorized into oppositional-defiant disorder and conduct disorder in the DSM 5. Oppositional-defiant disorder focusses on less severe forms of age-inappropriate angry and oppositional behaviours, while conduct disorder focuses more on severe aggression and behaviours that involve inflicting pain on others (for example, initiating fights, sexual assault), denying the rights of others (for example, stealing), and state offences (APA, 2013).

3.11.2.4. Contributions to Antisocial Behaviour

Park et al. (2010) argues that personal and biological attributes play a large role in predicting antisocial behaviour, but the context in which one lives is equally important, as these contextual factors shape the environment for the youth. These authors, therefore, identify three crucial contributions to antisocial behaviour: family characteristics and school factors; substance use involvement; and self-concepts and hopelessness. Similarly, Fergusson (1998) highlights five risk factors for antisocial behaviour. The views of Park et al. (2010) and Fergusson (1998) align and will, therefore, be discussed in unison.

1. **Sociodemographic disadvantage.** Factors, such as poverty, poor parental education, low socio economic status, low income, and racial or other minority ethic status, contribute to, or exacerbate, antisocial behaviour.

2. **Family factors.** Families experiencing problems and difficulties, such as divorce, marital conflict, neglect, abuse, dysfunctional relationships, and parental psychopathology and adjustment problems, contribute to, or exacerbate, antisocial behaviour. In terms of the family context, Park et al. (2010) highlight the impact of poor monitoring, lack of knowledge related to poor monitoring and poor discipline, as well as claims that in families, where this is present, there is a greater likelihood of antisocial behaviour in youth.

3. **Educational factors.** Specific learning difficulties, low IQ, educational underachievement and delayed educational achievement may contribute to, or exacerbate, antisocial behaviour,

4. **Peer factors.** When affiliations are made with peers, who display delinquent or substance abusing behaviour, there is a strong likelihood of externalising disorders, and particularly, substance use disorders. Although it is difficult to identify which behaviour occurs first, there is a strong association between substance use and antisocial behaviour. Also, it is hypothesized that substance involvement at early ages, affects the trajectory of antisocial behaviour.

5. **Individual factors.** Although dysfunctional social environments play a pivotal role in externalising behaviours, it would be naïve to say that individual factors, such as genetics and neurobiological factors do not play

a role. Additionally, Park et al. (2010) found that children with antisocial behaviour hold negative self-concepts; they have stress and a sense of hopelessness, which plays a major role in displaying antisocial behaviours.

Buckley, Chapman and Sheehan (2012) discuss antisocial behaviour in relation to injury as a result of antisocial behaviour. Their study found that there is a strong correlation between injury and antisocial behaviour for the victim and perpetrator. They further explored antisocial behaviour, in terms of violence, substance use, passenger risks (drinking and driving, or driving with a person, who is drunk), alcohol use, truancy and risky behaviour. Their study found that likelihood of a medical injury increased with the totality of antisocial behaviours preadolescents and adolescents engaged in. This finding suggests that antisocial behaviour impacts, not only for the person with the behaviour, but also society at large.

Parents or family members, who have a current or past history of antisocial behaviour, are often linked with children that have disruptive behaviours, such as antisocial behaviours. The findings of a study by Ehrensaft, Wasserman, Verdelli, Greenwald, Miller & Davies (2003) highlight that antisocial behaviour may be associated with inconsistent boundaries as well as negative consequences for misbehaviour that children experience or witness, especially after conflict (inter parental conflict, parent-child conflict or conflict among other people living in the home). It is postulated that the reason for this association could be that the child's sense of rejection and coping with the conflict and its aftermath. Therefore, when children's and preadolescent's needs are not satisfied, antisocial behaviour may manifest (Deci & Ryan, 2000).

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Liu (2004) asserts that engaging in such behaviours (aggression and antisocial behaviour) from an early age contributes largely to negative consequences in the future. Based on the literature discussed, it is clear that the way family members interact with each other, plays a role in the preadolescent's development and sense of autonomy, competence and relatedness. Family conflict also influences how preadolescents behave and the future outcomes of their behaviour.

3.12. How Does Family Conflict Affect Preadolescents?

Family conflict may interfere with parent-preadolescent communication, therefore, preventing the preadolescent from seeking support and advice from the parent or family during challenging experiences. Examples of these experiences are: the onset of puberty; testing or breaking boundaries; turbulent emotions; the desire for freedom and independence; lack of good insight and judgement; being accepted by peers; social rejection; academics and conflict resolution (Marin et al., 2008).

However, research on family conflict shows both positive and negative perspectives. On the one hand, Saxbe et al. (2014) found that, if families have a history of poor negotiation skills, or belligerent behaviour, when managing family conflict, it affects the way present conflict is handled and often exacerbates the situation. In addition, a mother's history of aggressive behaviour during past conflicts could be associated with the way she responds to her children's present behaviour. Accordingly, the authors highlight that verbal and physical aggression, anger outbursts, insults and threats are negative effects of family conflict. Conversely, Cummings and Davies (2002) claim that family conflict need not always be destructive, as the way conflict is expressed, would ultimately determine its effects. Some forms of conflict may have negative effects, whereas others may have benign, or even

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positive, effects. Cummings and Shatz (2012) identify calm discussion, humor, support, affection and problem solving, as positive effects of family conflict since they foster and support children. Patton et al., (2008) claim that people respond to family conflict in various ways, and it is challenging to anticipate the effect, especially with preadolescents, who are experiencing various developmental changes. Nevertheless, Deci and Ryan (2000) affirm that family conflict can affect preadolescents internally, when basic psychological needs (autonomy, competence and relatedness) are frustrated, and externally, in the form of displaying externalising behaviour, such as aggression and antisocial behaviour.

3.12.1. How Family Conflict affects Preadolescents internally

Flemming (2005) describes autonomy as one's ability to feel, make decisions and think of one's own accord. Autonomy is more than just independence; it is feeling, thinking and making decisions, in keeping with one's own morals and values. Relationships with families and others play an integral role in the preadolescent's development and sense of autonomy. Russel and Bakken (2002) assert that autonomy is important to preadolescents, as it allows them to govern their own behaviour and rely less on the family. In the researcher's experience as a Registered Counsellor, when family conflict is present, preadolescents are left to their own devices, do as they please, generally, and are considered more, free. Alternatively, due to family conflict, preadolescent takes it upon themselves to assume adult responsibilities, such as medicating, parental responsibility, caring for younger siblings, as they do not feel free to do the things that they find interesting and enjoyable.

Marin et al. (2008) found that families that have more collaborative styles of speaking about conflict were correlated with preadolescents, who have higher social and academic competence. Similarly, when positive comments were passed about the

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negative event, preadolescents were better able to understand the conflict, which encouraged their development of competence (Marin et al., 2008). Additionally, the way in which the family expresses itself during conflict, plays a critical role in how the preadolescent relates to others. In order for preadolescents to relate effectively, they need to be socially competent, which is acquired in the family context. In the family context, preadolescents are able to interpret and reflect on what has happened, especially during conflict. In actual fact, this is how emotional understanding and regulation occurs, as children learn from personal experiences within their family (Marin et al., 2008).

According to Ryan, Huta & Deci (2008), relatedness refers to being loved and cared about by others, as well as loving and caring for others. It is a sense of feeling connected, sharing and internalising family needs and values (Deci & Ryan, 2000). However, when family conflict exists, preadolescents may not have this sense of connectedness, as the family environment may feel tense. Parents or other family members, involved in the family conflict, may appear distracted, upset, and more emotional than usual, which may be a contributing factor to how preadolescents behave (Cummings & Schatz, 2012).

3.12.2. How Family Conflict Affects Preadolescents Externally

Preadolescents may display externalising behaviour as a result of family conflict (Santiago & Wadsworth, 2009) or not having psychological needs met (Deci & Ryan, 2000). Externalising behaviour is explained by Welcome (2014) as behaviour problems, which are manifested in outward behaviour. It reflects negatively on the preadolescent's external environment, as it impacts family, school, and other social

interactions, as well as learning and development. Examples of externalising behaviour include aggression and antisocial behaviour (Welcome, 2014).

Family conflict contributes to the influencing and shaping each family members behaviour (Saxbe et al., 2014). Cummings and Schatz (2012) argue that children need not be a part of, or even present in, the family conflict to be affected by it. The environment will feel tense, as parents or other family members involved with the family conflict, would appear distracted, upset, and more emotional than usual, which may be a contributing factor to how children behave.

Aggression, according to Marcus, Lindahl and Malik (2001), is a pervasive and disruptive behavioural problem, as it occurs across many relationships and situations. Often, children, who are raised in violent or conflict ridden homes, view aggressive behaviour as acceptable, or as a way to adapt and protect themselves. When conflict is dealt with in an aggressive manner at home, children tend to learn that it is acceptable behaviour and have distorted beliefs about aggression and its outcomes (Marcus et al., 2001). A study by Marcus et al. (2001) shows that inter-parental conflict is significantly associated with children behaving aggressively at home and at school.

Parents or family members, who have current or past histories of antisocial behaviour, are often linked with children, who have disruptive behaviours, such as antisocial behaviours. The findings of a study by Ehrensaft et al. (2003) highlight that antisocial behaviour may be associated with inconsistent boundaries, or negative consequences, for misbehaviour that children experienced or witnessed, especially after conflict (inter parental conflict, parent-child conflict or conflict among other people living in the

home). It is postulated that the reasons for this association could be the child's sense of rejection, as well as having to cope with the conflict and its aftermath. Therefore, when children's needs, especially preadolescents, are not satisfied, antisocial behaviour may manifest (Deci & Ryan, 2000).

3.13. Conclusion

The literature identifies how crucial preadolescence is in human development. More importantly, a healthy and effective family contributes to the health and well-being of preadolescents in later years. Without a healthy and effective family, it is probable that preadolescents will be affected internally and externally, meaning that their basic psychological needs will be frustrated and their behaviour will be considered a risk to society.

Chapter Four will discuss the Methodology used to conduct this study.

CHAPTER FOUR

METHODOLOGY

4.1. Introduction

This chapter intends to provide an understanding of the methodology used to conduct the present study. It presents the aim and objectives of this study, as well as the methodological processes followed, to meet the aim and objectives. It focuses on a quantitative methodological approach with a cross-sectional correlational research design. It discusses the population and sample of the study, as well as and data collection instruments. The pilot study and the challenges that emerged in the pilot study, as well as how identified challenges were minimised, or even eliminated, by making amendments to the actual study, are described. This is followed by the data collection procedure and how the data was analysed. Reliability and validity are important to ensure that the data collection instruments provide accurate indications of the variables under study; therefore, the psychometric properties of the data collection instruments will be discussed in this chapter, as well. Finally, the researcher identifies the measures taken to ensure that ethical practices were adhered to throughout the study.

4.2. Aim and objectives of the study

4.2.1. Aim

The aim of the study was to investigate the effects of family conflict on the basic psychological needs and externalizing behaviour of preadolescents.

4.2.2. Objectives

The objectives of the study were therefore to:

- Assess the perception of family conflict.

- Assess the basic psychological needs and externalizing behaviour of preadolescents.

- Determine the effect of family conflict on the basic psychological needs (autonomy, competence and relatedness) and externalising behaviour (aggressive and antisocial behaviour) of preadolescents.

4.3. Methodological Approach

A quantitative methodology was used to conduct this study. Wang (2010) initially characterises the quantitative research methodology by measurement, positivism and statistics. Later she states that quantitative research is not merely measurement and statistics, but it is a process that needs 'a rigorous research design, a sound sampling scheme, reliable and valid instruments and a meticulous data cleaning mechanism' (Wang, 2010:1) to ensure that the researcher presents accurate statistics. Tewksbury (2009) elaborates on the view of Wang (2010) by describing quantitative research as the more 'scientific' approach to conducting research. Cresswell (2013) discusses quantitative research as a methodology that starts with testing a theory, determining a relationship among variables, which is posed in terms of research questions and hypotheses. Objectivity is an integral part of competent inquiry and is achieved by examining methods and conclusions, to guard against bias, as well as determining the reliability and validity of instruments. Within the quantitative paradigm, the researcher uses strategies of inquiry, such as experiments and surveys, to yield statistical data. This data is collected on predetermined instruments (questionnaires). Quantitative methods are best suited to studies aimed at identifying factors that influence variables, or an

outcome, the utility of an intervention, understanding best predictors of outcomes and testing a theory or explanation. Therefore, a quantitative methodology is most appropriate to determine the effects of family conflict on preadolescents' psychological needs and externalising behaviour (Cresswell, 2013).

4.4. Research Design

According to Vogt, Gardner and Haeffele, (2012), a research design is considered 'fundamental' and 'the master' of a research project, because everything flows from the choice of the research design implemented. Cresswell (2013: 20) explains the term, 'research design' as 'the specific procedures involved in the research process'. A research design is used to ensure that the evidence obtained (data collection) enables the researcher to answer the research question/s, adequately (Vogt et al., 2012). De Vaus (2001) tabulates the most appropriate method of data collection for the type of research design of the intended study.

Experiment	Longitudinal study	Case study	Cross sectional design	DESIGN TYPE
- Questionnaires - Interviews (structured of loosely structured) - Observation - Analysis of documents - Unobtrusive methods	- Questionnaires - Interviews (structured of loosely structured) - Observation - Analysis of documents - Unobtrusive methods	- Questionnaires - Interviews (structured of loosely structured) - Observation - Analysis of documents - Unobtrusive methods	- Questionnaires - Interviews (structured of loosely structured) - Observation - Analysis of documents - Unobtrusive methods	METHOD OF DATA COLLECTION

Figure: 4.1 Relationships between research design and particular data collection methods (De Vaus, 2001)

In this study a cross-sectional correlational design was used because this study sought to relate variables (family conflict, psychological needs and externalising behaviour) in a predictable pattern, for one group of individuals (preadolescents), at one point in time. Correlational designs refer to researchers measuring the degree of association (or relation) between two or more variables (Creswell, 2013).

4.5. Cross-Sectional Correlational Design

Jones (2014) considers cross-sectional designs to be one of the most common research designs in social science research. This design type takes a sample from a population and data is collected once; generally from questionnaires or interviews. Relationships are identified from this data and causal relationships are suggested, which are generalised back to the population (Jones, 2014; Babbie, 2010). Observations are based on one point in time, therefore, providing a 'snapshot' of the current situation.
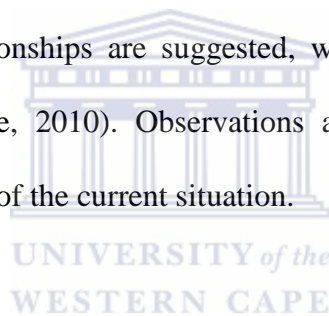
Babbie (2010) identifies the challenge in cross-sectional studies by stating that conclusions are based on observations that are made at one point in time. However, this design is still recommended, because the researcher is interested in understanding the causal processes over time. This challenge can be combated by researchers building on the results of earlier research. Jones (2014), conversely, highlights the strengths of a cross-sectional research design, by stating that it is convenient, cost effective, less time consuming than other designs, attrition rates are lower, gaining a sample is easier than with other research designs and random samples may be taken from the population to allow the findings to be generalised to the wider population.

Correlational design focuses on two or more variables being measured on the same sample (Krauth, 2000). Correlational research is associated with the study of complex phenomena in their natural settings, not in an artificial laboratory setting (Michie, 2014). Compared to other research designs, the correlational design does not make use of active manipulation of independent variables. With correlation, the researcher measures existing variables, such as family conflict, psychological needs and externalising behaviour. Correlation studies are able to study differences across individuals, at the same time (Michie, 2014).

Michie (2014) highlights the limitation of using correlational data to determine causation by stating that, even though variables relate and causation may be present, it will be difficult to determine which variable is the cause, and which variable is the effect, because unknown variables may influence the measured variables. The strength, however, of using a correlation approach is that it allows the researcher to examine behaviour in its fullness (Michie, 2014). The cross-sectional correlation design is suited to this study as the researcher is interested in determining the effect of family conflict on preadolescents' psychological needs and externalising behaviour at one point in time, of a specific population.

4.6. Population and Sample

The population for the present study was preadolescents, who reside in Hout Bay and attend a Primary School in Hangberg, Hout Bay. Most of the participants live in the Hangberg community and walk to school. A small group lives in Imizamo Yethu, but attends school in Hangberg. According to the CEMIS provided by the school, there are 240 preadolescents at the school in grades 5 and 6. Each child received a consent form, assent form and information letters in English and Afrikaans for him/herself and his/her parent or caregiver. Only 103 consent forms were returned. The 103 consisted mainly of 11 and 12-year-olds, with very few

10, 13 and 14-year-olds. The 13 and 14-year-old children were excluded from the study. A further 80 consent forms, assent forms and information letters in English and Afrikaans were distributed to 10-years-olds in grade 4, of which 40 consent forms were returned. The main study was, ultimately, done with the 128 preadolescents in grades four, five and six. The sample consisted of children aged between 10-12 years, who had agreed to participate in the study and whose parents had consented.

According to Matsumoto (2009), sampling refers to the process of selecting a part of a population for measurement. Matsumoto (2009) asserts that the researcher must ensure that the sample does not differ significantly from the population. Sampling can be either be probability sampling – 'each member of the population has a specifiable probability of being chosen' (Cozby & Bates, 2012: 145), or non-probability sampling – technique that relies on available participants, therefore, each member of the population may not have a specific probability for being chosen (Thompson, 2012). Probability sampling techniques will be used, as it is the most appropriate for this current study. Babbie (2015) highlights two important reasons why probability sampling is considered the most effective sampling method for this study: it avoids researcher bias and permits estimates of sampling error.

In the presence of sampling error, two types of sampling errors are identified by Gerrish and Lathlean (2015); random error and systematic error. Random error refers to errors related to the randomness of the sample selected. For example, a small sample may not include a high population of a certain age, gender or race, which could impact the results and lead to under representation. This can be minimized by using a bigger sample. Systematic errors are not always preventable, as they result from inconsistencies in the sampling frame. However,

compared to non-probability sampling, probability sampling is more likely to result in a representative sample with reduced bias and sampling error (Gerrish & Lathlean, 2015).

Several types of probability sampling techniques exist, such as simple random sampling, systematic random sampling, stratified random sampling, and multistage/cluster sampling (Gerrish & Lathlean, 2015). A simple random sampling technique will be employed in this study, in which every preadolescent has an equal probability of being selected for the sample. Simple random sampling uses a sampling frame to identify all candidates in a target population. A sample of candidates is then selected, which means that all candidates in the sampling frame have a known and equal chance of being selected. For example, all preadolescents will be invited to participant in the study, even though the study will only use the candidates, who are affected by family conflict. The advantages of this technique include, the likelihood of a candidate being selected is quantifiable, and the differences observed between the population and sample are due to chance. Simple random sampling is best used in homogenous populations, such as preadolescents from the same context, where any sample is likely to contain people with similar characteristics, such as socio economic status, race and education level. The limitation to this method is that it is more time consuming, because each participant needs to be listed, compared to other methods, such cluster sampling, where people are grouped together (Gerrish & Lathlean, 2015; Babbie, 2015).

4.7. Data Collection Instruments

The data was collected with a battery of instruments. The instruments were self-reported and translated into Afrikaans, as it is the home language of many of the preadolescents. The participant was able to choose if s/he preferred an English or Afrikaans version. The questionnaire was structured as Section A – Demographic Information; Section B – Family

Conflict; Section C: Basic Psychological Needs; Section D: Antisocial behaviour, and Section E: Aggression.

4.7.1. Demographics

A self-constructed demographics questionnaire was developed specifically for the present study. Participants were required to indicate their age, grade, area of residence, race, employment status and number of family members living in the house.

4.7.2. Family Environment Scale (FES)

The Family Environment Scale has three dimensions: relationship, personal growth and system maintenance. This study focuses on the nine-item conflict sub-scale, which is located within the relationship dimension (Moos & Moos, 1981). The family conflict sub-scale will be used to determine the preadolescent's perception of family conflict (Moos & Moos, 1981). Items include 'Family members sometimes get so upset they throw things', and 'We fight a lot in our family' (Jaycox & Repetti, 1993: 347).

4.7.3. Balanced Measure of Psychology Needs Scale (BPNS)

Self-Determination Theory holds that the basic psychological needs of preadolescents (autonomy, competence and relatedness) are essential for psychological growth. These needs are innate. Sheldon and Hilpert (2012) use the Balanced Measure of Psychology Needs Scale to assess people's sense of autonomy, competence and relatedness. This is an 18 item measure; the scale consists of 6 items per need. Within each scale, three items measure negative effect and three items measure positive effect. The participants are asked to rate their feelings of the previous week, using 1 = not at all, to 4 = very true scale. An example of an item: Relatedness – Positively worded relatedness item: I felt a strong sense of intimacy with the people I spent time with. Relatedness –

Negatively worded item: I was lonely (Sheldon & Hilpert, 2012). The Cronbach Alpha of this instrument reveals that for the six 3-item BMPN sub-scales, coefficients of 0.71 and 0.85 for positively worded relatedness were found, 0.71 and 0.70 for positively and negatively worded competence, and 0.69 and 0.72 for positively and negatively worded autonomy (Sheldon & Hilpert, 2012).

4.7.4. Youth Self Report (YSR)

The Youth Self-Report (YSR; Achenbach & Edelbrock, 1987) is used to examine externalizing and internalizing behaviour problems of youths. This study uses the 9-item delinquent sub-scale to measure antisocial behaviour. Responses are expressed on a 3-point Likert scale ranging from, 1 = untrue to 3 = true. Sample items included: 'I steal things from home and other places', 'I disobey at school', and 'I lie or cheat'. The total possible score is 27, with higher scores indicating that the young adults engage in more antisocial behaviours. Validity and reliability of the YSR broad band, syndrome, and DSM-oriented scales have been documented, and extensive normative data is available for children aged 11 to 18 years (Achenbach & Rescorla, 2001). According to Ebesutani, Bernstein, Martinez & Chorpita (2011), younger youths are able to provide reliable reports on the YSR broad band internalizing and externalizing scales, although less so, on the narrow band scales. Across all scales, the externalizing scales performed more favourably than the internalizing scales among both younger and older youth, therefore, the measure is considered valid, when used for determining externalising behaviour (Ebesutani et al., 2011).

4.7.5. The Buss and Perry Aggression Questionnaire (BPAQ)

The Buss and Perry Aggression Questionnaire (AQ) assesses aggression by means of four sub-scales: physical aggression, verbal aggression, anger and hostility (Buss &

Perry, 1992). The Buss and Perry AQ is based on the Buss and Durkee Hostility Inventory (1957), however, based on its shortcomings, Buss and Perry (1992) designed a new instrument that would consider the analysis of aggression in terms of factors, but with more modern psychometric standards (Valdivia-Peralta, Fonseca-Pedrero, González-Bravo & Lemos-Giráldez, 2014). The Buss and Perry AQ uses a Likert-type response format, which ranges from 1 (*extremely uncharacteristic of me*) to 5 (*extremely characteristic of me*), and the exploratory factor analysis yields four factors: Physical Aggression (nine items), Verbal Aggression (five items), Anger (seven items) and Hostility (eight items). The questionnaire consists of 29 items, yielding a minimum score of 29 points and a maximum score of 145 (Valdivia-Peralta et al., 2014).

4.8. Pilot Study

Matsumoto (2009: 388) defines a pilot study as 'a preliminary version of a research project intended to test the practicality of the intended measures and procedures in the project and to suggest modifications to be used in the actual study'. Blessing and Chakrabarti (2009) describe a pilot as an approach to identify potential problems that may affect the validity and quality of the results. The pilot study should be done in the same way the researcher envisions the actual study to be done, which means that the pilot study should involve data processing, analysis and drawing conclusions (Blessing & Chakrabarti, 2009). It is imperative that the researcher requests critical feedback about the experience from the participants involved in the pilot study, as this will reveal the changes required for the main study to be efficient and effective. Typical changes include, formulating questions that are less ambiguous in the questionnaire, adding other methods to capture certain aspects, explanations that need to be clearer or not sufficient detail (Blessing & Chakrabarti, 2009). The set-up of a pilot study should be as close as possible to the intended study, possibly even the actual setup

(venue, lighting). Sometimes researchers may involve students or colleagues in a pilot study, as the emphasis is on trying the method, not on the actual data, but care should be taken to ensure that the data is relevant, because the pilot study should cover all the subsequent steps, not only the data collection steps (Blessing & Chakrabarti, 2009). Blessing and Chakrabarti, (2009) assert that the researcher should ensure that there is sufficient time between the pilot study and the actual study, in the event that a second pilot study is needed. Without an adequate pilot study, the researcher will struggle with the analysis of data.

After receiving permission from the Western Cape Education Department and the School Principal, a pilot study was conducted with 9 year olds in grade 4 from the Primary School in Hangberg, in August 2015. 31 children received assent forms, consent forms and information letters. Grade 4 learners (age 9 and 10) were selected for the pilot study to determine whether they understood the questionnaires and whether the process was easy enough to understand. The researcher gathered the 31 learners and explained the study, using the information letter in English and Afrikaans. Assent forms were provided to the children, the English and Afrikaans versions were printed back to back, so that they could decide the most appropriate and comfortable for them. The importance of parental consent was explained and each child received a sealed envelope with a consent form and information letter in English and Afrikaans. They had one week to return the consent forms. They were requested to hand the consent forms in to their teachers. The researcher would, in turn, collect the forms from the teachers. One extra day was granted, due to the poor response, with to learners forgetting to give the forms to their parents – two consent forms were returned the next day. A total of 15 consent forms were, ultimately, received. The questionnaire was done in two groups, on two different days. Participants could choose an English or Afrikaans Questionnaire. The questionnaire took 45 minutes to complete.

4.9. Challenges identified during the pilot study

Having all 31 children together, while explaining the assent forms and the information letters was a real challenge, as they struggled to focus their attention, and their behaviour in this big group was disruptive. The questionnaire, therefore, was done in smaller groups. After the questionnaire was administered, the group reported a preference for an easier response style (tick box) that would be less confusing. They requested that the researcher simplify certain words, such as 'disagreements' and 'criticise', and also shorten some of the questions. No concerns were raised about the Afrikaans items.

It was noted that the parent consent form did not provide a space for the parent to indicate the name of the child. This was added, subsequently, to be utilised in the main study. Fortunately, most participants wrote their names on the envelopes. It was further noted that, even though the CEMIS indicated that the children were 9 years old, some were 10 years old. The assent form for the main study would, therefore, request the age of the participants, which would assist in the exclusion process, as only children between the ages of 10 – 12 years were eligible to participate in the main study. The assent form would also request a language preference for the questionnaire, to avoid the production of too many copies in Afrikaans.

4.10. Changes made to the instrument

Section A: One question was repeated.

The children struggled to indicate the number of each family figure in the household – this section was removed to avoid confusion, as the answers to these questions would not severely impact the study.

Section B, C, D and E: The format of the response was changed from indicating the number of the most suited response, to ticking the most suited response. The phrases were amended

slightly, in terms of context, and an easier synonym was provided for certain words, example, 'intimacy' was changed to 'closeness'; 'cut classes' was changed to 'bunk' and 'flare up quickly' was changed to 'get angry quickly'. The layout (font, style, formatting, printing was done back to back) was changed to reduce the number of pages, as the children in the pilot study were overwhelmed by the number of pages that needed to be completed.

4.11. Data Collection Procedure
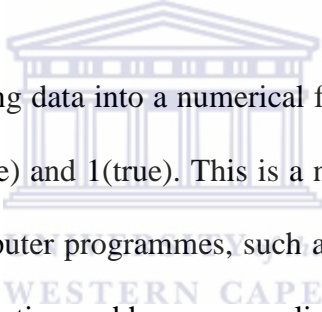
The researcher addressed the grade 5 and 6 classes in the presence of the teacher, to minimise behavioural challenges and disruption from school. The assent form, information sheet, and the importance of consent were explained to the children. Each child received an English and Afrikaans assent form, and could choose whichever language they were more comfortable with. They were also allowed to choose an English or Afrikaans information letter. English and Afrikaans versions of the consent and information letters were sent to the parents. They had one week to return the forms. The participants, whose parents signed consent forms, completed the self-report questionnaire.

4.12. Data Analysis

Data analysis is an important part of research, because each piece of data provides the researcher with an opportunity to analyse the variables under study. Data analysis is a process that involves inspecting, cleaning, transforming, and modelling data, with the goal of uncovering useful information, suggesting conclusions, and supporting decision-making (Creswell, 2013a). Once data was obtained from the participants, it was computed into the Statistical Package for the Social Science (SPSS) V23. The data was then coded, cleaned and checked for errors. The nature of the study required the researcher to use descriptive and inferential data analysis.

Descriptive analysis is used to describe the population, for example, age, grade, race, number of people, living in the house and area of residence. Once computed, a summary value (such as a mean or standard deviation) was used to analyse the population. Descriptive statistics included percentages, means and standard deviations.

Inferential statistical analysis involves using information from a sample to make inferences, or estimates, about the population, for example, how do preadolescents perceive family conflict? Inferential statistics include a correlation to measure relationships between the variables, and regression analysis to predict the effects of family conflict on basic psychological needs and externalising behaviour (Pretorius, 2007).

Coding is the process of converting data into a numerical format, for example, true and false responses were coded into 0 (false) and 1(true). This is a necessary process, so that data can be read and manipulated by computer programmes, such as SPSS. The purpose of coding is to reduce a wide variety of information and have a more limited set of variable attributes. For the current study, coding was done in Microsoft Excel V2013; this was followed by the process of data cleaning (removing or amending data that was incorrect, incomplete, improperly formatted, or duplicated). Lastly, the data was checked to ensure clean, correct and useful data. Once this process was complete the data was computed into SPSS.

4.13. Reliability and Validity

Reliability refers to the consistency of a measurement over a variety of conditions. If a measure is reliable, it should yield the same results, on different occasions, under different conditions, with supposedly alternative instruments that measure the same thing (Drost, 2011). Validity, however, is concerned with the meaningfulness of the research components.

When researchers consider validity, they ask the question: Does the measure actually measure what it intends measuring (Drost, 2011)? The reliability and validity of the measures used in this study are discussed as follows:

4.13.1. Family Environment Scale (FES)

According to Moos and Moos (1981), FES has internal consistency reliabilities (alphas) of 0.61-0.78, and test-retest reliabilities of 0.54-0.86. Further studies have reported alphas of 0.20-0.87 and test-retest reliabilities of 0.68-0.99. In the South African context, Roman (2008) conducted a study on the family environment of 411 preadolescents, aged 10- to 12 years. According to Roman (2008), face and content validity of the instrument are supported by clear statements about family situations that relate to sub-scale domains. Moos and Moos (2002) provide evidence of construct validity in the manual. The manual also presents the following: descriptions of normal and distressed family samples; descriptions of responses by families with two to six, or more, members; comparisons of parent responses with those of their adolescent children; descriptions of families with a single parent, of minority families, and of older families. Roman (2008) notes that there is further validity evidence in the manual that is supported by references to summaries of, approximately, 150 research studies.

4.13.2. Balanced Measure of Psychological Needs Scale (BMPN)

The Cronbach Alpha of this instrument reveals that for the six 3-item BMPN sub-scales, coefficients of 0.71 and 0.85 for positively worded relatedness were found, 0.71 and 0.70 for positively and negatively worded competence, and 0.69 and 0.72 for positively and negatively worded autonomy (Sheldon & Hilpert, 2012). Sheldon and Hilpert (2012) tested for evidence of convergent validity. The D v2 was significant (v2 (23) = 236.819, p\.001) and the difference in practical fit (D CFI = .088) was

substantial, suggesting that independent measures of needs were correlated. They tested for evidence of convergent validity of the satisfaction and dissatisfaction factors by comparing model 1 with model 3. The D v2 was significant (v2 (21) = 223.89, p\.001) and the difference in practical fit (D CFI = .084) was substantial, suggesting that independent measures of the same method factor (satisfaction versus dissatisfaction) were correlated. They tested for evidence of discriminant validity of the needs. The D v2 was significant (v2 (2) = 16.23, p\.001) and the difference in practical fit (D CFI = .006) was not substantial, providing little evidence that needs factors should be distinguished from each other by using data generated from the BPNS. To wit, there was no important difference in the BPNS data between a model that distinguished between needs factors and one that did not.

4.13.3. Youth Self Report (YSR)

The alpha reliability of the youth self-report was 0.78 in a study used to examine externalizing and internalizing behaviour problems of youths by Achenbach and Edelbrock, (1987).

4.13.4. Buss Perry Aggression Questionnaire (BPAQ)

Buss and Perry (1992) found that the internal consistency coefficients were as follows: Physical Aggression, α = .85; Verbal Aggression, α = .72; Anger, α = .83 and Hostility, α = .77, with the internal consistency being α = .89. Test-retest reliability (nine weeks) for the subscales and total score ranged from α = .72 to α = .80. According to Valdivia-Peralta et al. (2014), men obtained a significantly higher mean score than women in Physical Aggression, Verbal Aggression and Hostility, but not in Anger, in terms of assessing construct validity. To assess construct validity, the authors asked the opinion of peers about the traits measured by the sub-scales and examined the correlations of

the AQ results. The results were significant (Valdivia-Peralta et al., 2014). The Buss and Perry AQ has been validated in different countries and has been used with preadolescents and adolescents (Valdivia-Peralta et al., 2014; Reyna, Ivacevich, Sanchez & Brussino, 2011).

4.14. Ethics Statement

Ethics considerations stipulated by the University of the Western Cape were adhered to. Permission to conduct the study was requested from Western Cape Education Department, as well as the principal of the Primary School in Hangberg, Hout Bay. Henning, Van Rensburg and Smit (2004) assert that participants must be provided with informed consent, in any research setting, therefore, information letters, as well as consent letters, were sent to the parents or guardians, while the same information was explained to the preadolescents. As preadolescents are minors, assent needs to be obtained, which is why the preadolescents were asked to sign letters of assent in order to participate in the present study. Informed consent plays an integral role, as it informs the participant about the nature of the study, as well as the way in which the questionnaires will be used.

It was of utmost importance that the participants were aware that their privacy would be protected during the process of data capturing, data analysis and beyond. Confidentiality was maintained at all times. In order to ensure privacy, names were not requested and each questionnaire had a code number to protect anonymity. Participants were made aware that the process was voluntary and that they were allowed to withdraw at any time, with no consequence to them (Henning et al., 2004). This was emphasised in the information letter. The participants were not harmed in the study, which ensured beneficence. The participants and their parents, or guardians, were informed that some questions might evoke discomfort,

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therefore, the researcher ensured that debriefing services were made available. To wit, no one required debriefing services. The researcher accomplished her role to safeguard beneficence by being responsible and respectful, while ensuring that the integrity of the participants was maintained at all times (Cozby & Bates, 2012).

4.15. Conclusion

This chapter discussed the methodology used in this study. It provided insight into the overall process of collecting the data and ensuring that all ethical procedures were followed. It provided an understanding of the population, data collection tools, research design and methodological approach employed in this study. This chapter explained how the pilot study was implemented and identified how the process was amended to improve the experience for the participants in the main study. The next chapter provides the results of the study.
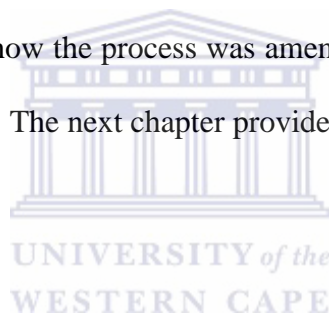
CHAPTER 5

RESULTS

5.1. Introduction

This chapter presents the results of the analysis of this study. The Statistical Package for the Social Sciences (SPSS) V23 was used to analyse the data collected. The results for this research are provided by means of descriptive and inferential statistics. This chapter analyses the demographic profile of the participants, family conflict, basic psychological needs (relatedness, competence, autonomy) and externalising behaviour – antisocial behaviour and four forms of aggression (physical aggression, verbal aggression, hostility and anger).

5.2. Overview of the analysis

The overview of the analysis lies within the objectives and the hypothesis below:

5.2.1. Objectives

- Assess the perception of family conflict.

- Assess the basic psychological needs and externalizing behaviour of preadolescents.

- Determine the effect of family conflict on the basic psychological needs (autonomy, competence and relatedness) and externalizing behaviour (aggressive and antisocial behaviour) of preadolescents.

5.2.2. Hypothesis

H1: Family conflict frustrates the basic psychological needs of preadolescents

H2: Family conflict is related to the externalising behaviour of preadolescents

5.3. Inter-correlations

Table 5.1: Reliability statistics

Variable	Cronbach Alpha Score
Family Conflict	0.53
Need Satisfaction	0.61
Need Frustration	0.69
Antisocial Behaviour	0.74
Aggression	0.88

Cronbach Alpha measures internal consistency. It measures the inter-correlation between items, denoting, how closely related a set of items are as a group. Internal consistency describes the extent to which all the items in a test, measure the same concept or construct and consequently, it is connected to the inter-relatedness of the items within the test. The Cronbach Alpha is considered to be a measure of scale reliability. Cronbach Alpha is not a statistical test - it is a coefficient of reliability (or consistency). In evaluating the reliability index, it is noted that reliabilities above 0.70 should be considered very reliable and 0.60 is considered to be moderately acceptable (Pretorius, 2007). Cronbach Alpha is expressed as a number between 0 and 1. A low value of alpha could be due to poor inter-relatedness between items or heterogeneous constructs, or a low number of questions. Therefore, if a low alpha is due to poor correlation between items, then some should be revised or discarded. If alpha is too high, it may suggest that some items are redundant, as they are testing the same question, but in a different guise. A maximum alpha value of 0.90 is recommended (Tavakol & Dennick, 2011).

For the current study, the internal consistencies for needs frustration and needs satisfaction are deemed acceptable. The internal consistencies for aggression and antisocial behaviour are very reliable. Even though, under 0.60 is considered a low reliability for family conflict; literature by Roman (2008), and Moos and Moos (1981), highlight that alphas for the family environment scales are not normally higher, due to the response of true and false. Therefore, reliability for family conflict in this study is considered acceptable.

5.4. Demographic Profile

Table 5.2 is an overview of the demographic information of the 128 participants in the study at the primary school at Hangberg, Hout Bay.

Table 5.2: Demographic information of participants

Variable		N = 128	%
Gender	Male	56	43.08
	Female	72	56.3
Grade	4	37	28.9
	5	58	45.3
	6	33	25.8
Area	Hangberg	103	80.5
	Imizamo Yethu	22	17.2
Race	Colored	95	74.2
	Black African	30	23.4
	White	1	.8
Home language	English	77	60.2
	English and Afrikaans	5	3.9
	Afrikaans	24	18.8
	IsiXhosa	16	12.5
	Other	3	2.3
Head of home	Mother	50	39.1
	Mother and Father	6	4.7
	Mother and grandparent	1	.8
	Father	32	25.0
	Grandparent	29	22.7
	Aunt/Uncle	5	3.9
	Child	1	.8
Age	**Minimum**	**Maximum**	**M**	**SD**
	10	12	11.15	.72

According to Table 5.2, more females [72 (56.3 %)] than males [56 (43.08 %)] participated in this study. At the time of the study, the participants were in grades 4, 5 and 6. The majority of the participants were in grade 5 [58 (45.3 %)]. The majority of the participants live in Hangberg [103 (80.5 %)], with fewer living in Imizamo Yethu [22 (17.2 %)]. In terms of race, 95 (74.2 %) of the participants identified themselves as being Coloured, 30 (23.4 %) identified themselves as Black African and 1 (0.8%) identified themselves as White. The majority of the participants speak English [77 (60.2 %)], followed by Afrikaans [24 (18. %)] and IsiXhosa [16 (12.5 %)]. When the family structure was analysed to identify the head of the home, the majority of the partcipants indicated that the mother was the head of the home [50 (39.1 %)], with one person [1 (0.8 %)] living in a child headed household. The participants' ages ranged from age 10-12 years old (M=11.15; SD = 0.72).

Table 5.3: Analysis of number of people living in the house

Variables	Minimum	Maximum	*Mean*	*SD*
People in house	1	32	5.73	3.21
People in house (over 18)	1	24	3.08	2.37
People in house (under 18)	0	16	2.82	1.91

The minimum number of persons in the house is 1 and the maximum is 32, with just fewer than 6 people on average living in a house together (M = 5.73, SD = 3.21). In terms of adults and children, the participants indicated that there are just over 3 adults (M = 3.08, SD = 2.37) and just fewer than 3 children (M = 2.82, SD = 1.91) living in the homes. A minimum of 1 adult (over age 18) and a maximum of 24 adults live in a house. A minimum number of 0 children live in a house and a maximum number of 16 children live in the house. It is assumed that the reason for 0 number of children living in the house, would be due to the participants excluding themselves, when counting the number of people, who live in their house, or misunderstanding the question.

Table 5.4: Prevalence of Perceived Family Conflict

No.	Items		N=128	%
1	We fight a lot in our family	True False	35 92	27.3 71.9
2	Family members do not show when they are angry	True False	79 48	61.7 37.5
3	Family members sometimes get so angry they throw things	True False	42 85	32.8 66.4
4	Family members hardly ever lose their tempers	True False	76 51	59.4 39.8
5	Family members often criticize/complain about one another	True False	58 67	45.3 52.3
6	Family members sometimes hit each other	True False	42 82	32.8 64.1
7	If there is a disagreement in our family, we try hard to make things right and keep the peace	True False	110 17	85.9 13.3
8	Family members try to be better than one another	True False	38 88	29.7 68.8
9	In our family, we believe you should not raise your voice	True False	100 27	78.1 21.1

The responses were on a scale of 0 (False) and 1 (True).

The responses in Table 5.4 describe the family conflict present in the families of the participants. Family was limited to the people living in the house with the participants and did not include the extended family, which did not live with the participants (this was explained to the participants when the question arose in during the session). The participants indicated that; "*If there is a disagreement in our family, we try hard to make things right and keep the peace*" as 'true' [110 (85.9 %)], followed by; *"In our family, we believe you should not raise your voice"* [100 (78.1 %)]. The items with the most 'false' responses were; "*We fight a lot in our family*" [92 (71.9 %)] followed by; *"Family members try to be better than one another"* [88 (68.8 %)].

5.5. Basic Psychological Needs

This section presents the Means *(M)* and Standard Deviation *(SD)* of the basic psychological needs (relatedness, competence and autonomy) that are needed for healthy development and well-being of individuals. Table 5.5 to Table 5.7 provide the mean and standard deviation mean scores for the three basic psychological needs and Table 5.8 provides the total mean scores. High mean scores suggest need satisfaction, while low mean scores suggest need frustration. Participants were expected to respond with 'not true at all (1)', 'true (2)', 'untrue (3)', or 'very true (4)' for all three sub-scales. A likert scale was used for all sub-scales.

Table 5.5: Subscale of Relatedness

Items	*M*	*SD*
1. I felt a connection with people who care for me, and whom I care for.	3.59	.66
2. I was lonely.	1.70	.91
3. I felt close and connected with other people who are important to me.	3.57	.66
4. I felt unappreciated by one or more important people.	2.09	1.09
5. I felt a strong sense of closeness with the people I spent time with.	3.48	.66
6. I had disagreements, fights or arguments with people I usually get along with.	2.37	1.18

The illustration of scores in Table 5.5 refers to the participant's sense of relatedness (sense of belonging). The highest mean score was indicated for the item *"I felt a connection with people who care for me, and whom I care for"* (M = 3.59, SD = 0.66). This was followed by the items *"I felt close and connected with other people who are important to me"* (M = 3.57, SD = 0.66) and *"I felt a strong sense of closeness with the people I spent time with"* (M = 3.48, SD = 0.66). The item with the least response was "I was lonely" *(M = 1.70, SD = 0.91)* followed by "I felt unappreciated by one or more important people" *(M = 2.09, SD = 1.09)* and *"I had disagreements, fights or arguments with people I usually get along with"* (M = 2.37, SD = 1.18).

Table 5.6: Subscale of Competence

Items	M	SD
7. I was successful in completing difficult tasks and projects.	3.45	.71
8. I experienced some kind of failure, or could not do well at something.	2.45	1.06
9. I took on and did well in hard challenges.	3.23	.91
10. I did something stupid, that made me feel incompetent (hopeless/useless)	2.78	1.12
11. I did well even with the difficult things.	3.26	.80
12. I struggled to do something I should be good at.	2.82	1.06

The illustration of scores in Table 5.6 refers to the participant's sense of competence. The majority of the participants felt that "*I was successful in completing difficult tasks and projects*" *(M = 3.45, SD = 0.70)*. This was followed by "*I did well even with the difficult things*" *(M = 3.26, SD = 0.80)* and *"I took on and did well in hard challenges*" *(M = 3.23; SD = 0.91)*. The item with the least response was "*I experienced some kind of failure, or could not do well at something*" *(M = 2.45, SD = 1.06)*. This was followed by "*I did something stupid, that made me feel incompetent (hopeless/useless) (M = 2.78, SD = 1.12)*" and "*I struggled to do something I should be good at*" *(M = 2.82, SD = 1.06)*.

Table 5.7: Subscale of Autonomy

Items	M	SD
13. I was free to do things my own way.	2.55	1.13
14. I had a lot of pressures that I did not need	2.71	1.03
15. My choices expressed what I want	2.95	.90
16. There were people telling me what I had to do.	3.07	1.02
17. I was really doing what interests me.	3.30	.88
18. I had to do things that I did not want to	2.67	1.19

The illustration of scores in Table 5.7 refers to the participant's sense of autonomy. The majority of the participants responded "*I was really doing what interests me*" *(M = 3.30, SD = 0.88)*. This was followed by *"There were people telling me what I had to do" (M = 3.07,*

SD = 1.02) and "*My choices expressed what I want*" (*M* = 0.95, *SD* = 0.90). The item with the least response was "*I was free to do things my own way*" (*M* = 2.55, *SD* = 1.13). This was followed by "*I had to do things that I did not want to (M* = 2.67, *SD* = 1.19) "and *I had a lot of pressures that I did not need*" *(M* = 2.71, *SD* = 1.03).

Table 5.8: The prevalence of Basic Psychological Needs

Variables	Min	Max	*M*	*SD*
Relatedness	1.67	4.00	2.80	.42
Competence	1.00	4.00	3.00	.54
Autonomy	1.50	4.00	2.88	.52
Need Satisfaction	2.11	4.00	3.26	.40
Need Frustration	1.33	4.00	2.52	.58

Table 5.8 indicates that the participants have a greater sense of competence (*M* = 3.00, *SD* = 0.54). Fewer participants have a sense of relatedness (*M* =2.80, *SD* = 042). Overall more participants have a sense of need satisfaction (*M* = 3.36, *SD* = 0.40) compared to need frustration (*M* = 2.52, *SD* = 0.58).

5.6. Externalizing behaviour

This section presents the Means (*M*) and Standard Deviation (*SD*) of externalizing behaviour. This study analyses two sub-types of externalizing behaviour – antisocial behaviour and aggression. Table 5.9 provides the mean and standard deviation scores for antisocial behaviour, Tables 5.10 to 5.13 provide the means and standard deviations for the sub-types of aggression, and Table 5.14 provides the mean and standard deviation scores for overall aggression. A likert scale was used for antisocial behaviour and aggression.

Table 5.9: Prevalence of antisocial behaviour

Items	*M*	*SD*
1. I destroy my own things	1.63	.62
2. I destroy things belonging to others	1.40	.61
3. I disobey at school	1.62	.75
4. I hang around with kids who get in trouble	1.56	.74
5. I lie or cheat	1.65	.58
6. I steal things from places other than home	1.22	.55
7 I swear or use dirty/ugly language	1.77	.64
8 I bunk or do not come to school	1.20	.47
9 I use alcohol or drugs for non-medical purposes	1.09	.38
Mean Score:	**1.46**	**.35**

Participants responded with 'not true (1)', 'sometimes true (2)' or 'very true (3)'. High mean scores suggest antisocial behaviour. The illustration of scores in Table 5.9 refers to the participant's antisocial behaviour. The majority of the participants responded *"I swear or use dirty/ugly language" (M =* 1.77, *SD =* 0.64). This was followed by *"I lie or cheat" (M =* 1.65, *SD =* 0.58) and *"I destroy my own things" (M =* 1.63, *SD =* 0.62). The item with the least response was "I use alcohol or drugs for non-medical purposes" *(M =* 1.09, *SD =* 0.38). This was followed by "*I bunk or do not come to school*" *(M =* 1.20, *SD =* 0.47) and "*I steal things from places other than home*" *(M =* 1.22, *SD =* 0.55). Overall, the participants indicated that they sometimes engage in antisocial behaviour *(M =* 1.46, *SD =* 0.35).

5.7. Aggression

The participants were expected to respond with 'extremely unlike me (1)', 'unlike me (2)', 'like me (3)' or 'extremely unlike me (4)'. High mean scores suggest aggressive behaviour.

Table 5.10: Sub-scale of Physical Aggression

Items	*M*	*SD*
1. Once in a while I can't control the urge to hit another person.	2.38	1.02
2. If I am very irritated, I may hit another person.	2.63	1.03
3. If somebody hits me, I hit back.	2.98	.96
4. I get into fights a little more than the average person.	2.01	.79
5. If I have to use violence to protect my rights, I will.	2.73	1.09
6. There are people who pushed me so far that we fought.	2.59	1.13
7. I can think of no good reason for ever hitting a person.	2.15	1.06
8. I have threatened people I know	2.28	.98
9. I have become so mad that I have broken things.	2.38	1.02

The illustration of scores in Table 5.10 refer to the participant's physical aggression. The majority of the participants responded *"If somebody hits me, I hit back." (M = 2.98, SD = 0.96)*. This was followed by *"If I have to use violence to protect my rights, I will." (M = 2.73, SD = 0.96)* and *"If I am very irritated, I may hit another person." (M = 2.63, SD = 1.03)*. The item with the least response was *"I get into fights a little more than the average person." (M = 2.01, SD = 0.79)*. This was followed by *"I can think of no good reason for ever hitting a person." (M = 2.15, SD = 1.06)* and *"I have threatened people I know" (M = 2.28; SD = 0.98)*.

Table 5.11: Subscale of Verbal Aggression

Items	*M*	*SD*
10. I tell my friends openly when I disagree with them.	2.89	.97
11. I often find myself disagreeing with people.	2.62	.96
12. When people annoy me, I may tell them what I think of them.	2.63	1.0
13. I can't help getting into arguments when people disagree with me.	2.46	1.0
14. My friends say that I argue a lot.	2.36	1.08

The illustration of scores in Table 5.11 refers to the participant's verbal aggression. The majority of the participants responded, *"I tell my friends openly when I disagree with them."*

(M = 2.89, *SD* = 0.97). This was followed by "*When people annoy me, I may tell them what I think of them.*" *(M* = 2.63, *SD* = 1.0). The item with the lowest response rate was *"My friends say that I argue a lot."* *(M* = 2.36, *SD* = 1.08). This was followed by *"I can't help getting into arguments when people disagree with me"* *(M* = 2.46, *SD* = 1.0).

Table 5.12: Subscale of Anger

Items	*M*	*SD*
15. I flare up quickly but get over it quickly.	2.76	1.03
16. When frustrated, I let my irritation show.	2.66	1.10
17. I sometimes feel like a bomb ready to explode.	2.73	1.1
18. I am an even-tempered person.	2.49	1.00
19. Some of my friends think I get angry very quickly/ short tempered.	2.56	1.12
20. Sometimes I lose control for no good reason.	2.33	1.01
21. I have trouble controlling my temper.	2.35	.99

The illustration of scores in Table 5.12 refers to the participant's anger. The majority of the participants responded with "I flare up quickly but get over it quickly." *(M* = 2.76, *SD* = 1.03). This was followed by "I sometimes feel like a bomb ready to explode.*" *(M* = 2.73, *SD* = 1.1) and "When frustrated, I let my irritation show." *(M* = 2.66, *SD* = 1.10). The item with the least response was *"Sometimes I lose control for no good reason.*" *(M* = 2.33, *SD* = 1.01). This was followed by *"I have trouble controlling my temper.*" *(M* = 2.35, *SD* = 0.99) and "I am an even-tempered person" *(M* = 2.49, *SD* = 1.00).

Table 5.13: Subscale of Hostility

Items	*M*	*SD*
22. Sometimes I get very jealous	1.94	.92
23. At times I feel that I don't like my life and life is unfair.	2.64	1.11
24. Other people's life always seem easier than mine	2.52	1.13
25. I wonder why sometimes I feel so bitter about things.	2.55	.94
26. I know that "friends" talk about me behind my back.	2.91	1.07
27. I am suspicious of overly friendly strangers.	2.66	1.04
28. I sometimes feel that people are laughing at me behind me back.	2.96	1.04
29. When people are especially nice, I wonder what they want.	2.83	1.07

The illustration of scores in Table 5.13 refers to the participant's hostility. The majority of the participants responded "*I sometimes feel that people are laughing at me behind me back*." (*M* = 2.96, *SD* = 1.04). This was followed by "*I know that "friends" talk about me behind my back.*" (*M* = 2.91, *SD* = 1.07) and "*When people are especially nice, I wonder what they want.*" (*M* = 2.83, *SD* = 1.07). The item with the least response was "*Sometimes I get very jealous*" (*M* = 1.94, *SD* = 0.92).

Table 5.14: The prevalence of Aggression

Variables	Min	Max	*M*	*SD*
Physical Aggression	1.00	4.00	2.46	.61
Verbal Aggression	1.00	4.00	2.6	.57
Anger	1.00	4.00	2.63	.61
Hostility	1.00	4.00	2.55	.59

Table 5.14 suggests that the most prevalent form of aggression is anger (*M* = 2.63, S*D* = 0.61), followed by verbal aggression (*M* = 2.6, *SD* = 0.57). Physical aggression appears to be the least common (*M* = 2.46, *SD* = 0.61) among the participants in the study.

5.8. Relationships between the variables

This section provides the results of the relationships between the variables. A correlation (Table: 5.15) was first conducted to determine the relationship between family conflict, psychological needs and externalizing behaviour. This correlation was then followed by separate regression analyses (Table 5.16) to determine whether family conflict has an effect on psychological needs and externalizing behaviour.

Table 5.15: Correlation scores for the variables

VARIABLES	1	2	3	4	5	6	7	8	9	10
1. Relatedness	-									
2. Competence	.41**									
3. Autonomy	.37**	.27**								
4. Needs Satisfaction	.39**	.46**	.55**							
5. Needs Frustration	.69**	.66**	.56**	.10						
6. Antisocial Behaviour	.25**	.14	.29**	-.04	.41**					
7. Physical Aggression	.27**	.36**	.30**	.12	.45**	.43**				
8. Verbal Aggression	.15	.30**	.24**	.13	.31**	.32**	.59**			
9. Anger	.28**	.43**	.17	.10	.43**	.24**	.49**	.49**		
10. Hostility	.22*	.36**	.26**	.17	.37**	.28**	.59**	.60**	.44**	
11. Family Conflict	.26**	.19*	.26**	.10	.33**	.20*	.24**	.16	.24**	.21*

Table 5.15 shows that there is a significant positive relationship between antisocial behaviour and relatedness *(r = 0.25, p = 0.01)*, autonomy *(r = 0.29, p = 0.01)* and needs frustration *(r = 0.41, p = 0.01)*. There is a significant positive relationship between physical aggression and relatedness *(r = 0.27, p = 0.01)*, competence *(r = 0. 36, p = 0.01)*, autonomy *(r = 0. 30, p = 0.01)* needs frustration *(r = 0.45, p = 0.01)* and antisocial behaviour *(r = 0.43; p = 0.01)*. There is a significant positive relationship between verbal aggression and competence *(r = 0.30, p = 0. 01)*, autonomy *(r = 0.24, p = 0.01)*, needs frustration *(r = 0.31, p = 0.01)* and antisocial behaviour *(r = 0.32, p = 0.01)*. There is a significant positive relationship between anger and relatedness *(r = 0.28, p = 0.01)*, competence *(r = 0.43, p = 0.01)*, needs frustration *(r = 0.43, p = 0.01)* and antisocial behaviour *(r = 0.24, p = 0.01)*. There is a significant positive relationship between hostility and relatedness *(r = 0.22, p = 0.05)*. There is a significant positive relationship between hostility and competence *(r = 0.36, p = 0.01)*, autonomy *(r = 0.26, p = 0.01)*, needs frustration *(r = 0.37, p = 0.01)* and antisocial behaviour

(r = 023, p = 0.01). There is a significant positive relationship between family conflict and competence *(r = 0.19, p = 0.05),* antisocial behaviour *(r = 0.20, p = 0.05)* and hostility *(r = 0.21, p = 0.05).* There is a significant positive relationship between family conflict and relatedness *(r = 0.26, p = 0.01),* autonomy *(r = 0.26, p = 0.01),* needs frustration *(r = 0.33, p = 0.01),* physical aggression *(r = 0.24, p = 0.01)* and anger *(r = 0.24, p = 0.01).* In summary, results of the correlation table show that there is a significant positive relationship between family conflict and preadolescents psychological needs, antisocial behaviour and aggression (with the exception of verbal aggression).

Table 5.16: Predicting antisocial behaviour

	F	Sig	*B*	*SE*	*β*	*t*	Sig
Antisocial Behaviour							
Constant	5.94	.00	.87				
Need Satisfaction			-.08	.07	-.10	-1.20	.23
Need Frustration			.17	.06	.28	2.98	**.00***
Family Conflict			.01	.02	.06	.68	.50
Physical Aggression			.17	.06	.31	2.75	**.01***
Verbal Aggression			.10	.07	.17	1.55	.13
Hostility			-.05	.06	-.08	-.80	.43
Anger			-.07	.06	-.13	-1.13	.26

$\Delta R^2 = 0.22, p < .001$

Table 5.16 presents the results of a regression analysis, which assesses the effects of family conflict, psychological needs and aggression on antisocial behaviour. The final model includes all the predictors accounting for 22% ($\Delta R^2 = 0.22$) of the variance in antisocial behaviour. The results suggest that only physical aggression ($\beta = 0.31, p = 0.01$), as well as need frustration, significantly predicted antisocial behaviour ($\beta = 0.28, p = 0.00$).

Table 5.17: Predicting aggression

	F	Sig	*B*	*SE*	*β*	*t*	Sig
Physical Aggression							
Constant	11.38	.00	.33				
Need Satisfaction			.15	.12	.10	1.25	.22
Need Frustration			.30	.10	.28	3.12	**.00***
Family Conflict			.03	.03	.08	.96	.34
Antisocial Behaviour			.53	.16	.30	3.43	**.00***
Verbal Aggression							
Constant	5.30	.00	1.01				
Need Satisfaction			.15	.12	.11	1.26	.21
Need Frustration			.18	.10	.18	1.83	.07
Family Conflict			.01	.03	.04	.49	.63
Antisocial Behaviour			.41	.16	.24	2.59	**.01***
Anger							
Constant	7.11	.00	1.05				
Need Satisfaction			.10	.13	.06	.76	.45
Need Frustration			.37	.10	.35	3.72	**.00***
Family Conflict			.03	.03	.10	1.17	.25
Antisocial Behaviour			.11	.16	.06	.69	.49
Hostility							
Constant	5.81	.00	.72				
Need Satisfaction			.24	.13	.16	1.87	.07
Need Frustration			.27	.10	.26	2.69	**.01***
Family Conflict			.03	.03	.09	1.03	.31
Antisocial Behaviour			.17	.16	.10	1.07	.29

$\Delta R^2 = 0.26$, p < .001 [Predicting physical aggression]

$\Delta R^2 = 0.12$, p < .001 [Predicting verbal aggression]

$\Delta R^2 = 0.17$, p < .001 [Predicting anger]

$\Delta R^2 = 0.13$, p < .001 [Predicting hostility]

Table 5.17 presents the results of separate regression analyses, which assess the effects of family conflict, psychological need and antisocial behaviour on aggression. For physical aggression, the final model includes all the predictors accounting for 26% ($\Delta R^2 = 0.26$) of the variance in physical aggression. The results suggest that only need frustration ($\beta = 0.28$, $p = 0.00$) and antisocial behaviour, significantly predicted physical aggression ($\beta = 0.30$, $p = 0.00$).

For verbal aggression, the final model includes all the predictors accounting for 12% ($\Delta R^2 = 0.12$) of the variance, with only antisocial behaviour ($\beta = 0.24$, $p = 0.01$) significantly predicting verbal aggression.

For anger, the final model includes all the predictors accounting for 17% ($\Delta R^2 = 0.17$) of the variance, with only need frustration ($\beta = 0.35$, $p = 0.00$) significantly predicting anger.

For hostility the final model includes all the predictors accounting for 13% ($\Delta R^2 = 0.13$) of the variance with only need frustration ($\beta = 0.26$, $p = 0.01$) significantly predicting hostility.

5.9. Conclusion

The results of the study indicate that there is a positive relationship with family conflict and psychological needs, antisocial behaviour and aggression. Physical aggression and needs frustration predict antisocial behaviour. Needs frustration and antisocial behaviour predict physical aggression. Antisocial behaviour predicts verbal aggression. Needs frustration predicts anger, and needs frustration predicts hostility. The following chapter includes the discussion, conclusion, limitations and recommendations based on the findings in this chapter.

CHAPTER 6

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1. Introduction

This study aimed to determine the effects of family conflict on preadolescents' psychological needs and externalizing behaviour. The findings of this study are discussed, in accordance with the aims and objectives highlighted in Chapter One, and in relation to the theory underpinning this study. This chapter will also discuss the findings from Chapter Four (methodology) and Chapter Five (results), in relation to local and international literature, in the field of this study. Lastly, this chapter will present the limitations of this study and recommendations for future research and interventions.

6.2. Preadolescents Perception of Family Conflict

The first objective of the study was to assess preadolescents' perception of family conflict in their homes. The results of the study indicated that family conflict was present in the homes of the preadolescents. However, it appears that preadolescents are more perceptive to the positive items, such as recognizing that "*family members do not show when they are angry*; *if there is a disagreement in our family, we try hard to make things right and keep the peace*" and "*in our family; we believe you should not raise your voice*". True responses for the negative items, such as "*we fight a lot in our family*", "*family members often criticize/complain about one another*" and "*family members sometimes hit each other*", were low.

Regarding preadolescents cognitive development, Beilin and Pufall, (2013) and Kosslyn and Rosenberg (2006) highlight that preadolescents interpret events in different ways. They also have the potential to understand that problems have many facets, but preadolescents are either limited to concrete thinking or starting to develop the ability to evaluate people, events and situations, as well as use logic (Louw & Louw, 2007; Beilin & Pufall, 2013; Liben, 2014). Therefore, when studying preadolescents, it is important to note that they are becoming aware of emotions, such as shame and pride, and are easily affected by the family environment, which assists in development (Marotz & Allen, 2012). Preadolescents are impressionable and desire a family that is accepting and nurturing, therefore, it is likely that this is how they would perceive their family, and how, in essence, their perception of family conflict will be affected (Gilmore & Meersand, 2014; Marotz & Allen, 2012).

Even though each family is unique, preadolescents are mainly focused on *their* families, as this is way they were reared and socialised. Therefore, in their family of origin, if family members speak loudly, swear and argue, it becomes normalised and is not considered a challenge. The preadolescent could perceive the item *"In our family, we believe you should not raise your voice"* as true, because speaking loudly is not considered a problem, as, in the preadolescents view, it is deemed normal talking, and the s/he may have a different perception of what 'raising ones voice' would mean (Gilmore & Meersand, 2014; Louw & Louw, 2007). Besides, preadolescents usually prefer being with friends, at school and away from home (Louw & Louw, 2007), meaning, they may not always be present when family conflict occurs, and, therefore, may perceive the positive items as true.

It is evident from the findings that family conflict exists, and preadolescents are aware of the family conflict, but the findings of this study, as well as local and international findings,

concur that preadolescents, generally, have a more positive perception of family and family conflict (Louw & Louw, 2007; Gilmore & Meersand, 2014; Marotz & Allen, 2012).

6.3. Basic psychological needs of preadolescents

The first part of the second objective of the study was to assess preadolescents' basic psychological needs. The results of the study indicated that preadolescents have a greater sense of competence, followed closely by autonomy. Fewer preadolescents have a sense of relatedness. Overall, more participants had a sense of needs satisfaction, compared to needs frustration.

According to Deci and Ryan (2000) and Gagné and Deci (2005), satisfaction of needs occur differently for different people, yet satisfaction is needed for optimal development. Deci and Ryan (2000) assert that all three needs need to be met; otherwise negative psychological consequences will be identified. In this population, all three needs have been met to some extent, illustrating that preadolescents have a greater sense of needs satisfaction, compared to needs frustration. According to the findings of the current study, preadolescents have a greater sense of competence, which is consistent with the view of Markstroom and Marshall, (2007), who argue that preadolescents are in a stage, where they desire to achieve and have a sense of competence. A sense of competence is key in this developmental stage, therefore, it is not surprising that preadolescents experience a greater sense of competence, compared to autonomy and relatedness (Erikson, 1968). Deci and Ryan (2000), as well as Louw and Louw (2007) hold the view that preadolescents rely less on parents and family members, therefore, will develop a strong sense of autonomy. This view is consistent with the findings of the study. Preadolescents tend to seek a sense of belonging with peers and with families, however, when families experience family conflict, the child's sense of belonging might not

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feel as secure (Corey, 2009). This finding is corroborated by the finding in the current study, which found that relatedness is present in the lives of the preadolescents, but to a lesser extent than competence and autonomy. This suggests that preadolescents may have a sense of belonging with friends, peers or family members.

6.3.1. Autonomy

This study found that preadolescents have a greater sense of autonomy, when they are able to do what interests them, and their choices express what they want to do. They feel the least autonomous, when they have to do tasks, they do not want to do. Gilmore and Meersand (2014) found that preadolescents enjoy making decisions about their lives and are dissatisfied with being told, or instructed, what to do. Similarly, Darner (2009) and Ryan, Huta and Deci (2008) found that satisfying the need for autonomy involves preadolescents being able to make their own decisions and not being compelled by an external force. Essentially, when preadolescents feel that they have made a decision, it leads them to feeling a sense of achievement and autonomy (Louw & Louw, 2007).

6.3.2. Competence

This study found that preadolescents feel competent, when they are able to complete difficult tasks and feel incompetent, when they experience some form of failure. This finding is consistent with the view of Louw and Louw (2007), as well as Beilin and Pufall (2013), who assert that preadolescents feel successful, when they are able to identify their success based on hard work and ability. However, when they feel unsuccessful, they have a sense of helplessness and inadequacy. They also believe their ability is unchangeable and they develop a low sense of competence (Erikson, 1968). According to Ryan, Huta and Deci (2008) and Erikson (1968), rules, structure and

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regulations are important in preadolescence, and are necessary to achieve a sense of competency. Therefore, the study found that, in order for preadolescents to feel competent, they must feel like they have mastered a difficult task.

6.3.3. Relatedness

This study found that preadolescents feel a sense of relatedness, when they experience a connection with people, whom they care for, and who care about them. They do not feel a sense of relatedness, when they are lonely. Similarly, Ryan, Huta and Deci (2008) found that relatedness was linked to loving and caring about others, with others reciprocating the love and care. In this way, an individual forms a sense of belonging. Deci and Ryan (2000) also found that a sense of relatedness refers to feeling connected, sharing and internalising group needs and values. Maestas, Vaquera and Munoz Zehr (2007) state that, if preadolescents do not experience a sense of relatedness, they will experience feelings of loneliness, alienation and social isolation.
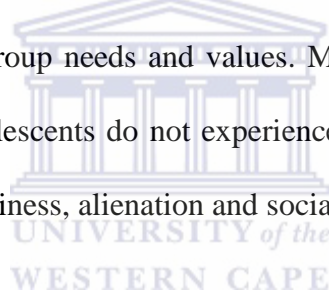
6.4. Externalizing behaviour of preadolescents

This study measured externalizing behaviour in terms of antisocial behaviour and aggression. The second part of the second objective of the study was to assess preadolescents' externalizing behaviour (antisocial behaviour and aggression).

The results of the study indicated that preadolescents sometimes engage in antisocial behaviour. This view is consistent with those of Buckley, Chapman and Sheehan (2012), Ehrensaft et al. (2003) and Park et al. (2010), who all found that preadolescents sometimes engage in antisocial behaviour. Buckley et al. (2012) found that antisocial behaviour is often related with injury to self or others; Ehrensaft et al. (2003) found that antisocial behaviour is

associated with inconsistent boundaries or negative consequences that preadolescents experience; and Park et al. (2010) found that personal and biological attributes play a large role in predicting antisocial behaviour, but the context in which one lives, is equally important for preadolescents that engage in antisocial behaviour.

In terms of aggression, the study found that the most prevalent form of aggression was anger, followed by verbal aggression. Physical aggression appears to be the least prevalent among preadolescents. A study by Archer and Coyne (2005) found that few differences exist between the different forms of aggression. Roberton et al. (2012) found that, traditionally, hostility was the most common form of aggression. Currently, their findings show that there are multiple motives responsible for aggression, and the form of aggression becomes apparent depending on the intended objective for using aggression. The next section discusses the findings in more detail.

6.4.1. Antisocial behaviour

The study found that preadolescents sometimes engage in antisocial behaviour. The most prevalent form of antisocial behaviour among the participants was swearing, or using offensive language. The least prevalent form of antisocial behaviour among the participants was using alcohol, or drugs, for non-medical purpose. According to Beilin and Pufall (2013) and Liben (2014), preadolescents are able to interpret and evaluate conflict; they are also able to see logic or lack of logic. In this way, they have certain responses and, more often than not, begin to display behaviour that is considered negative, such as swearing. However, they are able to identify their behaviour before the conflict, during the conflict and after the conflict, which means that they are cognizant of their antisocial behaviour. Yau (2014) highlights factors, such as context, location, social norm and interpretation, affect perceptions of antisocial behaviour. This

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is consistent with Engelbrecht (2015), who claims that swearing and using offensive language, is common in the communities where the population resides. Burt and Donnellan (2010) identify swearing and substance use as common antisocial behaviours, especially among preadolescents. This is common in both life course antisocial behaviour and adolescent-limited antisocial behaviour (Krahé, 2013).

6.4.2. Aggression

Four components of aggression were considered in this study: physical aggression, verbal aggression, anger and hostility. The findings show that anger was the most prevalent form of aggression among the population, and physical aggression the least prevalent. In terms of physical aggression, hitting someone back was the most prevalent form of physical aggression, and threatening someone was the least prevalent form. Openly disagreeing with friends was the most prevalent form of verbal aggression, whereas getting involved in arguments, when people disagreed with the participant, was the least prevalent form of verbal aggression. Flaring up was the most prevalent form of anger, while losing control for no good reason was the least prevalent form of anger. Hostility was mainly geared towards thinking that friends were gossiping, and being jealous was less likely to cause hostility.

The findings are supported by Panayiotou et al. (2015), who argue that preadolescents are mostly concerned with social interactions, when they are expected to respond to other children. These interactions impact on school aggression, also referred to as bullying; bullying takes different forms – verbal, physical, cyber or emotional bullying. Preadolescents are often bullied or they bully others. Bullying has an effect on preadolescents' self-esteem and psychological needs (Deci & Ryan, 2000; Panayiotou et al., 2015), which could ultimately lead preadolescents suspecting that their friends

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are gossiping behind their back. Similarly, Meyer et al. (2008), as well as Louw and Louw (2007) found that some preadolescents' feel that they need to assert themselves, which is often expressed through aggressive acts, such as disagreeing

According to Kosslyn and Rosenberg (2006), cognitively, preadolescents are able to think deeper and more efficiently, meaning that they are able to consider their actions before engaging in aggressive acts. Beilin and Pufall (2013), as well as Liben (2014) agree and claim that preadolescents can even pre-empt outcomes of the conflict and aggressive acts. Collins and Steinberg (2008) concur by stating that aggression involves physical aggression, verbal aggression and hostility, but claims that aggression is often caused by anger, and more often than not, acts of aggression are either instrumental or reactive. Sullivan, Helms, Kliewer and Goodman, (2010) justifies this view by asserting that the latter is due to preadolescents not being able to inhibit, control or contain emotional expression. This is especially true, when preadolescents are confronted with overwhelming emotions and family conflict (Panayiotou et al., 2015)

6.5. Effect of family conflict on psychological needs of preadolescents

In the current study, a positive significant relationship exists between family conflict and competence, relatedness, autonomy, as well as needs frustration. There is no relationship between family conflict and needs satisfaction. The findings of this study indicate that there is a significant positive relationship between family conflict and preadolescents psychological needs. Family conflict was significantly related to needs frustration in a positive way. Therefore, hypothesis 1 (family conflict frustrates the basic psychological needs of preadolescents) was found to be true.

This relationship is consistent with the findings of Marin et al. (2008) that families who communicate effectively were correlated with relatedness and competence. Conversely, if families do not communicate effectively, there would be negative effects on preadolescents' sense of relatedness and competence. This finding concurs with the finding of the current study that family conflict is correlated with needs frustration, and does not correlate with needs satisfaction. According to Russel and Bakken (2002), when family conflict is present, preadolescents rely less on the family, and autonomy becomes more apparent. Therefore, there is a link between family conflict and autonomy.

Marin et al. (2008) further highlights that, when the family members are able to articulate themselves in a positive way, after a negative event, such as family conflict, preadolescents are better able to understand the conflict, which encourages their development of psychological needs. However, if the family environment does not allow for needs satisfaction, it results in the frustration of basic psychological needs (Marin et al., 2008; Cummings & Schatz, 2012).

However, this current study found that family conflict does not predict the psychological needs of preadolescents. There are two possible reasons for this finding: (1) the sample size was too small; or (2) the research shows that the parent-child relationship has more effect than the family environment because the child is closer to the parent or parental figure than other family members or siblings, who are in conflict, or simply the family environment (Roman, 2008). Roskam et al. (2013) refers to this parent-child relationship as proximal factors, which means, the parent or parental figure would have a more direct effect on the preadolescent, than the the family environment. Darner (2009) concurs by stating that authoritarian, violent, confusing, harsh, and neglectful parenting and teaching environments

makes the satisfaction challenging and less possible. Marin et al. (2008) has a similar view and claims that poor parent-preadolescent communication prevents the preadolescent from getting the necessary support from parents, when their needs are frustrated. Roskam et al. (2013) holds the view that proximal factors, such as parenting has a great influence on the development of psychological needs – when negative control is exercised, it is more likely that psychological needs will be frustrated, but when preadolescents feels supported, they would have a greater of sense of autonomy, competence and relatedness. Roskam et al., (2013) claims that if there are positive proximal factors, the preadolescent is better able to cope with the distal factors, such as family environment.

6.6. Effect of family conflict on externalizing behaviour of preadolescents

A positive significant relationship exists between family conflict, antisocial behaviour and certain aspects of aggression, which are hostility, physical aggression and anger. There is no relationship between family conflict and verbal aggression. However, the findings of this study indicate that there is a significant positive relationship between family conflict and externalizing behaviour. Therefore, hypothesis 2 (family conflict is related to the externalizing behaviour of preadolescents) is true.

This finding is consistent with the findings of Saxbe et al. (2014) that physical aggression, insults, anger outbursts and threats are negative effects arising from family conflict. Conversely, Saxbe et al. (2014) also found that family conflict is related to verbal aggression as well, and contributes to shaping and influencing the behaviour of family members. In most cases, preadolescents normalise certain negative behaviours in the family and often view aggressive and antisocial behaviour as normal and acceptable, as it is a way of protecting and

defending themselves. Based on these findings, it is not surprising that family conflict is related to antisocial and aggressive behaviour (Marcus et al., 2001).

However, this study found that family conflict does not predict externalizing behaviour. Similar to psychological needs, there are two reasons for this finding: (1) the sample size was too small, or (2) the research shows that the parent-child relationship has more effect, than the family environment (Roman, 2008). Ehrensaft et al. (2003) corroborates this view by arguing that inter-parental conflict and parent-child conflict is associated with antisocial behaviour, negative consequences and misbehaviour. This could be due to parents setting inconsistent boundaries, the lack of communication, inconstant discipline and a sense of rejection. Roskam et al. (2013) discuss the role of proximal and distal factors in the lives of preadolescents by stating that, if there is little support, or negative control is exercised, there is a great possibility of externalizing behaviour occurring. Conversely, if the preadolescent experiences support and appropriate control, the preadolescent will be better equipped to manage the family environment and family conflict. Therefore, Roskam et al. (2013) assert that proximal factors, such as parenting, have a bigger impact on the development of externalizing behaviour, which is the reason why family conflict does not predict externalizing behaviour.

6.7. The implication of the results for preadolescents

Preadolescence, also known as middle childhood, is an under-studied, but important, stage in human development. Often it is considered a period that is stable, compared to early childhood and adolescence (Louw & Louw, 2007; Russel & Cohn, 2012). However, preadolescence is an important phase, as the preadolescent goes through several forms of development (physical, cognitive, personality, emotional and social). Physically the

preadolescent experiences the onset of puberty, refining and acquiring of psychomotor skills (Marotz & Allen, 2012), enhanced motor skills, and there is an improvement in their concentration, coordination and timing (Louw & Louw, 2007; Lloyd & Oliver, 2012). Cognitively, Russel and Cohn (2012); Louw and Louw (2007); Beilin and Pufall (2013); and Liben (2014) highlight the following: preadolescents' habits and behaviours are formed; reasoning and abstract thinking begins; concrete thinking improves; problem solving begins; the ability to use logic is developed; the ability to evaluate people, events and situations is developed; and executive functions, as well as memory strategies are improved. In terms of personality, preadolescents begin to: describe themselves; compare themselves to others; identify their strengths and weaknesses; learn how to react to others; how to evaluate others; and develop self-esteem (Louw & Louw, 2007; Lamb & Bornstein, 2013). According to Erikson's psychosocial stage, preadolescents are in the crisis of 'Industry vs. Inferiority' and their developmental task would be competence, meaning that they are focused of producing things, achieving academically and doing well in sports (Corey, 2009). Emotionally, preadolescent are more in tune with their basic emotions and begin to experience more complex emotions, such as shame, guilt and pride (Gilmore & Meersand, 2014). Emotions tend to become more internalised and integrated with a sense of personal responsibility (Marotz & Allen, 2012). Preadolescents are, therefore, able to control their emotions to some extent. Finally, socially, preadolescents prefer to be with their friends, instead of their parents. They desire relationships that enable them to form friendships, fellowship and experience affection (Gilmore & Meersand, 2014). Preadolescents desire to be more autonomous (Louw & Louw, 2007; Lamb & Bornstein, 2013). New behaviours are tested within the peer group, while they share and gain knowledge, as well as information. Peer relations teach them how to abide by rules and regulations (Louw & Louw, 2007; Lamb & Bornstein, 2013).

Consequently, the development of preadolescents can be taxing on the family, as the preadolescent is becoming more autonomous and less dependent. They want to perform tasks that will produce results; therefore, they may want to assist in the home. However, as they are still learning, their attempts may not be perfect, which could cause frustration in the family – begging the questions, 'To what extent should the preadolescent be allowed to perform tasks that would engender a feeling of competence?', and, 'To what extent must the family be patient before it causes conflict?' Obviously, the answers to these questions would affect preadolescents' sense of belonging in the family, because their needs may, either be satisfied, or frustrated (Engelbrecht, 2015; Deci & Ryan, 2000). Often in families that are burdened with family conflict, tolerance levels are low; therefore, preadolescents will experience a relationship between family conflict, and the satisfaction or frustration of their basic psychological needs. However, it is understood that family conflict does not predict the psychological needs of preadolescents, as preadolescents may not always be in the family environment (since they prefer being with friends) and may not interact as much with family members, who do not create an environment for psychological needs to be satisfied (Marotz & Allen, 2012).

In terms of behaviour, preadolescents are experimenting with new behaviours, and since they are reliant on the family, the preadolescent's behaviour is, accepted, tolerated or rejected by the family. In an environment where family conflict is common, it is not unlikely that family conflict is related to externalizing behaviour. Similar to psychological needs, family conflict does not predict externalizing behaviour, because family conflict does not have a direct effect on preadolescents, as parents would.

6.8. Limitations

No research is without its limitations. For this study, the limitations have been identified as:

- Probability sampling does not guarantee that the sample with be a true representative sample, as it makes use of a random selection of participants from a target population, which means that any differences between the population and the sample are due to chance. However, a different sampling technique could be used, in future, to address this limitation.

- The study made use of a small number of preadolescents (N = 128) and, therefore, a larger sample may present different results. However, in future a larger sample could be used to address this limitation.

- The sample was from two low socio-economic communities in one area. A small number was used from Imizamo Yethu and a much larger pool of participants were from Hangberg – the limitation would be generalizing the results to low socio-economic communities across different ethnic and cultural groups. However, an even number of participants from other communities would address this limitation.

- The study made use of self-report questionnaires – in such reports it is expected that participants may be tempted to present themselves in a more 'socially desirable' way. This would ultimately affect the results. To address this limitation, data could be collected from other participants, such as family members, or perhaps taking a qualitative approach, would present different results.

- The research was done at one point in time; therefore, the situation may provide differing results, if another time-frame had been chosen. For example, if, on another occasion, the preadolescent had, recently, experienced an incident of family conflict – would the results differ? However, this study could be done at a different point in

time, or a longitudinal study could be conducted to determine the effect of family conflict on the psychological needs and externalising behaviour at different times, to see if the findings would be similar.

6.9. Recommendations

6.9.1. Recommendations for Future Research

Further research studies are recommended in the area of family conflict and preadolescence, as there is inadequate research in these areas. It is recommended that the research focuses of family conflict as a construct – clearly articulating what is family conflict and what is not. The research could focus on the difference between family conflict and domestic violence, as well as compare the effects of family conflict on preadolescents' psychological needs and externalizing behaviour, to domestic violence and its effects on preadolescents' psychological needs and externalizing behaviour. The research could further focus on the effects of family conflict on preadolescents internalizing behaviour. It would be interesting to read about the same study, but including the view of the teacher and parent, in addition to the view of the preadolescent. Future research could determine whether aggression is a precursor for antisocial behaviour and how registered counselors, psychologists, child and youth care workers would intervene to prevent this. Additionally, regarding the family, what is family conflict and to what extent do these latter-mentioned professionals consider it problematic. This study has only covered two components of externalizing behaviour; further research could focus on the other components of externalizing behaviour. There is limited research on relatedness – the researcher is curious to know, if family conflict exists and affects preadolescents' sense of relatedness, what is the likelihood that this preadolescent would join a gang? Further research could conduct the same study in

middle and high income communities, to determine the difference in result – implying that the researcher would determine to what extent socio economic status play a role in family conflict and the effects on preadolescents' psychological needs and externalizing behaviour. The study could be replicated on a much larger scale in different contexts, different times of the year, different age groups and different cultural groups.

6.9.2. Recommendations for Interventions

There are very few organizations and programmes in South Africa that focus on family work, such as: building resilient families; reunification work; parenting workshops; family counselling and support; psychoeducation and awareness about families; and creating healthy, effective families. It is, therefore, recommended that government invest in families, as this is where socialisation, values and norms are established in youth. If the family is dysfunctional, it is highly probable that the child would have dysfunctional thoughts of how to interact, survive and exist in the world. Families would benefit from programmes that aim to build resilient families, equip families with knowledge on how to deal effectively with family conflict. Teachers, principals and teacher's assistants need to receive training on how to manage a child, who comes from a home burdened by family conflict. Teachers need to be better equipped to manage aggression and externalizing behaviour, so that more time is focused on teaching and less time on disciplining; by doing this a child is able to feel competent. Preadolescents need to belong to a mentorship programme that would allow them to get the necessary guidance to be effective citizens, if the family environment does not create this opportunity for the child. Preadolescents and families should have access to counselling services in their communities. Empowerment programmes are needed to allow adults and preadolescents to feel a sense of competence. Opportunities need to be created in the community, so that youth can belong to a healthy and effective group, and in this

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way, develop a sense of belonging, if the family environment is not able to create this opportunity for the preadolescent. Families should be educated on boundaries, consequences and how autonomous a child should be. Some of these recommendations are directed at government, but it is believed that community members are also able to mobilize such programmes.

6.10. Conclusion

This study focused on determining the effects of family conflict on preadolescent psychological needs and externalizing behaviour. Preadolescence is a unique and important stage of development. The family plays an important role in the socialization, values, attitudes, beliefs and norms of preadolescents. Preadolescents are affected by what happens in their family environment. Family conflict in the family environment has an effect on the preadolescent's psychological needs, such as their sense of autonomy, competence and relatedness, as well as their externalizing behaviour. The main results yielded from this study indicated that a relationship exists between family conflict and preadolescents psychological needs of autonomy, competence and relatedness. The study also found that family conflict is related to preadolescents externalizing behaviour (antisocial behaviour and aggression, with the exception of verbal aggression). Based on these findings, both hypotheses of this study have been met – family conflict frustrates the psychological needs of preadolescents and family conflict is related to externalizing behaviour. However, the study found that family conflict does not predict the psychological needs or externalizing behaviour of preadolescents, suggesting that parents may have a greater impact on preadolescents, than the other family members do. However, due to limited research in the area of family conflict and preadolescents, it is difficult to find much research to support this view.

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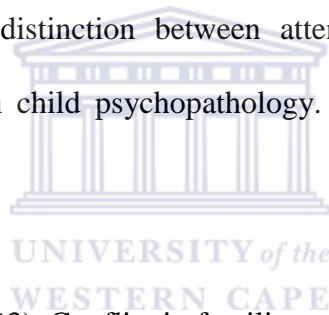
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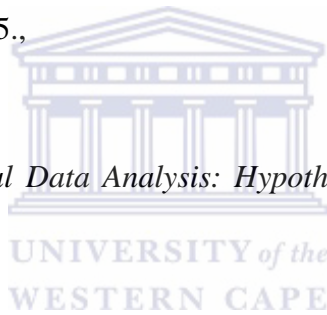
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APPENDICES

Appendix A: Questionnaire – English

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592277, Fax: 27 21-9592845

E-mail: nroman@uwc.ac.za

Dear Children

My name is Zainab Kader. I am a student researcher at the University of the Western Cape. My work is to find out information about things. Your school was chosen so that I can find out some information. I am very interested to know more families and children; how family conflict affects children's (aged 10 to 12) emotions and behaviour.

But, I need your permission to ask you certain questions. Remember all the information which you tell me is **confidential**, in other words, no one else will know who you are and what you said when you answer the questions. You will be **ANONYMOUS**. You can choose not to take part in the study and we can end your taking part at any time.

If you **would or would not like to take part in the study**, you may complete and sign this form.

Please tick (√)	I **want to** take part in this study	
	I **do not** want to take part in this study	
Sign:		

Thank you.

Yours sincerely

Zainab Kader
Researcher (UWC)

Professor N Roman
Supervisor (UWC)

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SECTION A: DEMOGRAPHIC INFORMATION

Please complete the following by ticking (√) the correct response.

Gender (please tick)	Boy		Girl			
Age						
School						
Grade						
Where do you live	Hangberg		Imizamo Yethu		Other (specify)	
Race	Coloured		Black African	White	Indian / Asian	
Home language	Afrikaans		English	isiXhosa	Other	
Who is in charge of your home?	Mother	Father	Grandparent	Uncle/Aunt	Sibling	Child
How many people live in your house?						
How many adults (older than 18) live in your house						
How many children (younger than 18) live in your house?						
How many people work in your house						

SECTION B: FAMILY CONFLICT

I am a researcher that is interested in your opinion about how family's conflict affects you feelings and behaviour. I would appreciate it if you would complete this questionnaire. You will be anonymous, i.e. your identity will be kept safe. **There are no right or wrong answers, only your opinions**. Please tick the option which **suits your situation the best**.

FAMILY ENVIRONMENT SCALE

	Question	True	False
1	We fight a lot in our family.		
2	Family members do not show when they are angry		

3	Family members sometimes get so angry they throw things.		
4	Family members hardly ever lose their tempers.		
5	Family members often criticize/complain about each other.		
6	Family members sometimes hit each other.		
7	If there's a disagreement in our family, we try hard to make things right and keep the peace.		
8	Family members try to be better than one another		
9	In our family, we believe you should not raise your voice		

SECTION C: BASIC PSYCHOLOGICAL NEEDS

I am interested to see how family conflict affects your choices, your ability to do stuff and your sense of belonging.

Please answer each question by ticking the correct block depending on how true you think the question is. It depends on what you think and feel. Remember there is no right or wrong answer and this is confidential so no one will know your answers.

BASIC PSYCHOLOGICAL NEEDS SCALE

Please tick the response that suits you best. Consider your feelings **during the last week**.
Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you.

Relatedness

	Question	Not true at all	Untrue	True	Very true
1	I felt a connection with people who care for me, and whom I care for.				
2	I was lonely.				
3	I felt close and connected with other people who are important to me.				
4	I felt unappreciated by one or more important people.				
5	I felt a strong sense of closeness with the people I spent time with.				
6	I had disagreements, fights or arguments with people I usually get along with.				

Competence

	Question	Not true at all	Untrue	True	Very true
7	I was successful in completing difficult tasks and projects.				
8	I experienced some kind of failure, or could not do well at something.				
9	I took on and did well in hard challenges.				
10	I did something stupid, that made me feel incompetent (hopeless/useless)				
11	I did well even with the difficult things.				
12	I struggled to do something I should be good at.				

Autonomy

	Question	Not true at all	Untrue	True	Very true
13	I was free to do things my own way.				
14	I had a lot of pressures that I did not need				
15	My choices expressed what I want				
16	There were people telling me what I had to do.				
17	I was really doing what interests me.				
18	I had to do things that I did not want to				

SECTION D: ANTISOCIAL BEHAVIOUR

The following questions look at your behaviour in the last 6 months. You will not get in trouble because of your answers because this is confidential.

Please answer each question by ticking the correct block depending on how true you think the question is.

YOUTH SELF REPORT

Please rate your agreement with the following statements, bearing in mind your feelings **now or during the last 6 months**

Please rate the questions according to the following scale:

	Question	Not True	Sometimes True	Very True
1	I destroy my own things			
2	I destroy things belonging to others			
3	I disobey at school			
4	I hang around with kids who get in trouble			
5	I lie or cheat			
6	I steal things from places other than home			
7	I swear or use dirty/ugly language			
8	I bunk or do not come to school			
9	I use alcohol or drugs for non-medical purposes			

SECTION E: AGGRESSION

The following questions look at your behaviour in the **last 6 months**. You will not get in trouble because of your answers because this is confidential.

Please answer each question by ticking the block that applies to you.

BUSS-PERRY AGGRESSION QUESTIONNAIRE

Please rate each of the following items in terms of how characteristic they are of you.

	Question	Extremely Unlike Me	Unlike Me	Like Me	Extremely Like me
1	Once in a while I can't control the urge to hit another person.				
2	If I am very irritated, I may hit another person.				
3	If somebody hits me, I hit back.				
4	I get into fights a little more than the average person.				
5	If I have to use violence to protect my rights, I will.				

6	There are people who pushed me so far that we fought.				
7	I can think of no good reason for ever hitting a person.				
8	I have threatened people I know				
9	I have become so mad that I have broken things.				
10	I tell my friends openly when I disagree with them.				
11	I often find myself disagreeing with people.				
12	When people annoy me, I may tell them what I think of them.				
13	I can't help getting into arguments when people disagree with me.				
14	My friends say that I argue a lot.				
15	I flare up quickly but get over it quickly.				
16	When frustrated, I let my irritation show.				
17	I sometimes feel like a bomb ready to explode.				
18	I am an even-tempered person.				
19	Some of my friends think I get angry very quickly/ short tempered.				
20	Sometimes I lose control for no good reason.				
21	I have trouble controlling my temper.				
22	Sometimes I get very jealous				
23	At times I feel I that I don't like my life and life is unfair.				
24	Other people's life always seem easier than mine				
25	I wonder why sometimes I feel so bitter about things.				
26	I know that "friends" talk about me behind my back.				
27	I am suspicious of overly friendly strangers.				
28	I sometimes feel that people are laughing at me behind me back.				

29	When people are especially nice, I wonder what they want.				

THANK YOU FOR PARTICIPATING IN THIS STUDY

UNIVERSITY *of the*

WESTERN CAPE

Appendix B: Questionnaire – Afrikaans

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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Geagte Kinders

My naam is Zainab Kader. Ek is n navorsing student by die Universiteit van Wes Kaapland. My werk is om informasie te kry oor verskeie dinge. Julle skool was gekies sodat ek meer informasie kan kry. Ek stel belang om meer te weet oor families en kinders; hoe familie konflik kinders (ouderdom 10-12) se emosies en gedrag julle affekteer.

Maar, ek maker julle toesteming om julle sekere vrae te vra. Onthou, al die informasie wat julle my gee is **vertroulik,** met ander woorde, niemand anders sal weet wie jy is en wat jy gese het toe jy die vrae beantwoord het. Jy sal **ANONIEM** bly. Jy kan besluit om nie deel te wees van die studie en jou deelname kan beeindig word enige tyd.

As jy **wil of nie wil deel neem aan die studie**, mag jy die vorm in vilenteken.

Merk Asseblief (✓)	Ek wil deel neem aan die studie	
	Ek wil nie deel neem aan die studie	
Hand tekening:		

Dankie.

Die Uwe

Zainab Kader

Researcher (UWC)

NICKY ROMAN

Supervisor (UWC)

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SEKSIE A: DEMOGRAFIESE INFORMASIE

Voltooi asseblief die volgende deer die korrekte responste merk

Geslag	Manlik		Vroulik	
Ouderdom				
Skool				
Graad				
Waar woon jy(area)				
Ras (Merk Asseblief)	Kleurling	Swart Afrikaner	Wit	Indies / Asier
Huis Taal (Merk Asseblief)	Afrikaans	Engels	isiXhosa	ander
Wie is die hoof van jou huis?	Moeder / Vader	Groot Ouers	Oom/Tannie	Broer/ Suster / Kind
Hoeveel mense woon in jou huis?				
Hoeveel volwassenes woon in jou huis?				
Hoeveel kinders (onder 18) woon in jou huis?				
Hoeveel mense werk in jou huis				

SEKSIE B: FAMILIE KONFLIK

Ek is n navorser wat belangstel in jou opinie oor hoe familie konflik jou gevoelings en gedrag afekteer. Ek sal dit waardeer as jy die volgende vrae lys kan voltooi. Jy sal anonym bly, d.w.s jou identteit sal veilig behou word. Daar is geen reg of verkeerde antwoorde, net jou opinie. Kies asseblief die opsie wat jou situasie die beste pas.

FAMILY ENVIRONMENT SCALE

		Waar	Onwaar
1	Ons baklei baie in ons familie.		
2	Familie lede word wynig openlik kwaad by die huis		
3	Familie lede word so kwaad dat hulle voor werpe gooi		
4	Familie lede verloor baie min hulle humeur		
5	Famile lede kritiseer mekaar dikwels		
6	Familie lede slaan somtyds mekaar		
7	As daar n misverstand is in die familie, probeer ons hard om dinge in toom tehou en die vredete bewaar.		
8	Familie lede prober dikwels sommer kaarte 'one-up' of te 'out-do'		
9	In ons familie, glo ons jy kom nerens as jy jou stem verhef.		

SEKSIE C: BASIESE SIELKUNDIGE BEHOEFTES

Ek stel belang om te sien hoe familie konflik jou keuses beinvloed, jou vermoe om dinge te doen en jou gevoel van behoort.

Antwoord asseblief elke vraag met a **tick** (√) afhangend van hoe waar jy dink die vraag is. Dit hang af van wat jy dink en voel. Onthou, daar is nie n reg of verkeerde antwoord nie en dit is vertroulik so niemand sal weet wat jou antwoorde is nie.

BASIC PSYCHOLOGICAL NEEDS SCALE

Se asseblief of jy saam stem met die volgende verklaring hou in gedagte jou gevoelens tydens die laaste week.

Lees asseblief die volgende items versigtig, dink aan hoe dit jou lewe afekteeren dui da naan hoe waar dit vir jou is.

Relatedness

	Vrae	Glad nie waar nie	Onwaar	Waar	Absoluut Waar
1	Ek voel in kontak met die mense wat ek voor omgee en wie vir my omgee				
2	Ek was eensaam				

		Glad nie waar nie	Onwaar	Waar	Absoluut Waar
3	Ek voel na aan die mense wat belangrik is vir my				
4	Ek voel onwaardeer deer mense wat belangrik is vir my.				
5	Ek het n sterk intiem gevoel met die mense wat ek tyd spandeer				
6	Ek het misverstand en konflik met mense wat ek gewoonlik oor die weg meekom				

Competence

	Vrae	Glad nie waar nie	Onwaar	Waar	Absoluut Waar
7	Ek het suksesvol moeilike take en projekte voltooi.				
8	Ek het n mislukking onderving, of het nie goed gedoen aan iets nie				
9	Ek het uitdaging saan geneem en dit bemeester.				
10	Ek het iets dom gedoen wat my soos n mislukking laat voel.				
11	Ek het selfs goed gedoen aan moeilike goed.				
12	Ek sukkel om iets te doen wat ek goed in moet wees.				

Autonomy

	Vrae	Glad nie waar nie	Onwaar	Waar	Absoluut Waar
13	Ek het vryheid gehad om dinge op my manier te doen.				
14	Ek het baie druk gehad wat ek sonder kan gedoen het.				
15	My keuses het my "ware self" ge wys.				
16	Daar was mense wat my vertel het wat ek moes doen.				
17	Ek het gedoen wat vir my interesant was.				
18	Ek moes dinge teen my sin doen.				

SEKSIE D: ANTISOSIALE GEDRAG

Die volgende vrae kyk na jou gedrag in die **volgende 6 maande**. Jy sal nie in die moeilikheid kom oor jou antwoorde nie omdat dit is vertroulik.

Antwoord asseblief elke vraag deer die korrekte nommer in die laaste blokte skryf afhangend van hoe waar die vraag vir jou is.

YOUTH SELF REPORT

Merk met n tick (√) asseblief die volgende statement**s, hou in gedagte jou gevoelens nou en oor die afgelope 6 maande.**

	Vrae	Nie Waar	Somtyds Waar	Baie waar of Dikwels Waar
1	Ek vernietig my eie goed.			
2	Ek vernietig goed wat nie aan my behoort			
3	Ek is ongehoorsaam by die skool			
4	Ek hang uit met kinders wat in die moeilikheid kom			
5	Ek lieg of kul			
6	Ek steel goed by plekke anders as die huis			
7	Ek vloek en gebruik rutaal			
8	Ek bank klasse of skip skool			
9	Ek gebruik alcohol of dwelms vir nie mediese doeleindes			

SEKSIE E: AGGRESSIE

Die volgende vrae kyk na jou gedrag in die **volgende 6 maande**. Jy sal nie in die moeilikheid kom oor jou antwoorde nie omdat dit is vertroulik.

BUSS-PERRY AGGRESSION QUESTIONNAIRE

Waardeer assebleif die volgende items in terme van hoe kenmerkend dit is van jou. Merk die korrekte blok met n tick (√). Die antwoord hang af van hoe waar die vraag vir jou is.

	Vrae	Geweldig onkenmerkend van my	Dit beskryf my nie	Dit beskryf my	Geweldig kenmerkend van my
1	Elke nou en dan kan ek myself nie beheer om iemnad te slaan.				

2	As ek genoeg getart word, mag ek iemand slaan.				
3	As iemand my slaan, slaan ek terug.				
4	Ek is betrokke by gevegte meer as die gemiddelde persoon				
5	As ek geweld moet aanmeld om regte te beskerm, sal ek.				
6	Daar is mense wat my so verdryf dat ek ontplof.				
7	Ek kan nie aan n goeie rede dink om ooit iemand te slaan nie.				
8	Ek het mense wat ek ken gedreig				
9	Ek was al so kwaad date ek goed gebreek het.				
10	Ek se openlik vir my vriende wanneer ek nie met hulle saam stem.				
11	Ek stem dikwels nie saam met ander mense.				
12	As mense my irriteer, se ek hulle dalk wat ek van hulle dink.				
13	Ek kannie help om in argument te kom wanneer met nie met my saam stem.				
14	My vriende se ek is iemand wat argumenterend.is				
15	Ek raak gou warm maar kom gou oor dit				
16	As ek frusteerd is, laat ek my irritasie wys.				
17	Ek voel soms soos n poeirbom wat gereed is om te ontplof.				
18	Ek is n gelyke-humeurde persoon				
19	Party van my vriende dink ek is n gas pot.				
20	Soms vlieg ek op sonder n goeie rede.				
21	Ek sukkel om my humeur te beheer.				

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22	Ek is somtyds oor kom met jaloesie.				
23	By tye voel ek dat ek aan die kort steent trek in die lewe.				
24	Ander mense kry altyd dinge beter.				
25	Ek wonder somtyds hoe kom ek so bitter voel oor dinge.				
26	Ek weet my vriende praat van my agter my rug.				
27	.Ek is agter dogtig vir vreemdelinge wat te vriendelik is.				
28	Ek voel somtyds dat mense agter my rug vir my lag.				
29	As mense baie gaaf is met my wonder ek wat hulles oek.				

DANKIE DAT JY DEEL GENEEM AHET AAN DIE STUDIE

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2277, Fax: 27 21-959 2845

E-mail: nroman@uwc.ac.za

CONSENT FORM FOR PARENTS

Title of Research Project

The effects of family conflict on preadolescent psychological needs and externalizing behaviour

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my child's participation will involve and I agree to allow my child to participate of my own choice and free will. I understand that my child's identity will not be disclosed to anyone. I understand that my child may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Child's Name………………………………....
Parent's Name…………………………………
Parent's Signature………………………………
Date……………………………………………

Appendix D: Parent Consent – Afrikaans

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592970/2277

E-mail: nroman@uwc.ac.za

TOESTEMING VORM VIR OUERS

Opskrif van navorsing projek

Die gevolge van familie konflik op preadolescent sielkundige behoeftes en eksternalisering gedrag

Die studie was aan my beskryf in n taal wat ek verstaan en ek het vrylik en vrywillig in gestem om my kind telaat deel neem aan die studie. My vrae oor die studie was beantwoord. Ek verstaan dat my kind se identiteit nie bekend gemaak sal word nie en dat my kind enige tyd kan ontrek van die studie en dit sal hom/haar nie negatief in enige manier afekteer nie.

Kind se Naam …………………………………
Ouer se Naam…………………………………
Ouer se Handtekening………………………………
Datum…………………………………………

Appendix E: Child Assent – English

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Private Bag X 17, Bellville 7535, South Africa

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ASSENT FORM FOR CHILDREN

Title of Research Project:

The effects of family conflict on preadolescent psychological needs and externalizing behaviour

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Name and Surname………………………..

Age………………………..

Signature……………………………..
Date……………………

Please tick: I would prefer to complete the questionnaire in English or Afrikaans.

ENGLISH	AFRIKAANS

Appendix F: Child Assent – Afrikaans

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Private Bag X 17, Bellville 7535, South Africa

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TOESTEMING VORM VIR KINDERS

Opskrif van navorsing projek:

Die gevolge van familie konflik op preadolescent sielkundige behoeftes en eksternalisering gedrag

Die studie was aan my beskryf in n taal wat ek verstaan en ek het vrylik en vrywillig in gestem om deel te neem aan die studie. My vrae oor die studie was beantwoord. Ek verstaan dat my identiteit nie bekend gemaak sal word nie en dat ek enige tyd kan ontrek van die studie en dit sal my nie negatief in enige manier afekteer nie.

My naam en van………………………..
Ouderdom ………………………..
My handtekening……………………………….
Datum………………………

Merk asseblief: In watter taal verkies U om die vraestel te beantwoord

ENGLISH	AFRIKAANS

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592277, Fax: 27 21-9592845

E-mail: nroman@uwc.ac.za

INFORMATION SHEET FOR PARENTS

Project Title:

The effects of family conflict on preadolescent psychological needs and externalizing behaviour

What is this study about?

This is a research project being conducted by Zainab Kader at the University of the Western Cape. We are inviting your child to voluntarily participate in this research project because he/she is a preadolescent (age 10-12) at the Primary School in Hangberg, Hout Bay. The purpose of the study is to determine the effects of family conflict on preadolescent's basic psychological needs and externalising behaviour.

What will my child be asked to do if I agree to let him/her participate?

He/she will be asked to complete self-administered questionnaires pertaining to the study at school. The questionnaire will take approximately 45-60 min to complete. The questionnaires are confidential and anonymous therefore there will be no consequences to you or your child based on the information provided by your child in the questionnaires.

Would my participation in this study be kept confidential?

We will do our best to keep your child's personal information confidential. To help protect your child's confidentiality, the information your child provides will be totally private; no names will be used so there is no way your child can be identified for participating in this study. Your child's information will be anonymous and treated confidentially. Therefore, your child's name will not be included on the report. If we write a report or article about this

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research project, your child's identity will be protected to the maximum extent possible. The reports will be kept in a locked cabinet and only the interviewer and the research supervisor will have access to this information. The research findings will not include any personal details.

What are the risks of this research?

There may be risks in participating in this study. Your child may feel discomfort in being asked certain questions regarding the topic such as challenges in the family. If your child experiences any discomfort as a result of the research process, he/she will be referred for counselling services.

What are the benefits of this research?

This research will be beneficial to professionals, lay persons, teachers and social services offering intervention and advocacy. It may be helpful in family interventions. It may provide teachers with insight into the preadolescent's behaviour. The outcome of the study may evoke the need from government to fund projects that assist in minimizing family conflict by offering supportive groups, workshops, therapy and so forth to community members that cannot afford to access private mental health services.

Describe the anticipated benefits to science or society expected from the research, if any.

It allows organizations focused on advocacy to educate communities about the effects of family conflict. Parents and caregiver may benefit from the findings as it would provide insight into their preadolescent's behaviour thus allowing them to implement alternative strategies for managing this behaviour and fostering an environment where basic psychological needs can be met.

Does my child have to be in this research and may he/she stop participating at any time?

Your child's participation in this research is completely voluntary. He/she may choose not to take part at all. If your child decides to participate in this research, he/she may stop participating at any time. If he/she decides not to participate in this study or if he/she stops participating at any time, your child will not be penalized or lose any benefits to which he/she otherwise qualify.

Is any assistance available if my child is negatively affected by participating in this study?

Every effort has been taken to protect your child from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

What if I have questions?

You may contact me at: 081 336 0751 or zkader4@gmail.com or my supervisor Professor Roman in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Prof. Roman at: Department of Social Work, tel. 021 959 2970, email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:	Dean of the Faculty of Community and Health Sciences:
Prof C. Schenck	
	Prof José Frantz
University of the Western Cape	
	University of the Western Cape
Private Bag X17	
	Private Bag X17
Bellville 7535	
	Bellville 7535
cschenck@uwc.ac.za	
	chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592277, Fax: 27 21-9592845

E-mail: nroman@uwc.ac.za

INLIGTINGSBLAD VIR OUERS

Projektitel:

Die gevolge van familie konflik op preadolescent sielkundige behoeftes en eksternalisering gedrag

Wat is hierdie studie oor?

Dit is 'n navorsings projek wat deur Zainab Kader aan die Universiteit van die Wes-Kaap. Ons nooi u kind om vrywillig deel teneem in hierdie navorsings projek omdat Hy/sy is 'n preadolescent (10-12 jaar oud) by die Primêre Skool in Hangberg, Houtbaai. Die doel van die studie is om die gevolge van die familie konflik oor basiese psigologiese behoeftes preadolescent en eksternalisering gedrag bepaal.

Wat sal my kind gevra word om te doen as ek in stem om hom telaat / haardeel?

Hy/sy sal gevra word om self-geadministreerde vraelyste met betrekking tot die studie by die skool voltooi. Die vrae lys sal on geveer 45-60 min neem om te voltooi. Die vraelyste is vertroulik en anonym dus sal daar geen gevolge vir u of u kind gebaseer op die inligting wat deur jou kind in die vraelys teinligting.

Sou my deelname in hierdie studie vertroulik gehou word?

Ons sal ons bes doen om persoonlik einligting van jou kind se vertroulik te hou. Te help om jou kind se vertroulikheid te beskerm, sal die inligting jou kind bied heeltemal privaat wees; geen name sal gebruik word, so daar is geen manier om jou kind geïdentifiseer kan word vir deel name aan die studie. Jou inligting sal anonym en vertroulik hanteer word. Daarom sal u kind se naam nie ingesluit word op die verslag. As ons skryf 'n verslag of artikel oor hierdie

navorsings projek sal u kind se identiteit beskerm word tot die maksimum mate moontlik. Die verslae sal in 'n geslote cabinet en net die onder houd voerder en die navorsing toesig houer gehou sal toegang tot hierdie inligting te hê. Die navorsing sal nie enige persoonlike besonderhede in tesluit.

Wat is die risiko's van hierdie navorsing?
Daar is dalk die risiko's in deelname aan hierdie studie. Jy kan ongemak in sekere vrae gevra oor die onder werp voel soos uitdagings in die familie, insluit en jou verhouding met jou kind. As jy dit doen ondervind ongemak, sal jy vir berading verwys word dienste vir jou en jou kind, wat op 'n lys wat deur die navorser.

Wat is die voordele van hierdie navorsing?
Hierdie navorsing sal voordelig vir professionele wees, lêpersone, onderwysers en maatskaplike dienste aanbied ingryping en voorspraak. Dit mag wees veral nuttig in gesins intervensies. Dit kan onderwysterstev oorsien met insig in die gedrag van die preadolescent se. Die uit koms van die studie kan die behoefte van die regering om projekte wat help in die vermindering van familie konflik deur die aan bied van ondersteun ende groepe, werks winkels, terapieen so meer om lede van die gemeenskap wat nie kan bekostig om toe gangte verkry private geestelike gesondheid diens tebefonds ontlok.

Beskryf die verwagte voordele aan die wetenskap of die samelewing verwag van die navorsing, indienenige.
Dit laat organisasies gefokus op voorspraak om gemeenskappe oor die gevolge van die familie konflik op te voed. Ouers en versorgers kanvoordeel trek uit die bevindinge soos dit insig in die gedrag van hul preadolescent waar deur hulle na alternatiewe strategieë teimplementeer vir die bestuur van hierdie gedrag en die bevordering van 'n om gewing waar basiese psigologiese behoeftes vold oenkan word sal voorsien.

Het my kind te wees in hierdie navorsing en kan hy/sy ophou deelneem op enigetyd?
Deel name jou kind se in hierdie navorsing is heelte mal vry willig. Hy/sy kankies om nie deel te neem nie. As jou kind besluit om deel te neem in hierdie navorsing, hy / sykan stop deel nemende op enigetyd. Indien Hy/sy besluit om nie deel te neem aan hierdie studie, of indien Hy/sy op hou deel neem op enige tyd, sal jou kind nie gepenaliseer of verloor enige voordele waarop Hy/sy anders inskwalifiseer.

Enige hulp beskikbaar indien my kind negatief geraak word deur deel name aan hierdie studie?

Elke poging is om jou kind te beskerm teen enige skade wat in hierdie studie. As jy egter, kan jy voel geraak kan jy verwys word na jou naaste gemeenskap hulp bron vir hulp.

Wat gebeur as ek vrae?

Jy kan op my kontak: 081 336 0751 of zkader4@gmail.com of my toesighouer Professor Roman in die Departement Maatskaplike Werk aan die Universiteit van die Wes-Kaap. Indien u enige vrae oor die navorsing studie self, kontak Prof. Roman by: Departement Maatskaplike Werk, tel. 021 959 2970, e-pos: nroman@uwc.ac.za.

Indien u enige vrae oor hierdie studie en jou regte as 'n navorsings projek deelnemer of as jy wil enige problem wat jy met betrekking tot die studie ervaar rapporteer, kontak:

Hoof van die Departement:	Dekaan van die Fakulteit Gemeenskapen Gesondheids wetenskappe:
Prof C. Schenck	
Universiteit van die Wes-Kaap	Prof José Frantz
Private Bag X17	Universiteit van die Wes-Kaap
Bellville 7535	Private Bag X17
cschenck@uwc.ac.za	Bellville 7535
	chs-deansoffice@uwc.ac.za

Hierdie navorsing is goed gekeur deur die Universiteit van die Wes-Kaap Komitee se Senaats komitee Navorsing en Etiek

Appendix I: Information Letter to Children – English

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592277, Fax: 27 21-9592845

E-mail: nroman@uwc.ac.za

INFORMATION SHEET FOR CHILDREN

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What is this study about?

This is a research project being done by Zainab Kader at the University of the Western Cape. I am inviting you to voluntarily participate in this research project because you are a preadolescent (age 10-12) at the Primary School in Hangberg, Hout Bay. The purpose of the study is to determine the effects of family conflict on preadolescent's basic psychological needs and externalising behaviour.

What will I be asked to do if I agree to participate?

You will be asked to complete self-administered questionnaires about the study at school. The questionnaire will take approximately 45-60 min to complete. The questionnaires are confidential and anonymous therefore there will be no consequences to you based on the information you provide in the questionnaires.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. To help protect your confidentiality, the information you provide will be totally private; no names will be used so there is no way you can be identified for participating in this study. Your information will be anonymous and treated confidentially. Therefore, your name will not be included on the report. If we write a report or article about this research project, you identity will be protected

to the maximum extent possible. The reports will be kept in a locked cabinet and only the interviewer and the research supervisor will have access to this information. The research findings will not include any personal details.

What are the risks of this research?

There may be risks in participating in this study. You may feel uncomfortable in being asked some questions about the topic such as challenges in the family including your relationship with your parent. If you do experience any discomfort, you will be referred for counselling services for you and your parent, provided on a list by the researcher.

What are the benefits of this research?

This research will be beneficial to professionals, lay persons, teachers and social services offering intervention and advocacy. It may be especially helpful in family interventions. It may provide teachers with insight into the preadolescent's behaviour. The outcome of the study may evoke the need from government to fund projects that assist in minimizing family conflict by offering supportive groups, workshops, therapy and so forth to community members that cannot afford to access private mental health services.

Describe the anticipated benefits to science or society expected from the research, if any.

It allows organisations focused on advocacy to educate communities about the effects of family conflict. Parents and caregiver may benefit from the findings as it would provide insight into their preadolescent's behaviour thus allowing them to implement alternative strategies for managing this behaviour and fostering an environment where basic psychological needs can be met.

Do I have to be in this research and may Iy he/she stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decides to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, your will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

What if I have questions?

You may contact me at: 081 336 0751 or zkader4@gmail.com or my supervisor **Professor Roman in the Social Work Department** at the University of the Western Cape. If you have any questions about the research study itself, please contact Dr Roman at: Department of Social Work, tel. 021 959 2970, email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof C. Schenck University of the Western Cape Private Bag X17 Bellville 7535 cschenck@uwc.ac.za	Dean of the Faculty of Community and Health Sciences: Prof José Frantz University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee

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E-mail: nroman@uwc.ac.za

INLIGTINGSBLAD VIR KINDERS

Projek Titel:

Die gevolge van familie konflik op preadolescent sielkundige behoeftes en eksternalisering gedrag

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Wat sal gevra word om te doen as ek in stem?

Jy sal gevra word om self-geadministreerde vraelyste met betrekking tot die studie by die skool voltooi. Die vrae lys sal on geveer 45-60 min neem om te voltooi. Die vraelyste is vertroulik en anonym dus sal daar geen gevolge vir jou gebaseer op die inligting wat deur jou kind in die vraelys teinligting.

Sou my deelname in hierdie studie vertroulik gehou word?

Ons sal ons bes doen om jou persoonlik einligting vertroulik te hou. Te help om jou vertroulikheid te beskerm, sal die inligting jy bied heeltemal privaat wees; geen name sal gebruik word, so daar is geen manier om jy geïdentifiseer kan word vir deel name aan die studie. Jou inligting sal anonym en vertroulik hanteer word. Daarom sal jou naam nie ingesluit word op die verslag. As ons skryf 'n verslag of artikel oor hierdie navorsings

projeksal jou identiteit beskerm word tot die maksimum mate moontlik. Die verslae sal in 'n geslote cabinet en net die onder houd voerder en die navorsing toesig houer gehou sal toegang tot hierdie inligting te hê. Die navorsing sal nie enige persoonlike besonderhede in tesluit.

Wat is die risiko's van hierdie navorsing?

Daar is dalk die risiko's in deelname aan hierdie studie. Jy kan ongemak in sekere vrae gevra oor die onder werp voel soos uitdagings in die familie, insluit en jou verhouding met jou familie. As jy dit doen ondervind ongemak, sal jy vir berading verwys word dienste vir jou wat op 'n lys wat deur die navorser.

Wat is die voordele van hierdie navorsing?

Hierdie navorsing sal voordelig vir professionele wees, lêpersone, onderwysers en maatskaplike dienste aanbied ingryping en voorspraak. Dit mag wees veral nuttig in gesins intervensies. Dit kan onderwysterstev oorsien met insig in die gedrag van die preadolescent se. Die uit koms van die studie kan die behoefte van die regering om projekte wat help in die vermindering van familie konflik deur die aan bied van ondersteun ende groepe, werks winkels, terapieen so meer om lede van die gemeenskap wat nie kan bekostig om toe gangte verkry private geestelike gesondheid diens tebefonds ontlok.

Beskryf die verwagte voordele aan die wetenskap of die samelewing verwag van die navorsing, indien enige.

Dit laat organisasies gefokus op voorspraak om gemeenskappe oor die gevolge van die familie konflik op te voed. Ouers en versorgers kanvoordeel trek uit die bevindinge soos dit insig in die gedrag van hul preadolescent waar deur hulle na alternatiewe strategieë teimplementeer vir die bestuur van hierdie gedrag en die bevordering van 'n om gewing waar basiese psigologiese behoeftes vold oenkan word sal voorsien.

Het my kind tewees in hierdie navorsing en kan ek ophoudeelneem op enigetyd?

Jou deel name in hierdie navorsing is heelte mal vry willig. Jy kan kies om nie deel te neem nie. As jy besluit om deelte neem in hierdie navorsing, jy kan stop deel nemende op enigetyd. Indien jy besluit om nie deel te neem aan hierdie studie, of indien jy op hou deel neem op enige tyd, sal jou kind nie gepenaliseer of verloor enige voordele waarop jy anders inskwalifiseer.

Enige hulp beskikbaar indien my kind negatief geraak word deur deelname aan hierdie studie?

Elke poging is om jou te beskerm teen enige skade wat in hierdie studie. As jy egter, kan jy voel geraak kan jy verwys word na jou naaste gemeenskap hulp bron vir hulp.

Watgebeur as ekvrae?

Jy kan op my kontak: 081 336 0751 of zkader4@gmail.com of my toesighouer Professor Roman in die Departement Maatskaplike Werk aan die Universiteit van die Wes-Kaap. Indien u enige vrae oor die navorsing studie self, kontak Dr Roman by: Departement Maatskaplike Werk, tel. 021 959 2970, e-pos: nroman@uwc.ac.za.

Indien u enige vrae oor hierdie studie en jou regte as 'n navorsings projek deelnemer of as jy wil enige problem wat jy met betrekking tot die studie ervaar rapporteer, kontak:

Hoof van die Departement:	Dekaan van die Fakulteit Gemeenskapen Gesondheids wetenskappe:
Prof C. Schenck	Prof José Frantz
Universiteit van die Wes-Kaap	Universiteit van die Wes-Kaap
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Bellville 7535	Bellville 7535
cschenck@uwc.ac.za	chs-deansoffice@uwc.ac.za

Hierdie navorsing is goed gekeur deur die Universiteit van die Wes-Kaap Komitee se Senaats komitee Navorsing en Etiek.

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Appendix K: Editorial Certificate

30 November 2015

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title
THE EFFECTS OF FAMILY CONFLICT
ON PREADOLESCENTS' PSYCHOLOGICAL NEEDS
AND EXTERNALIZING BEHAVIOUR

Author
Zainab Kader

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly,

E H Londt
Publisher/Proprietor