PARENTAL SUPERVISION AS A PROTECTIVE FAMILY FACTOR ASSOCIATED WITH CONDUCT COMPETENCE IN ADOLESCENT MALES WITH ALCOHOL DEPENDENT FATHERS

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DECLARATION

I declare that this research report is my own work. It is being submitted for the degree of Master of Social Science in Clinical Psychology, of the University of KwaZulu-Natal, Howard campus. It has not been submitted before for any degree or examination in any other university.

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ABSTRACT

The effects of parental alcohol dependence on children have been well documented in the literature. Parental alcohol dependence has been linked with negative developmental outcomes such as low self-esteem, depression, anxiety, difficulties in school and conduct problems in children (Johnson, 2001). However, some studies have indicated that there may be some protective factors in the environments of children of alcohol dependent parents (COAs) which promote positive developmental outcomes for such children (Menees & Sergin, 2000).

The current study focused on parental supervision as a protective family factor that is linked to conduct competence in COAs. The participants' perception of parental supervision was measured using the Parental Monitoring Assessment and their level of conduct competence was measured using the Weinberger Adjustment Inventory. The Weinberger Adjustment Inventory includes four domains of conduct competence: suppression of aggression, consideration of others, impulse control and responsibility. The main hypothesis of the study was that the participants' perception of parental supervision correlates with their level of conduct competence with regards to the four domains.

The sample included twenty adolescent males who were recruited through their fathers' involvement in an alcohol rehabilitation program. The results indicated that the participants' perceptions of parental supervision correlate with levels of conduct competence in the domains of consideration of others, there is no correlation between perception of parental supervision and conduct competence in the domain of responsibility, whilst there is a negative correlation between perception of parental supervision and conduct competence in the domains of suppression of aggression and impulse control.

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CHAPTER 1

INTRODUCTION

1.1 DEFINITION OF TERMS

Alcohol falls under a group of psychoactive drugs called Depressants, which function to decrease the central nervous system activity. Its main effect is to reduce the person's level of psychological arousal and to help the person to relax (Barlow & Durand, 2002). It is among the drugs that are most likely to produce symptoms of physical dependence, tolerance and withdrawal (Barlow & Durand, 2002).

Alcohol dependence is usually described as an addiction. The main feature of alcohol dependence is a group of cognitive, behavioural and physiological symptoms indicating that the person continues to use alcohol regardless of significant alcohol related problems. There is a pattern of repeated use that results in tolerance and withdrawal (APA, 2000).

Alcohol abuse is defined as maladaptive pattern of alcohol use which is indicated by recurrent and serious consequences related to alcohol use (APA, 2000). A diagnosis for both alcohol abuse and dependence can be applied when the symptoms have been occurring in the same 12 month period, however, the criteria for alcohol abuse does not include tolerance and withdrawal which applies to alcohol dependence (Barlow & Durand, 2002).

Children of alcohol dependent parents (COAs) have been studied extensively and it is reported that they are less likely to score high on measures of conduct competence (Carle & Chassin, 2004). *Conduct competence* is an aspect of the psychological construct of morality. Self - restraint is related to conduct competence. It is indicated by traits such as: suppression of aggression, consideration of others, impulse control and responsibility (Kettlerlinus & Lamb, 1994)

1.2 ALCOHOL DEPENDENCE IN CONTEXT

Alcohol dependence is viewed as one of the devastating social and health problems of contemporary life (Johnson, 2001). The fact that alcohol dependence and abuse are frequently characterized by periods of remission and relapse indicates that they are progressive illnesses with the user having no control over urges to consume alcohol regardless of the alcohol-related problems (Menees & Sergin, 2000). In addition, once an addictive pattern has been established the person can never permanently return to drinking socially (Johnson, 2001). The use of alcohol often starts during adolescence. The age of onset of alcohol dependence tends to peak in the late twenties and mid thirties (Barlow & Durand, 2002).

Alcohol dependence is prevalent across all levels of socioeconomic status, education and racial groups. There are differences in terms of the quality and frequency of alcohol consumption in countries around the world (Barlow & Durand, 2002). South Africa has one of the highest alcohol consumption rates in the world (sahealthinfo.org). It is reported that about 5.9 million men and 1.63 million women engage in risky drinking. Risky drinking means drinking five or more beers or glasses of wine at one setting for men and three or more drinks for women (sahealthinfo.org).

Parental alcohol dependence does not only affect the alcohol abusing person but the entire family. This is because the family is a system in which each family member's behaviour influences every other family member's behavior, so when one or both parents are alcohol dependent their alcohol related problems tend to affect the other family members. In families with parental alcohol dependence the children are the ones who are most likely to be negatively affected by the parents' alcohol dependence (Menees & Sergin, 2000). When compared with children of non alcoholic parents, COAs are reported to have higher risks for negative developmental outcomes (Johnson, 2001). These psychological problems are thought to be related to parental alcohol dependence (Johnson, 2001). However,

COAs are reported to show differences with regard to their developmental outcomes (Carle & Chassin, 2004). This suggests that many factors may be involved in the developmental outcomes for COAs (Loukas, Bingham & Zucker, 2001)

According to Menees & Sergin (2000) a number of family problems or stressors can occur with parental alcohol dependence. Family problems that usually occur with parental dependence include poor parenting practices like communication difficulties, poor parental monitoring and poor relationships between parents and children (Chalder, Elgar & Bennett, 2005). Furthermore, families with alcohol dependent parents tend to experience more conflicts and to be less organized (Cuijpers & Bijl, 1999). They are also characterized by greater emotional problems and instability (Lambie & Sias, 2005)

Family cohesion, defined as the emotional bond between parents and children, is often disturbed in families with alcohol dependent parents. As a result, COAs may be less likely to have warm and supportive relationships with their parents (Carle & Chassin, 2004). According to Loukas et al (2001) while the alcoholic parent is not available emotionally, the non alcoholic parent is often very occupied with the needs of the alcoholic partner that he or she cannot provide a stable environment and is often not responsive to the child's needs.

As a result of parental alcohol dependence and related family problems, COAs may develop patterns of aggression or passive resistance (Loukas et al, 2001). They may adopt various roles in response to their disorganized environment. When they become rebellious, angry and troublesome the role that they have adopted is referred to as the scapegoat (Loukas et al, 2001).

1.3 GENERAL PROBLEM STATEMENT

Parental alcohol dependence can affect adolescents' competence negatively. A longitudinal study by Carle & Chassin (2004) showed that COAs are less likely to be

competent in conduct and academic domains. COAs are also reported to have an increased risk of becoming alcoholic themselves (Cuijpers & Bijl, 1999) as well as developing rigid and inflexible coping skills (Cuijpers, 2005).

Although growing up in a family with adult alcoholism puts COAs at risk of negative future outcomes, some studies report that there may be subgroups of COAs who develop into well socialized and competent individuals despite having one or both parents who are alcohol dependent (Riesch, Anderson, & Kruger, 2006, Kelly, Leonaro, Comello & Hunn, 2002; Ennet, Bauman, Foshee, Pemberton & Hicks, 2001). Menees & Sergin (2000) posit that this suggests that there may be protective influences in their environment. It is thus clear that there are other questions to which researchers have wanted answers, such as; do family factors play a role in developmental outcomes for COAs? If yes, what aspects of parenting are related to positive developmental outcomes for COAs?

1.4 RESEARCH OBJECTIVE

The aim of this study is to attempt to find answers to the above questions by investigating parental supervision as a protective family factor related to the development of conduct competence in adolescent males with alcohol dependent fathers.

1.5 RATIONALE OF THE RESEARCH

Although there have been several studies with regard to the impact of parental alcohol dependence, there is a need to investigate protective factors within such families. The risk faced by male adolescents is of particular interest because of reports of a strong association with regard to alcohol use between sons and fathers (Cuijpers & Bijl, 1999)

Investigating the protective factors can provide important information with regard to family-based intervention in dealing with problems of children in families where one or both parents are alcohol dependent.

1.6 RESEARCH QUESTION

Is parental supervision linked to conduct competence in adolescent males with alcohol dependent fathers?

1.7 RESEARCH HYPOTHESIS

Parental supervision is linked to conduct competence – with regards to the aspects of suppression of aggression, consideration of others, impulse control and responsibility - in adolescent males with alcohol dependents fathers.

1.8 RESEARCH APPROACH

The process of gathering, analyzing and interpreting data followed a quantitative approach. Two sets of questionnaires: Weinberger Adjustment Inventory and Parental Monitoring Assessment, were used to measure the correlation between the variables: conduct competence and perception of parental supervision among the participants.

1.9 SUMMARY

This chapter presented an overview of the current study which concerns itself with the issue of parental alcohol dependence and how parental supervision can be one of the factors within the family that buffers the negative effects of parental alcohol dependence for children growing up in such families. The objective of the study as well as its significance were also addressed. Lastly, the research approach was discussed. The following chapter will explore the literature in order to provide a theoretical background on issues that the current study aims to investigate.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the literature on the effects of parental alcohol dependence on COAs. It discusses the negative effects of parental alcohol dependence and focuses specifically on conduct problems during adolescence as one of the negative developmental outcomes for COAs. Secondly, conduct competence, as an aspect of the psychological construct morality, the stages of moral development and factors related to the development of conduct competence are discussed. Parental supervision as one of the protective family factors is discussed in the section on *the role of the family in children's moral development.* Lastly, the development of conduct competence is examined using the ecological model which views systems such the family, peers and the larger community in which children grow up as equally important in the process of moral development.

2.2 PARENTAL ALCOHOL DEPENDENCE – THE EFFECTS ON THE CHILDREN

Alcohol dependence is viewed as a long term illness (Menees & Sergin, 2000). When one or both parents develop alcohol dependence the entire family is often affected because alcohol dependence tends to preoccupy the entire family. It can create an atmosphere of tension, anxiety and conflict (Carle & Chassin, 2004). Combrick-Graham (1998) posits that what defines the alcoholic family is not the drinking behavior but the fact that alcohol becomes central in the family life. These types of families often experience shame about the alcoholic family member. This shame may cause them to isolate themselves from potential sources of support (Johnson, 2001). Furthermore, the non-alcoholic family members may display co-dependence or enabling behaviours, meaning the behaviours that make it easier for the alcoholic member to persist with his or her drinking. The enabling behaviours may not necessarily be a sign of a conscious desire to see the alcoholic continue drinking but

may result from their need to protect the alcoholic family member (Combrinck-Graham, 1998). Another reason for enabling behavior is that life in such families may be experienced better while the alcoholic member is drinking (Steinglass, 1997)

The children in alcoholic families are the ones who often suffer because they are often emotionally abused and neglected or physically abused by the alcohol dependent parent whilst the non alcoholic parent is often too psychologically unavailable to serve as a barrier and protect the children from the alcoholic parent (Cuijpers, 1999). Some spouses tolerate their partner's drinking behavior while others present their alcoholic spouses with a choice between separation or sobriety. When the father is the alcoholic parent, the mother's behavior is related to the stage of the father's drinking. She usually reacts by withdrawal within the marriage, protecting the partner or attacking the partner (Combrinck-Graham, 1998).

The physical and psychological environment of COAs can be disturbing for them because they usually do not have the mental or emotional maturity to reject the responsibility of their parents' problems (Steinglass, 1997). In these types of families, role stability is frequently replaced by role confusion, which leaves the children with little chance to adjust to any clear roles assigned on them by the parents (Steinglass, 1997). It is common in such families to see children taking care of their alcoholic parents (Combrinck-Graham, 1998). When the father is the alcoholic it often causes the family to relate to him as an authority figure when he is sober and as one of the children when drunk (Johnson, 2001). Typically, the family members will deny the seriousness of the alcoholic's drinking (Combrinck-Graham, 1998).

According to Combrinck-Graham (1998) alcohol dependence progresses within the family according to the stages of denial, attempts to eliminate the problem, disorganization and chaos, attempts to reorganize in spite of the problem, efforts to escape the problem, reorganization without the alcoholic family member and

recovery and reorganization of the family (within the context of family therapy). The family may experience periods when the alcohol dependent member remains sober or dry phases and periods of heavy drinking or wet phases. Some families may appear to function better in their wet phases (Steinglass, 1997).

Steinglass (1997) maintains that although it may be expected that children raised by alcohol dependent parents will learn the dangers of alcohol dependence, what they may actually learn is that alcohol can make things better and enabling people to drink makes them warmer and more caring. In addition they may acquire the same types of attitudes, feelings and behaviours that are characteristic of the alcohol dependent parent (Combrinck-Graham, 998).

Parental alcohol dependence can interfere with the parents' ability to be empathic and to be emotionally available, meaning that the children's needs are often ignored. Cuijpers (1999) posits that as a result of the parents being unavailable emotionally, COAs may be too demanding in their interactions with their peers and lack knowledge of what is reasonable to expect from another person in terms of attention and time. In their interaction with peers, they tend to be self-centered and their goal is to constantly get something for themselves and they often have difficulty sharing their possessions (Cuijper & Bijl, 1999).

COAs may react to the instability that characterizes their families by adopting different roles as a way of coping within environments of high levels of anxiety and chaos and as way of bringing some predictability to the family (Combrinck-Graham, 1998). Such roles include: the family hero, the lost child, the mascot and the scapegoat (Carle & Chassin, 2004 & Combrinck-Graham, 1998)

The hero is usually the first child. He or she frequently takes on the parenting roles neglected by the alcoholic parent and the non-alcoholic spouse because of his or her preoccupation with the alcoholic partner (Combrinck-Graham, 1998). The hero's role is to rectify the disorganized family environment through accomplishments. He

or she is often described as the highly achieving "good child" who tries to correct the failing family (Carle & Chassin, 2004). They usually have the unconscious goal of being very good at what they do so that the alcohol dependent parent will be proud of their achievements and therefore be persuaded to stop drinking. However, these efforts fail because they do not have the ability to change the alcoholic parent. They may thus be driven and be able to achieve success but they will still be haunted by the sense that nothing that has been accomplished is truly satisfying and always have feelings of inadequacy (Combrinck-Graham, 1998).

COAs who cope by retreating from the world of interpersonal relationships into their inner world of fantacy are referred to as the lost child. They passively adjust to parental alcoholism and they may also develop substance dependence (Combrinck-Graham, 1998). They often have learning problems but frequently they manage to pass from grade to grade without being identified (Combrinck-Graham, 1998). The mascot on the other hand seeks positive attention and tries to reduce the feelings of inadequacy by creating an atmosphere of warmth and well - being (Carle & Chassin, 2004). They typically detour the aggression and hostility in the family (Combrinck-Graham, 1998).

COAs who adopt the role of the scapegoat cope by rebelling, taking physical risks and engaging in delinquent behavior. These acts of destructiveness are intended to fill the loss and emptiness created by parental alcohol dependence (Carle & Chassin, 2004). They often act out so as to divert attention from the parents' alcohol problems (Combrinck-Graham, 1998). These children are often given the diagnoses of Conduct disorder, Attention- Deficit/ Hyperactivity disorder (ADHD) and Learning Disorder (Combrinck-Graham, 1998). While it is usual for a particular role to dominate the character for a particular child, aspects of all roles may be seen in an individual child, for instance: the hero may display periods of aggression and recklessness typical of the scapegoat (Combrinck-Graham, 1998).

2.3 CONDUCT PROBLEMS DURING ADOLESCENCE

Parental alcohol dependence has been linked to conduct disorder in children (APA, 2000). Conduct disorder is a manifestation of low levels of conduct competence in children. According to Kettlerlinus & Lamb (1994) children meeting this category are more than just difficult children and they display their difficulties by inflicting them on others. Conduct disorder is defined as a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated as manifested in: aggression to people and animals, destruction of property, deceitfulness or theft and serious violation of the rules (APA, 2000). Children meeting this criterion typically come from families where there is discord and quarrelling, where affection is lacking, where discipline is inconsistent, ineffective and either extremely severe or lax (Kettlerlinus & Lamb, 1994).

Delinquency is a feature of conduct disorder. Delinquents differ with respect to their background and motivations (Manaster, 1999). In a broader social and cultural sense, delinquency implies that the behaviour of the delinquent person is in contradiction with values and demands of the dominant culture in which he or she lives (Kettlerlinus & Lamb, 1994). It can range in severity from aggression and destructiveness to defiance, lying and stealing (Heaven, 2001). Law-breaking activities may involve a single delinquent act, a single episode of multiple delinquent acts, occasional but repetitive delinquents acts or a continually delinquent way of life   (Manaster, 1999). This type of behavior is reported to be much more frequent in boys than it is in girls (Combrinck-Graham, 1998).

Adolescents who are likely to be delinquents are hostile, destructive highly assertive and ambivalent towards or defiant of authority. Additionally, they tend to lack impulse control (Manaster, 1999). According to Heaven (2001) orientation towards and attitudes towards authority is strongly associated with whether adolescents are delinquent or not. Research has indicated a strong association between negative attitudes towards authority and delinquency among male adolescents, meaning that

adolescents who reject institutional authority are more likely to engage in delinquent activities (Heaven, 2001). Negativity towards authority has been associated with traits such as impulsiveness and risk-taking (White, 1999, cited in Heaven, 2001). Adolescents with a positive attitude towards authority on the other hand have been reported to engage in pro-social behaviour and to hold relatively conservative social beliefs (Heaven, 2001).

The literature classifies delinquency as socialized delinquency, neurotic delinquency and charactereological delinquency (Manaster, 1999; Weiner, 1992; & Rutter, 1975). Socialized delinquency refers to delinquent behaviour in a sub-cultural environment in which delinquent behaviour is condoned (Manaster, 1999). It is characterized by social rather than solitary activities whereby delinquents engage in planned behaviours that break the law as an expression of their group's needs and attitudes. Adolescents in such groups often experience a sense of belongingness because they identify with and feel close to their peers (Weiner, 1992). They rarely commit crimes by themselves except to impress their peers or as required by the group. Rutter (1975) posits that these groups of delinquents are not emotionally disturbed and they are relatively adjusted within their own delinquent group of friends. They usually come from large families in bad neighbourhoods where there is inadequate parental discipline and supervision, where the available role models are provided by the immediate family and peer groups of deviant behavior.

Typically, in early childhood, the parents of such adolescents have helped them to develop a good sense of judgment and self-control, however, in middle childhood and adolescence they may have experienced inadequate parental supervision and may have been influenced less by family than by the antisocial models in their environment. Socialized delinquency is thus more often than not found in association with unsupervised development in disorganized homes (Weiner, 1992). It can be divided into two groups with regards to parenting: those who have failed to acquire any consistent set of standards because they come from disorganized

families in which inconsistencies of discipline is common and in which the parents are unable to demonstrate self-control or firm standards early, and secondly, those who have a well-developed set of standards which run counter to those of most people, meaning that   the delinquent behavior is an outcome of a pattern of behavior that had been taught since early childhood (Manaster, 1999).

When the adolescent's delinquent behaviour is an expression of the personal needs or difficulties of adolescence, meaning that it is symptomatic of underlying problems which the adolescent expresses through delinquent behavior, it is referred to as neurotic delinquency (Manaster, 1999). In this case, children break the law in an attempt to communicate unmet needs (Weiner, 1992). There is usually no history of getting into trouble with the law and the current conduct problems are often in contrast to the developmental history of the adolescent (Manaser, 1999). The pattern consists of occasional episodes of lawbreaking. The episodes usually begin after the emergence or exacerbation of some personal problem that causes feelings of tension and they tend to stop soon after the problem has been dealt with (Weiner, 1992).

Charactereological delinquency refers to delinquent behaviour that is an outgrowth of the adolescent's personality itself. From a legal perspective these adolescents are referred to as chronic juvenile offenders, meaning that they grow up to become adult criminals (Bezoudenhout & Joubert, 2003). They usually have no group membership or loyalties, and they break the law by themselves or in a temporary alliance with one or two other delinquents whom they seldom regard as friends. The conduct problems occur as a consequence of their disregard for the rights of others and their inability to refrain from causing harm, hence they translate aggressive and pleasure-seeking impulses into action without concern for who may suffer in the process (Weiner, 1992). They therefore break the law not in response to group influence or needs or for peer acceptance but as a way of expressing their anger, satisfying impulses or obtaining something that they want (Weiner, 1992).

Typically, they are aggressive and have poor relationships in their families and their peers (Weiner, 1992).

They are characterized by a personality that is distinguished by its lack of conscience and sense of connectedness to others (Manaster, 1999). They are excessively violent and destructive and they may have a number of attitudes that contribute to their involvement in delinquent activities, including beliefs such as "the world is unfair and that the weak will be exploited" (Bezoudenhout & Joubert, 2003). Other distinguishing features are that they usually come from families with low incomes, they are rated by teachers as troublesome from the age of eight to ten, they have a low verbal IQ and they show poor school performance (Bezoudenhout & Joubert, 2003).

According to Weiner (1992) charactereologal delinquency can result from failure to receive the kind of attention and affection that promote attachment to other people and foster a sense of trust in the world. The parents of such children are often hostile and there may be a pattern of quarrelling, lack of affection and rejection. The children therefore grow up with little capacity for warmth and compassion and little expectation of being loved and nurtured by others hence they see the world as a hostile and uncaring place in which consideration of others is neither given or received (Weiner, 1992).

 Pathological parenting for characterelogical delinquents progresses from emotional deprivation in early childhood to inadequate parental discipline and insufficient supervision during middle childhood and adolescence. The parents typically fail to set clear limits and expectations for their children and they fail to reward or punish in a consistent way to how the children behave (Weiner, 1992). Sometimes they make few rules and other times lay down many rules, they pay little attention when rules are broken and at other times they administer harsh punishment for minor misbehaviours (Weiner, 1992). When the parents are punitive and inconsistent they fail to help their children develop internalized sets of standards of conduct and

increase the likelihood of them becoming aggressive, inconsiderate and irresponsible in their actions towards others (Manaster, 1999).

According to Manaster (1999) there are no general conditions or circumstances which may eliminate all possibilities of adolescents becoming delinquent, meaning that there are many conditions which may lead to adolescents engaging in delinquent activities whereas some adolescents may not be delinquents under the worst conditions. Individual attributes, family factors and societal conditions have been highlighted in association with adolescents' level of conduct competence (Manaster, 1999). The following section defines conduct competence and explores individual attributes, family factors and societal factors that influence the development of conduct competence.

2.4 CONDUCT COMPETENCE

Conduct competence, sometimes referred to as rule abiding competence, is an aspect of the psychological construct; *morality.* It is therefore related to the process of moral development (Heaven, 2001). Aspects of morality include moral self-evaluation and resistance to deviation. According to Manaster (1999) moral development is also concerned with children's understanding of the difference between right and wrong, involves emotions such as guilt following a transgression, and is also concerned with children's overt behaviour when faced with temptation.

In addition to the affective and behavioral component, moral development also has a basic cognitive structural component, moral reasoning (Heaven, 2001). The development of moral reasoning depends on cognitive skills such as the organization and evaluation of experiences, the ability to take others' point of view, and during adolescence, the ability to think abstractly (Muuss, 1996).

Moral reasoning differs from moral behaviour. It refers to the intellectual ability to evaluate the "rightness" of a course of action in a hypothetical situation, while moral behaviour involves the person's ability in real-life situations to help others and to

resist temptations such as to steal or cheat or to commit other immoral acts (Manasrer,1999). Although the concepts of moral reasoning and moral behaviour are related, Muuss (1996) posits that they are not identical, because even if people can identity morally "right " behaviour intellectually, it does not guarantee that they will actually behave according to the moral principles.

2.5 ASPECTS OF CONDUCT COMPETENCE

Self - restraint is an aspect of moral behaviour which indicates children's level of conduct competence. It refers to the actions that inhibit the person's responses. (Kettlerlinus & Lamb, 1994). Self-restraint is indicated by behaviours such as: suppression of aggression, consideration of others, impulse control and children's level of responsibility. Weiner (1992) posits that although it is a consistent dimension of personality, people tend to become increasingly capable of self - restraint as they mature.

2.5.1 SUPPRESSION OF AGGRESSION

Aggression is defined as behaviour that has the goal of injuring the person to whom it is directed (Hollander & Stein, 1995). It tends to be stable over time because children develop internal mediators for aggression early in life. This means that they learn from an early age that aggression can be successful and appropriate for getting what they want, so they may persist with their aggressive behaviour over the years (Kettlerlinius & Lamb, 1994).

Aggression can be classified into two types: hostile aggression and instrumental aggression (Shaffer, 2005). When the person 's goal is to harm or injure another person physically or psychologically, it is referred to as hostile aggression, whilst instrumental aggression referrers to instances when the person harms the other person as a means to an end, the goal is usually to gain objects or privileges (Shaffer, 2005)

Learning plays an important role in aggression. It can be learned from direct personal experience as when children have repeated success in elimination of frustration with aggression, from this they may develop beliefs such as "aggression is appropriate in eliminating frustrating conditions" (Kettlerlinus & Lamb, 1994). It can also be learned through observation, that is, watching the behaviour of those in the immediate environment such their parents (Kettlerlinus & Lamb, 1994).

Once aggression has been learned it can be maintained as a result of associating with aggressive children whereby they encourage and reinforce each other's aggressive tendencies (Kettlerlinus & Lamb, 1994). According to Shaffer (2005) two types of aggressive children can be distinguished: those who use aggression to solve problems in their social interactions to gain goals (proactive aggressors) and those who display aggression because they are suspicious of others and perceive hostile motives from others (retaliatory aggressors). The common feature of both types is that children process social cues and information in a biased way (Shaffer, 2005).

Punishment plays a role in learning to suppress aggression because children define any form of behaviour as transgression when it has become associated with punishment that is adequately aversive to produce a degree of behavioural suppression (Hollander & Stein, 1995). Punishment of the child's aggressive behaviour does not usually produce a generalized suppression of behaviour but can facilitate the appearance of behavioural alternatives to aggression. It therefore becomes a constraint that provides the child with cognitive structures for evaluation of the appropriateness of aggressive behaviour, leading to suppression of aggression in situations where aggression is inappropriate (Hollander & Stein, 1995).

Children's dispositional attributes such as their temperament may influence parental attitudes which foster the increase of aggression (Shaffer, 2005). This is because as a result of the children's aggressive tendencies, the parents may become frustrated and less inclined to closely monitor their children (Shaffer, 2005). This may lead to a cycle whereby the child's aggressive tendencies lead to poor

parenting such as inadequate supervision, which then leads the child to associate with aggressive peers who reinforce aggressive tendencies.

Suppression differs from extinction of aggressive behaviours because once there is no expectation of punishment the child may display aggressive behaviour (Kettlerlinus & Lamb, 1994). Punishment can lead to long lasting effects if while aggressive behaviour is punished, alternative behaviours are encouraged. But if the child views punishment as excessive, it can generate fear and anger which are associated with the punishing agents, usually the parents (Hollander & Stein, 1995).

2.5.2 CONSIDERATION OF OTHERS

Consideration of others is also referred to as pro-social behaviour or altruism (Adams 1992 & Jaffe, 1998). It is the part of moral bahaviour which involves voluntary actions which are intended to benefit others (Jaffe, 1998). The behaviour is not motivated by the person's expectations of rewards or avoiding punishment and includes helping, sharing and comforting others (Gulllotta, Adams & Montemayor, 1990).

In childhood other ways of displaying pro-social behaviour include maintaining positive interactions with others and interacting with peers cooperatively rather than competitively (Adams, 1992). The presence or absence of pro-social behaviours in children is determined by empathy, role-taking or perspective taking skills and moral reasoning and problem solving skills (Adams, 1992). Empathy involves reacting to another person 's experience with the same emotion that the other person is experiencing, while role-taking involves accurately comprehending what the other person is feeling or thinking but not necessarily feeling the same way as another person (Jaffe, 1998).

The ability to display pro-social behaviours differs according to children's ages and is related to their level of moral reasoning (Jaffe, 1998), for instance, sharing behaviours have been found to increase with age into early adolescence, while

comforting behaviours increase from childhood throughout adolescence (Adams, 1992). Cross sectional studies showed that adolescents are sometimes more likely to help others in practical ways but may not be more likely than younger children to provide emotional support (Jaffe, 1998).

Dispositional factors and family factors play a role in the process of how children acquire altruistic dispositions (Gouws, Kruger & Burger, 2000). Gullotta et al (1990) posits that altruism develops because children learn rules concerning the occasions on which it is or it is not appropriate for people to perform certain pro-social behaviours. The rules tend to be internalized in the form of personal standards whereby children reward themselves when their behaviour matches their expectations for pro-social actions. Studies of altruistic motives found that adolescents' failure to help may be due to factors such as fear of disapproval from that recipient, or they may feel that the recipient may be embarrassed (Jaffe, 1998). Parenting plays a role the development of pro-social behaviour. Experiences that contribute to children 's learning of pro-social behavior include: verbal instructions whereby parents encourage and explain the value of pro-social behaviour, modeling, that is, whether children observe significant others like parents practicing altruism and whether they observe others being reinforced for behaving pro-socially (Gouws et al, 2002). Modeling has positive effects because children are strongly influenced by their parents, so if they perceive their parents as behaving altruistically they may infer that such behaviour is appropriate for themselves as well (Jaffe,1998). Parents who are responsive to their children 's needs and who prefer praise and reward to criticism and physical punishment when disciplining their children tend to set the example of kindness and sympathy to their children (Jaffe, 1998).

Consideration of others is also learned when adolescents feel that they are cared for, loved and trusted because they imitate their parents' behaviour which results in similar behaviours in the adolescent (Gouws, et al, 2002). In addition, parents who use rational and non-punitive disciplinary techniques raise children who are altruistic, whilst parents who use forceful and punitive disciplinary techniques tend

to inhibit altruism in children. According to Jaffe (1998) the reason that rational and affective parenting promotes pro-social behavior is because this type of parenting encourages children to consider others' perspectives and to experience another person's distress. Secondly, it promotes the development of a pro-social self-concept, meaning the children's perception of themselves as helpful and caring (Jaffe, 1998).

2.5.3 IMPULSE CONTROL AND RESPONSIBILITY

Low self-control is the general characteristic of impulsive and irresponsible behaviour (Kettlerlin & Lamb, 1994). During adolescence it is indicated by a wide variety of problem behaviours such as drug use, criminal activities and dropping out of school (Bezuidenhout & Joubert, 2003). McWhirter, McWhiter & McWhiter (2004) posit that adolescents involved in such problematic behaviours are usually attracted to short term solutions to their problems. Furthermore, when they are involved in risk-taking behaviours they are more likely to be involved in more than one domain, for instance, drug use and delinquency occurring at the same time (Bezuidenhout & Joubert, 2003).

High levels of impulse control means that adolescents have a degree of self-control, meaning that they can plan their actions in the absence of immediate external constraints and they can postpone gratification. It is thus related to the development of characteristics that protect children from risk-taking behaviours (Kettlerlinus & Lamb, 1994). Self-control has been shown to be the most effective way of regulating behavior. It is related to adolescents' level of responsibility and involves aspects such as: respect for others, and recognizing the worth of other people, treating others as they would like to be treated, using honorable means to achieve goals, respecting the rights of others as well as showing personal responsibility when faced with peer pressure (Jaffe, 1998)

Self-control is taught in the early years of life mainly through parental influence. When parents monitor their children's activities and recognize deviant behaviour and correct it, self-control becomes a stable characteristic of children (Noller & Callan, 1991). In the absence of early training, children become low on impulse control and as result they engage in risk-taking behaviors (Kettlerlinus & Lamb, 1994). Lack of impulse control in children has been linked to inconsistent discipline as well as marital stress between the parents. According to Bezoudenhout & Joubert (2003) children of parents who experience marital stress are often reported by teachers to be displaying more behavioural problems than children whose parents experience marital satisfaction.

2.6 FACTORS RELATED TO CHILDREN 'S MORAL DEVELOPMENT

The process of how children acquire an understanding of rules and their functions has been considered from two perspectives, one which emphasizes the role of the child's own conceptual resources – Cognitive Developmental theory, and the other which emphasizes the role of the social environment – Social Learning theory (Manaster, 1999 & Jaffe, 1998). When adopting both approaches, the process of moral development can be viewed as occurring across three related systems: individual, family and societal systems.

2.6.1 INDIVIDUAL FACTORS AND MORAL DEVELOPMENT

Most of the theory and research on moral reasoning and the stages of moral development is derived from Cognitive Developmental theory, particularly the work of Piaget and Kohlberg (Papalia, 2002; Manaster, 1999 & Muuss, 1996). The discussion will focus on Piaget's theory to elaborate the process of moral development. In terms of this theory, children are believed to be constantly engaged in the mental struggle to understand rules that distinguish right from wrong. The

development of the idea of moral obligation is related to the development of general skills of rational reasoning (Manaster, 1999).

The child's age is related to the ability to make moral judgments. With increasing age and experience, children can use more complex local schemas and transform what they are told and what they experience into their own self – organized realities (Manaster, 1999). Moral development is viewed as proceeding according to a fixed sequence of stages and each stage is believed to be characterized by different underlying thought structures or styles of processing information (Papalia, 2002).

Early moral development is related to the internalization of rules that take place within the context of parenting. Towards the end of the second year, features of morality become differentiated and morality expresses itself in affective ways, for example, the child may show distress along with the urge to correct what is perceived as wrong. Affect, as indicated by the parents' expression of pride or disappointment in their interactions, plays an important role (Reiss, Richters, Radke-Yarrow & Scharff, 1993). This developmental milestone is related to the onset of reflective self-awareness and it also involves an internalized sense of reciprocity, a sense of everyday rules and empathy (Reiss, et. al, 1993). This stage is also characterized by the process of social referencing and negotiations in mediating self control. Social referencing occurs when the child encounters situations of uncertainty and the child seeks out emotional information from the parents in order to resolve the uncertainty and to regulate behavior (Scharff, 1993). By the end of the second year children typically show evidence of having internalized rules, they show self-control in tempting situations when the parents are physically present and available for social referencing. The internalization of rules, with regard to what not to do without the parent being present in the face of temptation requires further cognitive development (Reiss, et. al, 1993)

During the preoperational stage, children are considered to be egocentric and incapable of considering others' needs (Manaster, 1999). They do not have the

intellectual structure to consider others' perspectives or the emotional capacity to empathize with others (Scharff, 1993). They approach moral dilemmas from an objective view point, meaning that they are primarily concerned with the amount of damage resulting from the act rather than with the intent or the motivation for that behaviour (Muuss, 1996). However, at this stage they develop a strong respect for rules, and they think of rules as moral absolutes, meaning that they believe that there is always a "right" and "wrong" side when faced with moral dilemmas and right means not breaking the rules (Shaffer, 2005). Furthermore, they believe in immanent justice, meaning the believe that breaking rules will always be punished, hence they tend to show blind obedience to rules (Reiss et al, 1993). At this stage, parents' teachings about right and wrong are important to develop children's moral concepts (Muuss, 1999).

The concrete operational stage, reached during school age, is the stage when children are considered to have had many opportunities to interact with peers, which has helped them to separate others' viewpoints from their own (Muuss, 1996). At this stage children can realize that social rules can be challenged or changed in situations where it is necessary to help others (Shaffer, 2005). Moral judgment shifts from an objective to a subjective orientation, meaning that the major concern is no longer the objective amount of damage caused by the act but also the intent or the motivation (Muuss, 1996).

During adolescence the stage of formal operations is reached. It is the highest level of moral development, and it depends on the attainment of formal or abstract reasoning ability (Shaffer, 2005). During this stage adolescents begin to develop a sense of ethical and moral responsibility based on abstract principles of what is right and wrong. Adolescence is also marked by the development of a rational approach to moral values, whereby adolescents increasingly accept responsibility for their mistakes (Gouws, et al, 2000). As their moral judgment becomes increasingly cognitive, there is a shift in their morality whereby there is greater concern with what is right and less concern with what is wrong and they begin to

analyze social and personal situations seriously in order to make decisions (Muuss, 1996).

2.6.2. THE ROLE OF THE FAMILY IN CHILDREN'S MORAL DEVELOPMENT

Families as systems carry out their functions by organizing themselves into subsystems. The subsystems are often arranged in hierarchical order, such as spousal, parental and sibling subsystems (Gullotta, et al, 1990). The subsystems serve as important support structures for children, hence a disturbance in any of the subsystems can have negative effects on the children's adjustment (Heaven, 2001). The parental subsystem provides support and space in which children can learn about the world because children learn values, particularly by identifying with or modeling themselves after their parents (Adams, 1992). Modeling occurs as an attempt to behave in the same way as the parents and in part as an unconscious imitation which is a feature of the process of identification (Combrinck-Graham, 1998). Parents teach children how to behave in particular ways both by what they tell them to do (precept) and what the child observes of the parents' own ways of behaving (percept) and the child is more likely to learn from the parents when the percept and precept are similar (Combrick-Graham, 1998).

Studies that focus on parenting, report mothers as being more supportive and interested in their children and more engaged in parenting tasks, while fatherhood has always been defined by instrumental roles such as protecting and providing for the children (Manaster, 1999). However, research evidence exist on the critical role that fathers play in children's development and adjustment. According to Heaven (2001) better quality relationships and emotional support from fathers or father figures is associated higher self – esteem and lower rates of delinquent behaviour among adolescents. Mothers and fathers thus contribute alternative styles to the parenting tasks.

The parental subsystem plays a major role in the process of children's moral development. Aspects of parental practices include: parental supervision or monitoring, parental control, parental discipline and parent-child bonds or attachments (Fraser, 1997). According to Manaster (1999) children who show responsible and self controlled behaviour in temptation situations have parents who foster desirable age-appropriate conduct in their children, who firmly and consistently enforce their request for desirable outcomes.

2.6.3 PARENTAL SUPERVISION

Parental supervision refers to parents ensuring that their children are safe and properly occupied and entails the accuracy of the information that parents have about their children' daily life (Claes, Lacour, Pierro, Ercolani, Leoni & Presagh, 2004). It also involves the parents' ability to give adequate attention to the children, being emotionally open and available and responding to the children's needs (Coleman & Rocker, 2001)

During adolescence it involves communication flowing from the adolescents to the parent whereby the adolescents are able to talk to their parents about their activities (Coleman & Rocker, 2001). It is therefore more a function of communication flowing from adolescents to parents than the parents being proactive in seeking information about adolescents' daily activities (Coleman & Henry, 2002). Communication between parents and children, whereby there is expression of feelings and ideas and attentive and accurate receiving of ideas expressed by others, can increase adolescents' level of moral reasoning (Jaffee, 1998). The parents' active listening is also part of this communication. Adams & Berzonsky (2003) maintains that when parents listen and pay attention to the children's needs, children have a chance to express their feelings and to communicate their frustration. Listening also draws the child to the parents, therefore facilitating the process of children's learning and adopting of the parents' attitudes regarding responsibility. Shaffer (2005) posits that having a set time to get together in order to have open discussions can provide an opportunity for parents

to explain rules and give the children the opportunity to express their feelings. This process helps the children to feel that they are important, thus leading to high self-esteem (Shaffer, 2005)

Establishing rules and limits helps to promote respect for rules and social conventions (Claes, et al, 2004). It is part of inductive parenting, whereby parents legitimize their authority by providing explanations and rules (Heaven, 2001). Establishing rules in a clear way helps the children to understand which behaviors are acceptable and they usually conform to the established rules (Shaffer, 2005)

Parental supervision is more significant in adolescence because of the adolescents' growing intellectual capacities (Shaffer, 2005). Because adolescence is the time when children must be able to develop autonomy and independence, conflict may result from the level of parental supervision especially with regard to disciplining techniques that the parents use for disobeying rules. Adams & Berzonsky (2003) posit that when adolescents perceive their parents as asserting coercive rather than legitimate techniques to discipline them, they are less likely to obey the rules in the absence of their parents. Adherence to rules is also related to the children's perception of parental power (Adams & Berzonsky, 2003). When parents use autocratic power, they do not allow the child to express views on the subjects regarding their behavior, whereas when they use democratic power they encourage the children to participate in discussing issues related to their behavior (Adams & Berzonsky, 2003)

Parenting styles in associations with parental supervision include authoritative, authoritarian and permissive parenting (Gullotta et al, 1990). These parenting styles are related to the process of children's moral development. Authoritative parents show warmth in that they love and nurture their children and provide structure so that children have expectations and rules about their behaviour (Gouws et al, 2000). A study by Correy (1999, cited in Heaven, 2001) showed that children who rated

their parents as authoritative scored high on measures of social development, mental health, and academic competence and scored low on problem behaviours.

Authoritarian parenting refers to the imposition of parental authority through punitive means in conjunction with low amounts of nurturance (Gullotta, et. 1990). As a result of this parenting style, children display fear and rejection of authority figures, meaning that they may outwardly conform but they may develop manipulative behaviours that passively express their aggression (McWhirter, et al, 2004). This parenting style has been associated with school misconduct, drug use and less serious forms of deviant behaviours (Heaven, 2004). Permissive parenting refers to an approach to child rearing in which the parents serve as resources for the child but refrain from controlling their behaviour (Gullatto et al, 2004). As a result of this parenting style, children become poorly equipped to take on adult roles and eventually reject society's standards (McWhirter et al, 2004).

Parental discipline is another aspect related to parental supervision and it has also been linked with conduct competence during adolescence (Gouws, et al 2000). Adams (1990) posits that parents who engage their children in verbal give – and - take during disciplinary encounters and justify their disciplinary actions with inductive reasoning, raise children with high levels of moral reasoning. Disciplining styles are related to adolescents' levels of adjustment and are particularly related to the manifestation of deviant behaviours (Gouws et al, 2000). With an inductive reasoning style, parents try to explain to the child the consequence of their behaviour on others, thus promoting responsibility and pro-social behaviours. Parents adopting this approach use punishment that is consistently in proportion to the misbehaviour (Gouws et al, 2000). Adolescents thus understand why they are punished and are capable of choosing between right and wrong and readily accept responsibility for their actions (Gouws et al, 2000).

Obedience to rules is encouraged with praise and approval. Encouragement and discouragement of particular behavior can help to shape children's behavior

(Combrinck-Graham, 1998). Reward is important because children learn to make moral decisions by being rewarded by parents for making the right choices (Heaven, 2001). Children who are praised frequently for good behaviour are more likely to develop a strong sense of moral values (Manaster, 1999).

A punitive disciplining style on the other hand is characterized by parents asserting power such that children fear punishment for their misbehavior (Gouws, et, 2000). Harshness and rejection accompanied by inconsistency leads to poor moral development and disobedience. Furthermore, the use of physical punishment as a method of discipline has been linked to problematic behaviours such as aggression in children (Manaster, 1999). When parents are permissive in their disciplining style, meaning that they believe that the children will learn from the consequences of their actions, and prescribe few or no rules for the children, it can result in children having no role models for appropriate behaviour and not being able to develop personal value systems, because they were not taught the difference between right and wrong (Gouws, et, al 2000)

Parental supervision can be viewed as an important aspect of parenting. However, Adams & Berzonsky (2003) posit that it is essential for parents to balance their level of involvement. To promote autonomy and independence, strategic passivity, whereby parents provide the opportunity for children to explore their environment but do not withdraw their monitoring completely, is important (Adams & Berzonsky, 2003)

2.6.4 CHILDREN 'S MORAL DEVELOPMENT AND SOCIETY

The Social Learning theory's emphasis on the role of the environment in children's development stems from the view of the child as acquiring social concepts, rules and expectations from models, direct tutoring, and rewards and punishment for following rules or violating rules. This means that the child's social knowledge is viewed as a copy of external social reality (Manaster, 1999). Moral behaviour is thus

learned in social settings which assign moral rights and duties to the individual (Dawes & Donald, 1994). Adams (1990) posits that while children construct social beliefs, the social environment provides information and structure about expected behaviour and rules. The formation of belief systems is influenced by methods such as observing others and experiencing affective relationships with others. The child's peer group and the school environment can be viewed as systems which also influence the process of moral development (Adams, 1990).

In addition to parents, children also base their understanding of what is right or wrong partly on the basis of direct advices they receive from their peers (Jaffe, 1998). During adolescence, peer groups include individuals of the same age who may be known to the adolescent but may not necessarily be close friends (Heaven, 2001). Peer groups often have strict normative codes and those who deviate from them are often rejected by other members of the group. They dictate the rituals that group members should perform, including codes of conduct and general attitudes (Heaven, 2001). Membership of the group can thus influence either low or high moral standards, which may influence adolescents' performance on tasks requiring moral reasoning, depending on group norms rather than the adolescent's cognitive capacities (Jaffe, 1998).

Pressure to conform to group norms is especially strong during middle adolescence (Coleman & Henry, 2002). Heaven (2001) posits that peer pressure during adolescence can be related to peer social activities such as spending time with friends, conformity to peer norms such as dress codes, and misconduct such as minor delinquent activities. Although some peer groups can act as hazards by creating unfavorable norms, providing incorrect information and producing inaccurate expectations about behaviour, some peer groups support pro-social behaviour. Normative pressure from such groups can be in a positive direction, therefore promoting adolescents' level of conduct competence (Heaven, 2001). In such instances peer groups can be viewed as powerful socializing agents which transmit the norms and values that are not usually transmitted by parents, thus

restructuring the adolescents' values   and attitudes and facilitating the process of moral development (Manaster, 1999).

The process of how values are transmitted is related to the degree to which adolescents identify with a particular group in terms of attitudes, values and beliefs (Heaven, 2001). Members are usually similar and influence each in the direction of greater similarity (Coleman & Henry, 2002).

Reputation, as determined by what the group perceives as good or bad reputation, can also influence behaviour, meaning that, as a result of the adolescent's reputation within a group, he or she may be subjected to strong pressures to behave in confirmation of his or her reputation, but contrary to the moral principles that the adolescent has (Manaster, 1999).

The adolescent's peer group as a system therefore can be viewed as playing an important role in facilitating the process of moral development. According to Coleman & Henry (2002) it is a major context in which adolescents learn social skills. Learning occurs partly as a result of the adolescent's conformity to the peer group. Manaster (1999) posits that conformity appears to increase towards middle adolescents, then gradually decrease. It decreases because lower levels of conformity are required in later adolescence and at that stage adolescents have clarified their sense of identity, social roles and social statuses and are less dependent on affirmation and support of their peers (Manaster, 1999).

The role of the school in terms of experiences such as achievement, participation and overall involvement in school-related activities has been connected to adolescents' level of conduct competence (Bezuidenhout & Joubert, 2003). Studies have indicated that adolescents with favourable attitudes towards the school have lower rates of delinquency. In addition to enhancing scholastic achievement, the school can also encourage pro-social behavior and discourage misconduct (Bezuidenhout & Joubert, 2003)..

Factors associated with effective schooling are similar to those identified for effective parenting. They include, rewarding children for their accomplishments, consistent use of praise and punishment and providing children with opportunities to take responsibility (Bezuidenhout & Joubert, 2003). In addition, roles are assigned for children with a set of values. Values such as honesty and altruism can be internalized if they are modeled by teachers (Combinck-Graham, 1998). Teachers can also stimulate the development of children' moral judgment by encouraging discussions about moral issues which can lead to mature moral reasoning. (Gouws, et al, 2000). Good organizational structure - whereby the staff are encouraged to work together with agreed - upon goals for the children and the norms and values for the children are established - is also important with regard to promoting conduct competence (Combrinck-Graham, 1998).

2.7 THEORETICAL FRAMEWORK
THE DEVELOPMENT OF CONDUCT COMPETENCE: THE ECOLOGICAL MODEL

The ecological model was originally conceptualized by Bronffenbrenner, (Muuss, 1996). It views human development as " resulting from the continuous changes over time in the way that a person matures, perceives and interact with the environment" (Fraser, 1997) and takes into account the interrelationships of the growing individual and the changing societal and physical environment (Muus, 1996). This perspective gives equal importance both to the environment of development and the developing person. The anti-deterministic approach emphasizes that the person always remains a proactive feature of the environment and not a blank slate on which the environment makes its impact, meaning that the person progressively restructures his or her social environment (Hook, Watts & Cockcroft, 2002). The theory conceptualizes the environment according to four major levels of systems that constitute a model of interdependent structures; the microsystem, mesosystem, exosystem and macrosystem (Muuss, 1996).

Among the more important groups involved in the development of attitudes and behaviour of the child are the family, peer groups and the larger community. These groups are particularly significant since they are the first groups to which the child belongs (Muuss, 1996). Through participation in these groups, the child is subjected to a number of social values to which he or she must make an adjustment (Muuss, 1996). The child 's attitudes and behaviour can be built up in the process of adjusting to the expectations and standards of his or her various social groups beginning with the family and peer groups (microsystem), to other social settings beyond his or immediate experience (exosystem) as well as societal values and beliefs (macrosytem). The process of how children acquire the understanding of rules and norms, that is moral development, can thus be conceptualized as being influenced by all the systems, from the immediate environment to the larger social environment in which the child grows up (Muuss, 1996). It is therefore important to view the process of how conduct competence or conduct problems develop through the various systems of which the adolescent is member.

THE INFLUENCE OF THE SYSTEMS ON CHILDRREN 'S LEVEL OF CONDUCT COMPETENCE

The microsystem is defined as "a pattern of activities, roles and interpersonal relations experienced by the developing individual in a given face to face setting with particular physical, social and symbolic features that permit or inhibit engagement in a sustained, progressively and more complex interactions with the immediate environment" (Hook et al, 2002). For adolescents, the family is the primary microstystem, followed closely by peers and teachers as part of the school, (Muuss, 1996)

Microsystems such as the family, the peers and the school are important in determining the development of conduct competence versus conduct problems or delinquency during adolescence. The extend to which the child may choose to

identify with a conventional or delinquent lifestyle depends on the strength of the social norms in their lives particularly of the family system. Although the family is not the only variable affecting children's displaying of behavior, Muuss (1996) posits that it is the most important one.

Variables within the family system are important with regards to how children develop either conduct problems or conduct competence. Family factors, including aspects like parenting styles, low socioeconomic status and parental psychopathology – including alcohol and drug abuse, are closely related to children's development of conduct problems (Nichols, 1998). Substance abuse as a parental psychopathology is viewed as an underlying risk factor and is related to other contextual risk factors such as family violence and low socioeconomic status and ineffective parenting (Adams & Berzonsky, 2003). Parental substance dependence or abuse can directly cause the development of conduct problems for children as a result of the parents using inappropriate parenting behaviours such as coercive techniques or harsh and abusive discipline. It can also influence the development of conduct problems indirectly through its interaction with other factors like marital conflict or by producing depressed or irritable mood states, thus disrupting adequate parenting by taking the parents' time and attention from the children (Adams & Berzonsky, 2003). Furthermore, conduct problems are reported to occur more frequently among children from families where there is poor communication, marital disharmony and lack of family cohesiveness, inconsistent disciplining techniques or where physical punishment is used more frequently to discipline children (Muuss, 1996).

 The peer group as a microsystem is also important. Peers become more influential during adolescence and contribute significantly to the process of development and socialization because during adolescence children tend to become more self-sufficient and family ties begin to loosen (Papalia, 2002). Peers provide social rewards in terms of status, prestige, friendship and acceptance (Dawes & Donald, 1994). However, they can also assert a powerful negative influence by encouraging

deviant behavior such as drug use. The choice of one lifestyle over another, that is delinquency versus non delinquency, therefore depends on the amount of support and the particular pattern of behavior that the child engages in when they spend time with their peers (Shoemaker, 1990).

Associating with delinquent peers has been reported to be strongly linked with conduct problems during adolescence (Manaster, 1999). According to Adams & Berzonsky (2003) several mechanisms are related to risk for delinquent peer association in adolescence. Firstly, it can be as a result of poor parenting, whereby parents are harsh or rejecting thus driving children to seek the company of peers who engage in delinquent activities, or due to parents not adequately supervising the children. Secondly, aggressive children tend to be rejected by their pro-social peers. This consequence of their aggressive behavior limits their choices regarding peers who are willing to spend time with them and tends to push them towards associations with delinquent peers. Alternatively, children with conduct problems may actively seek peers who like to engage in the same behavior as them, thus reinforcing each other's delinquent behaviours (Adams & Berzonsky, 2003)

Peers influence each other through imitation or modeling, meaning that if peers display certain behavior or attitude that the adolescent likes, this behavior will be internalized by the adolescent. Secondly, adolescents can learn certain behaviours from their peer through social reinforcement, meaning that the adolescent adopts the behavior of peers for the sake of social reinforcement in terms of status, praise or peer group admiration. The displayed behavior whether deviant or not brings social benefits (Dawes & Donald, 1990).

Adams & Berzonsky (2003) posit that associating with peers with conduct problems is particularly common in middle to late adolescent males. Manaster (1999) describes the process by which conduct problems can develop among adolescent males as peer delinquency training, meaning that discussions among delinquent male adolescents tend to reinforce rule-breaking, and these friendships have

positive affective reinforcements. The process of delinquency training predicts the increase of serious delinquent behavior and the rewards of peer approval for violation of the law tends to reinforce delinquent behaviours. Conduct problems and association with peers who engage in conduct problems are thus closely related. Manaster (1999) maintains that the strong association of the two constructs suggest that adolescence is an important period for the influence of peers with regards to establishing norms, values and behaviours that determine subsequent individual differences in adjustment.

The school as a microsystem is a formal organization that has its own values, norms and everyday routines. Adams & Bezonsky (2003) posit that it plays an important role not only in cognitive development but also in promoting social adjustment. Organizational features of the school such as strong leadership, opportunities for all children to participate in school activities and strong and clear norms and rules related to order and discipline have been demonstrated to promote conduct competence among children (Adams & Berzonsky, 2003). However, a study by Eccles (1998, cited in Adams & Berzonsky, 2003) found that schools that strongly emphasize ability can alienate children who cannot perform at the highest level, leading to a decline in the children's educational values and self-esteem and increasing anxiety and anger. In contrast, schools that emphasize effort, improvement, mastery and the expectation that all children can learn, appeared to promote self-esteem and decreased frustration and anxiety.

The attitudes of the teachers have been reported to influence children's academic and conduct competence. Children who rated their teachers as caring, friendly and respectful scored high on measure of both academic and conduct competence (Eccles, 1998, cited in Adams & Berzonsky, 2003). The level of the teachers' dedication can be related to poor conduct competence in children. When there is abdication of control by teachers as a result of being discouraged by the circumstances in which they work (example: dissatisfaction with their remuneration) it can affect not only the quality of the education, but the children's

conduct competence because it sets an example of irresponsibility (Bezuidenhout & Joubert, 2003). In this case children's competence is affected negatively by factors within the exosystem.

The connections between different parts of the microsystems is referred to as the mesosystem (Hook, et. al, 2000). The mesosystem is concerned with the interpersonal relationships, but it focuses on the linkage between different microsystems. The poor quality of the mesosytem can affect children's level of conduct competence negatively. When values between adolescent's peer system and parental system diverge, for instance: when peer groups encourage delinquency whilst parents view this behavior negatively, it can result in the adolescent being pulled in different directions and having to make a choice between two sets of values, hence indicating tension within the mesosystem. Problems can also arise within the mesosystem consisting of microsytems that reinforce delinquent or deviant behavior that is in conflict with the exosytem or the macrosytem.

The exosystem refers to the social setting beyond the child's immediate experience that affect him or her (Hook et al, 2002). It includes formal settings such as parents' work place, school boards and other political and business bodies. In early childhood the child is only aware of his or her environment (family system) but for the adolescent who has reached the formal operations, who can think in terms of principles and ideals the exosytem becomes increasingly important (Noller & Callan, 1991).

Although adolescents do not directly participate in the exosystem's decision making processes, these decisions can have a direct or indirect impact on adolescents. Different factors which are external to the family system can have indirect but important effects on the adolescent through how they affect their parents' attitudes. For example, studies have indicated that parents in supervised jobs, characteristic of lower class, are more likely to use physical punishment to get obedience, as compared to parents with high degree of freedom and little supervision in their jobs,

characteristic of middle class. The latter are more likely to value autonomy and independence in their children and value conformity less (Noller & Callen, 1991). Furthermore, the parents' working conditions, their roles in the workplace, their level of responsibility and the degree of participation in the decision making process have direct influence on the parents' efforts to socialize children. For example: parents' working hours as determined by employers can affect parents' availability to supervise children, thus, affecting children 's conduct competence (Noller & Callen, 1991). Although it is not the parents 's job as such which affects their parenting skills, the working conditions can indirectly influence children 's development through their effect on the parents' attitudes and values towards child rearing (Noller & Callan, 1991).

Areas of low socioeconomic status are usually areas in which there are high rates of delinquency. In such areas resources such as play space, sports facilities and social clubs are scares. Adolescents growing up in such areas tend to copy the deviant behavior and accept standards and attitudes of their environment. Rutter (1975) maintains that demoralization or dejection which follows the labeling of families as failures because they come from such areas plays a role in adolescents copying deviant behaviours. Children growing up in such areas tend to become aware that the larger society devalues them and their families because of the socio-economic status (Combrinck-Graham, 1998). Although the perception by others does not automatically result in lowered self-esteem it does present another stressor for them as they move into the larger community. As a result of their socio-economic status, they may value education less and value material success, but for them success can only be achieved through deviant means like stealing, selling drugs etc. (Combrinck-Graham, 1998). Rutter (1975) posits that even the children who are motivated to learn may have difficulty succeeding because of economic difficulties, hence they may drop out of school.

2.8 SUMMARY

This chapter presented the literature related to the effects of parental alcohol dependence on COAs. COAs have been studied extensively and most of the literature indicates that they have variable developmental outcomes. When compared with children of non alcoholic parents COAs are reported to experience more psychological problems and these problems are thought to be related to parental alcohol dependence (Johnson, 2001). Children's level of conduct competence is reported to be one of the developmental outcomes affected by parental alcohol dependence (Carle & Chassin, 2004). Conduct competence is related to the process of moral development and is indicated by aspects such as suppression of aggression, consideration of others, impulse control and the level of responsibility (Kettlerlinus & Lamb, 1994).

Dispositional factors, the role of the family and society were explored in terms of how they influence the development of conduct competence. Cognitive Developmental theories emphasize children's dispositional factors and assert that children use their cognitive skills to understand rules that distinguish right from wrong or moral reasoning (Manaster, 1999). Furthermore, they view moral development as a process that proceeds through sequential stages and resulting from children 's application of their moral reasoning capacities as well as taking into consideration the attitudes and values of models like parents, peers and teachers (Manaster, 1999 & Jaffe, 1998)

With regard to family factors that influence children's level of conduct competence, aspects of parenting such as parental supervision and parental disciplining techniques are reported to play an important role in children's level of conduct competence (Coleman & Rocker, 2001). Parental discipline influences moral behavior and it has been linked with conduct competence during adolescence (Gouws et al, 2000). Parents who use an inductive reasoning style of discipline (whereby they rationally explain to the children the consequences of their

behavior), use punishment that is consistently in proportion to the misbehavior and reward good behavior promote conduct competence in children (Gouws et al, 2000) whereas parents who use punitive disciplining style, characterized by harshness and inconsistency promote problematic behaviours such as aggression in children (Manaster, 1999).

Parental supervision involves parents ensuring that their children are safe and establishing rules to guide children (Claes et al 2004). Communication whereby children are given the opportunity to express their feelings and active listening by the parents is part of parental supervision (Coleman & Henry, 2002). Parental supervision is reported to be important particularly during adolescence and it has been associated with positive developmental outcomes for children growing up in adversity such as COAs.

Conduct problems such as delinquency can result from parental alcohol dependence. Delinquency in adolescence is classified into: socialized delinquency, neurotic delinquency and charactareological delinquency (Manaster, 1999, Weiner, 1992 & Rutter, 1975). Adolescents who are likely to be delinquents are reported to be destructive, hostile and lacking in self control (Manaster, 1999). The parents of such children usually do not provide adequate supervision, are punitive and inconsistent with regard to their disciplining techniques (Weiner, 1992). Therefore, the children fail to internalized sets of standards of competence and are likely to become aggressive, inconsiderate and irresponsible (Manaster, 1999).

COAs show variability in their developmental outcomes, thus suggesting that many factors are involved in the development of those who develop psychological problems (Loukas et al, 2001). The current study focuses on parental supervision as a protective family factor associated with their level of conduct competence. Conduct competence is studied in the domains of: suppression of aggression, consideration of others, impulse control and responsibility.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter will discuss the methodology of the current study. It focuses on the research design used in the study. An overview of the objective and hypothesis of the study, data collection techniques, procedures, as well as the description of the sample is given. The chapter will conclude with a brief discussion of ethical considerations.

3.2 RESEARCH DESIGN

The type of research design used in this study is called a cross-sectional correlation design. In this method the researcher measures the independent and dependent variables at the same time (Dooley, 1995). Parental supervision can be viewed as the independent variable and the participants' level of conduct competence can be viewed as the dependent variable. However, the aim of the study is to portray a non-causal descriptive association between the two variables. Dooley (1995) posits that a correlation between two variables does not imply any causal connection because the variables may correlate for reasons other than the hypothesized one.

3.3 OBJECTIVES AND HYPOTHESES OF THE STUDY

The specific objective of the study was to compare the two variables: perception of parental supervision and the level of conduct competence among the COAs. Conduct competence as a variable has 4 separate aspects namely: suppression of aggression, consideration of others, impulse control and level of responsibility. Therefore the scores for each aspect can be compared to the participants' reports on the perception of parental supervision to determine a non-causal relationship. The main hypothesis – *parental supervision is linked to conduct competence among adolescents males with alcohol dependent fathers* can be divided into 4 categories:

(a) Parental supervision is linked to conduct competence - with regard to suppression of aggression - among adolescents males with alcohol dependent fathers

(b) Parental supervision is linked to conduct competence with - regard to consideration of others – among adolescent males with alcohol dependent fathers

(c) Parental supervision is linked to conduct competence – with regard to the level of impulse control- among adolescent males with alcohol dependent fathers

(d) Parental supervision is linked to conduct competence - with regard the level of responsibility among adolescent males with alcohol dependent fathers

3.4 DATA COLLECTION TECHNIQUE

The process of gathering, analyzing and interpreting the data followed a quantitative approach. Two types of questionnaires: the Weinberger Adjustment Inventory and Parental monitoring assess questionnaires were used to collect data.

3.4.1 Weinberger Adjustment Inventory (WAI)

The Weinberger Adjustment Inventory assesses adolescents' level of self-restraint as a component of conduct competence. It includes 30-items pertaining to suppression of aggression, consideration of others, impulse control and responsibility. There are variations in response options whereby some categories range from false (5) to true (1), alternatively, false (1) to true (5). The maximum score indicates high level of self-restraint (conduct competence) and a minimum score indicates low levels.

To develop norms, the WAI was administered to clinical and non-clinical samples of youths (sample size: 1 486) within the age range of 10 and 17 years. The clinical sample was recruited in the waiting room during intake at a community mental health center whilst the non-clinical sample consisted of learners from 20 public schools. Their ethnicity was Asian-American, Caucasian and Hispanic. Internal consistency: Full scale: 0.85 to 0.88; suppression of aggression: 0.79 to 0.82; impulse

control: 0.66 to 0. 69; responsibility: 0.76 to 0.77 and consideration of others: 0.66 to 0.68

Components of the inventory (see appendix I):

1. Suppression of aggression

   Items: 6, 10, 20, 22, 25, 28 and 30

   2. Impulse control

   Items: 2, 3, 8, 12, 15, 18, 24 and 27

   3. Consideration of others

   Items: 1, 5, 7, 11, 16, 19 and 26

   4. Responsibility

   Items: 4, 9, 13, 14, 17, 21, 23 and 29

3.4.2 Parental Monitoring Assessment

The Parental Monitoring Assessment was developed by Small & Kerns (1993). Adolescents report their perception of parental supervision based on items (example: When I go out at night my parents know where I am). The response options range from never (1) to always (5). High scores indicate high level of parental supervision.

This scale was originally developed as an 8-item scale and it had an internal consistency: Cronbach alpha of 0.87. It was adapted by Li, Feigelman & Stanton (2000) to assess adolescents' perception of parental supervision in association with health risk behaviours among black American children and adolescents from urban low-income groups. The analysis was conducted with a cross sectional design including three separate samples. It yielded Cronbach alphas of 0.70, 0.77 and 0.73 respectively.

3.5 PROCEDURE

Permission was obtained from the drug and alcohol rehabilitation centre to administer the questionnaires to a group of adolescent males whose fathers were involved in the alcohol rehabilitation program. Consent forms which indicated the

institutional association of the researcher, participant anonymity and the fact that participation was voluntary were given to the director of the rehabilitation centre to distribute to the participants and their parents/guardians in order for them to sign and return them to the centre before the research was conducted.

Once written consent was obtained from the participants and their parents/guardians, the questionnaires were administered in a group setting at the rehabilitation centre under supervision of the researcher and the staff members of the rehabilitation center. 20 participants completed the questionnaires.

3.6 SAMPLING

A purposive sampling technique was used. The participants were recruited through their father's involvement in the alcohol dependence/abuse rehabilitation programme. The programme operates in the alcohol and drug rehabilitation center located in the east of Johannesburg.

DESCRIPTION OF THE SAMPLE

The sample consisted of 20 black adolescent males, aged between 12 and 15 years. Their fathers' alcohol use met the diagnosis of either alcohol dependence or alcohol abuse. They were residing in townships around Johannesburg. Most of them were staying in the same households as their fathers whilst some of them were not staying with their fathers but had frequent contact with their fathers.

Table 1: Age categories of the participants

Age(yrs)	Frequency	Percent
12yrs	2	10
13yrs	8	40
14yrs	5	25
15yrs	5	25
Total	20	100

Figure 1
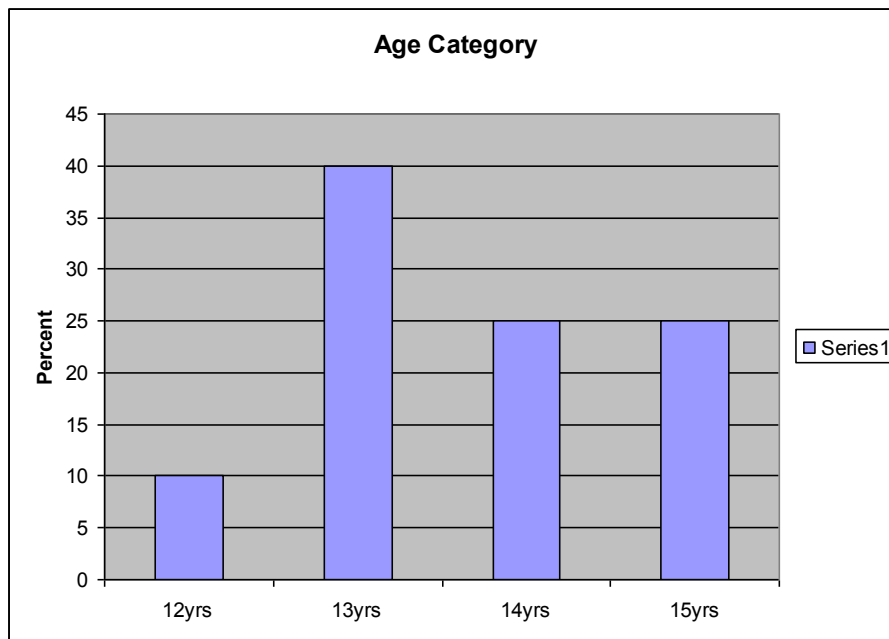
3.7 ETHICAL CONSIDERATIONS

The issue of confidentiality – an active attempt to remove from the research records any element that might indicate participants' identities - was highlighted in the consent forms. The consent forms also sought informed consent from the

participants and their parents or guardians, this means the knowing consent of individuals to participate in the study as an exercise of their choice, free from any element of fraud, deceit or similar unfair inducement or manipulation (Berg, 1995). (See appendix I for consent forms)

CHAPTER 4
RESULTS

4.1 INTRODUCTION

The goal of this chapter is to outline the results that were found in respective statistical analyses. The Statistical Package for Social Science (SPSS 15.1) computer program was used for the analyses. The analysis correlated the participants' scores from Parental monitoring assessment and the four variables of conduct competence: suppression of aggression, consideration of others, impulse control and responsibility from the Weinberger adjustment inventory.

Table 4.1

Raw scores from the Parental monitoring assessment and the Weinberger adjustment inventory

Respondent	Parental monitoring	Suppression of aggression	Impulse control	Consideration of others	Responsibility
1	11	17	15	22	17
2	13	24	18	17	19
3	7	32	25	14	26
4	9	30	25	15	22
5	29	18	12	26	16
6	30	20	13	27	18
7	30	20	11	22	19
8	18	20	18	17	17
9	19	22	15	20	20
10	19	29	21	23	23
11	6	29	18	18	22
12	14	24	17	21	15
13	12	24	19	19	16
14	25	24	16	25	13
15	20	22	16	25	18
16	11	25	18	24	15
17	11	28	14	21	19
18	18	18	14	24	18
19	23	17	16	30	23
20	29	19	18	22	22

Table 4.2
 Correlations between scores from the Parental monitoring assessment and the

Weinberger adjustment inventory and correlations among variables from the

Weinberger adjustment inventory

	Parental supervision	*Suppression of aggression*	*Impulse control*	*Consideration of others*	*Responsibility*
Parental supervision	1				
Suppression of aggression	-0.649	1			
Impulse control	-0.611	0.72	1		
Consideration of others	0.659	-0.62	-0.65	1	
Responsibility	-0.194	0.38	0.51	-0.31	1

Table 4.3
Correlations between scores from the Parental monitoring assessment and the
Weinberger adjustment inventory

		Parent
Parental sup.	Pearson Correlation	1
	Sig. (2-tailed)	
	N	20
Suppression	Pearson Correlation	-.649(**)
	Sig. (2-tailed)	.002
	N	20
Impulse	Pearson Correlation	-.611(**)
	Sig. (2-tailed)	.004
	N	20
Consideration	Pearson Correlation	.659(**)
	Sig. (2-tailed)	.002
	N	20
Responsibility	Pearson Correlation	-.194
	Sig. (2-tailed)	.412
	N	20

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level

From Table 4.2 and Table 4.3 it can be seen that there was a positive correlation between the participants' perception of parental supervision (Parental monitoring assessment) and conduct competence (Weinberger adjustment inventory), with regards to the domain of consideration of others. There was a negative correlation between the perception of parental monitoring and conduct competence in the domains of suppression of aggression and impulse control, whilst there was no significant correlation between perception of parental supervision and conduct competence in the domain of responsibility.

CHAPTER 5

DISCUSSION OF RESULTS

5.1 INTRODUCTION

This chapter seeks to compare the current study findings with existing literature on the effects of parental alcohol dependence on COAs' level of conduct competence as well as the role of parental supervision as a protective family factor for COAs. The discussion to follow will focus on findings from the analysis of data from the two questionnaires, that is, findings with regard to the participants' self report on the measures of level of suppression of aggression, consideration of others, impulse control and levels of responsibility as indicators of their level of conduct competence and their perception of parental supervision.

5.2 Responsibility/ Perception of parental supervision

The questions that assessed the level of responsibility pertained to tendencies to engage in rule – breaking behavior. The results indicated no significant correlation between the participants' level of responsibility and their perception of parental supervision. This finding is in contrast to hypothesis (d) *parental supervision is linked to conduct competence – with regards to the level of responsibility – among adolescent males with alcohol dependent fathers.*

The literature offers possible reasons as to why parental supervision may play a less significant role in adolescents' level of responsibility. According to Coleman & Henry (2002) in addition to parents, adolescents also base their perception of what is right and wrong on the basis of the advises that they receive from their peers, and pressure to conform to group norms is particularly strong during middle adolescence. The fact that there is no significant correlation between the participants' perception of parental supervision and their level of responsibility could thus be explained through peer associations. The process of how values are

transmitted is related to the degree to which adolescents identify with a particular peer group in terms of attitudes and beliefs, and members of a peer group are usually similar and influence each other in the direction of greater similarity (Coleman & Henry, 2002).

Adolescents' dispositional factors may also be related to their level of responsibility. Shaffer (2005) asserts that during the transition to adolescence, children reason in terms of internalized rules and values. Therefore the level of responsibility among the adolescents in the current study may be influenced more by their dispositional attributes and their peer associations, which may explain the less role played by parental supervision.

5.3 Consideration of others/ Perception of parental supervision

The participants' perception of parental supervision correlated with their levels of conduct competence in the domain of consideration of others. This finding is consistent with hypothesis (b) *parental supervision is linked to conduct competence – with regards to consideration of others – among adolescent males with alcohol dependent fathers.* However, this finding raises the questions: does the correlation between the levels of consideration of others or altruism and the perception of parental supervision among this group of COAs reflect their high perception of parental supervision or do dispositional factors and other parenting practices play a role? The literature on the issue of how children acquire altruistic values stresses the role of disciplinary techniques that parents use (Gouws et al, 2002, Jaffe, 1998 & Adams, 1992). Parents who rely on rational, non-punitive disciplinary techniques in which they regularly display concern for others tend to raise children who are sympathetic and self-sacrificing (Jaffe, 1998).

The parents' attitudes and their relationships with the children are also important. Children who display altruistic behavior are reported to have warm and affectionate relationship with their parents. Their parents are also concerned about the welfare

of others and they tend to encourage altruistic behaviour in their children (Adams, 1992). Altruistic values can also be learned through modeling, meaning that children can also be influenced by parents and significant others in their environment, so when they observe them as behaving altruistically they are likely to conclude that such behavior is appropriate (Jaffe, 1998)

Altruistic values can also develop through self-observation and induction, without being transmitted directly from others or internalized through affective affinity with others. Once children have acquired these values they have a similar effect on subsequent altruistic behavior as values learned from others (Jaffe, 1998). Gouws et al (2002) maintains that when children are given opportunities to engage in altruistic behavior by parents as well as verbal instructions whereby parents encourage and explain the value of altruistic behavior it can contribute to children's learning of altruistic behavior. From this it can be deduced that parental supervision is also involved in children's displaying of altruistic behavior because communication – whereby rules are explained to children – is an element of parental supervision.   Therefore, the second hypothesis is supported by the literature as well as by the findings from the current study.

5. 4 Suppression of aggression/ Perception of parental supervision

The statements that assessed the domain of suppression of aggression pertained to tendencies to display aggression. The results indicate that there is a negative correlation between the participants' level of suppression of aggression and their perception of parental supervision. This finding is in contrast to hypothesis (a) *parental supervision is linked to conduct competence – with regards to suppression of aggression – among adolescent males with alcohol dependent fathers.*

According Combrink – Graham (1998) COAs may acquire the same types of attitudes and behaviours that are characteristic of the alcohol dependent parent and aggression, especially when the father is the alcoholic, is often one of the

manifestations (Drew & Buchanan, 1997). The acquisition of the alcohol dependent parent' attitudes and behavior with regard to aggression can occur through identification, meaning that the child adopts the parent's attitude as result of his or her desire to be similar to the parent (Drew & Buchanan, 1997). Combrinck-Graham (1998) further posits that boys model themselves after their fathers and the strength of the attachment is an important determinant of the degree to which they will identify with their fathers.

Alternatively, the fathers' emotional absence – as a result of alcohol dependence – may be related to low levels suppression of aggression in COAs. Shaffer (2005) maintains that fathers' absence during the developmental period can increase the levels of aggression because in their absence children are likely to lack role models. Because fathers usually provide models for self-control and in their disciplinary style they tend to discourage aggression, in their absence children tend to develop less effective self control and they are likely to frequently display aggression (Shaffer, 2005).

Parental conflict – common in alcoholic families – has also been linked to low levels of suppression of aggression in children. As a result of parents being cold and inattentive, children's emotional needs are not satisfied leading to hostility which manifests as aggressive tendencies (Drew & Buchanan, 1997). Secondly, children can learn from their parents' conflict that problems can be solved by using aggression, so in their interaction with peers they may use aggression (Drew & Buchanan, 1997).

The above discussion suggests that aggression may often be a manifestation of growing up in an alcoholic family. Parental supervision is reported to be a significant mediating factor particularly during adolescence (Shaffer, 2005). However, the results of the current study indicates that there is a negative correlation between the participants' perception of parental supervision and the level of suppression of aggression. This finding is in contrast to what was

hypothesized as well as with what most of the literature reports regarding the role of parental supervision. The contrasting finding may reflect the cultural differences between the COAs that have been studied and the COAs in the current study, for example there may be differences between African and western cultures in child rearing practices with regard to the appropriateness of aggression.

5.5 Impulse control/ Perception of parental supervision

The results indicate that that there is a negative correlation between the perception of parental supervision the levels of impulse control among the COAs in this study. Therefore hypothesis (c) *parental supervision is linked to conduct competence – with regard to the level of impulse control - among adolescent males with alcohol dependent fathers* is not supported by the results of the study.

Barlow & Durand (2002) posit that alcohol may reduce the fear associated with being punished and it may impair the ability to consider the consequences of acting impulsively. Inability to cope realistically with problems of daily living is also common among alcoholics. Learning and socialization play an important role in children's internalization of values and attitudes (Kettlerlinus & Lamb, 1994). The low levels of impulse control among the COAs in this study may be explained by their learning or observation of the alcohol dependent fathers' tendencies to display poor impulse control in their interactions.

Noller & Callan (1991) posit that when parents monitor their children's activities and recognize deviant behavior and sanction it negatively, self-control becomes a stable characteristic of the children. The level of the supervision from the non-alcoholic parents can help to promote impulse control. When the father is alcohol dependent parent there is a greater opportunity for the non alcoholic mother to protect the children from his behavior because mothers in such homes typically take

on dominant roles with regard to child-rearing while the alcoholic father remains emotionally unavailable (Drew & Buchanan, 1997). Therefore it was to be expected that although the COAs are exposed to alcohol dependent fathers' impulsive behaviours, the level of supervision from the non-alcoholic mothers or adults in their environment may help to promote conduct competence with regard to the level of responsibility, as suggested by the literature.

The discrepancy between the current study findings and the literature may be explained by contextual factors, for instance, in the environments of the COAs in the current study although the level of parental supervision from the non-alcoholic parent is high cultural factors may be involved that reflect the low correlation between parental supervision and impulse control.

5.6 SUMMARY

This chapter discussed the study finding by comparing and contrasting the finding with the literature. The discussion focused on the four aspects of conduct competence: suppression of aggression, consideration of others, impulse control and responsibility as variables related to the participants' perception of parental supervision.

The results indicate a significant correlation between the perception of parental supervision and conduct competence in the domain of consideration of others. This finding is also supported by the literature. The literature emphasizes the role of parental practices such as disciplinary techniques and the warm and affectionate relationship between parents and children, as aspects that are related to parental supervision, and thus promote the level of conduct competence with regard to children's level of altruism or consideration of others (Shaffer, 2005 & Adams & Berzonsky, 2003).

There was no significant correlation between the perception of parental supervision and conduct competence in the domain of responsibility. Factors such as children 's peer associations, whereby the influence of peers plays a greater role children 's ' acquisition of attitudes and values regarding rule-breaking behaviours as well as the children 's dispositional factors were explored as possible factors influencing the lesser role played by parental supervision.

There was a negative correlation between the participants' perception of parental supervision and conduct competence in the domains of suppression of aggression and impulse control. With regards to the low levels of suppression of aggression, the literature suggests factors such as children's identification with alcohol dependent parents ' attitudes and values regarding the appropriateness of aggression which leads to children adopting those attitudes and values (Drew & Buchanan, 1997). Secondly, the alcohol dependent fathers' emotional absence and parental conflict were also discussed. With regards to the low levels of impulse control among the COAs in this study, factors such as learning and socialization were discussed, meaning that, because alcohol dependence is related to poor impulse control, children of alcohol dependent parents may also display poor impulse control as a result of learning from their alcohol dependent parents (Kettlelinus & Lamb, 1994).

Although low levels of suppression of aggression and impulse control may be the manifestations of growing up in alcoholic families, the literature suggests that parental supervision can be a mediating factor for COAs (Shaffer, 2005). The negative correlation between the perception of parental supervision and suppression of aggression and impulse control in the current study can be explained by contextual factors. This means that in the environments of COAs in this particular study, parental supervision may play a less significant role with regard to promoting conduct competence in the domains of suppression of aggression and impulse control, and may be more related to promoting pro-social or altruistic behavior. The differences with regard to the correlations between parental supervision and the variables of conduct competence - suppression of aggression, impulse control,

responsibility and consideration of others – may reflect cultural differences with regard to child rearing practices between western and African families. African families tend to be collectivistic and to emphasize altruism, which may explain the fact that *consideration of others* was the one variable which correlated with the participants' perception of parental supervision.

5.7 LIMITATIONS OF THE STUDY

The main limitation of the study is related to the generalizability of the findings to the larger population of COAs. The sample that was used is not necessarily representative of the COAs population with regards to demographic factors like race, socioeconomic factors, the age groups and gender. This means that the findings need to be interpreted with caution, especially when referring to COAs who differ in terms of demographic factors. Secondly, the generalizability of the findings may also be influenced by the small size of the sample.

Because a correlational design only allows the researcher to investigate whether a relationship exists between two variables, but not to draw conclusions about whether either variable causes another variable, a causal relationship between the two variables that were measured cannot be established. This means that although it can be concluded that parental supervision is linked to some aspects of conduct competence, it cannot be concluded that the participants' high scores on some of the aspects of conduct competence were caused by their high perception of parental supervision.

5.8 RECOMMENDATIONS
The field of parental alcohol dependence and its impact on the children is broad, with most of the literature focusing on negative developmental outcomes for COAs. Therefore there is a need to investigate factors that contribute to positive developmental outcomes for COAs. Future studies can investigate dispositional factors and other family factors that promote positive developmental outcomes such

as conduct competence. To increase the generalizability to the larger population of COAs the studies can use larger samples that incorporate various demographic factors.

To address issues such as the impact of parental alcoholism across different age categories, longitudinal designs can be used whereby the same group of participants can be assessed over different time frames. This can provide answers to questions related how parental alcohol dependence affects COAs differently with regard to their ages.

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APPENDIX I : INFORMED CONSENT FORMS

University of KwaZulu-Natal

Howard College Campus

School of Psychology
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4001

Researcher
Thenjiwe Magqoki
Research Supervisor
Prof. S. Collings

REQUEST FOR PARTICIPATION IN A RESEARCH PROJECT:

I am a postgraduate student from the University of KwaZulu-Natal and I am conducting a research study that focuses on family factors associated with competence in adolescent males. I intend to administer two questionnaires to selected participants (30 adolescent males). The questionnaires will require approximately one and half hour to complete and will be completed in group setting under the researcher's supervision.

Please note that participation in this study is voluntary and that participants may withdraw from the study at any time. At no stage will the participants' personal details be recorded on any of the research documentation. Two consent forms, to be completed by the participant and by the parent/guardian respectively are attached to this letter. By signing the consent form overleaf you indicate that you consent to take part in the study (participants) or consent for your son to take part in the study (parent/guardian).

This research is being conducted with the permission of the University of Kwazulu-Natal's School of Psychology and the Humanities faculty. If you have any concerns or issues related to the research, please contact the research supervisor, Prof. Collings at
031 260 2414.

Thanking you in anticipation.
Yours sincerely
Thenjiwe Magqoki

PARTICIPANTS

I hereby state that I have read the research study information sheet and have understood the content.

I, ………………………………………………………………………… hereby consent to take part in this research study and agree to complete the questionnaires.

In respect of my participating in the research, as conducted by the University of KwaZulu-Natal psychology Masters student, I understand that the study is intended as a student learning project, that my participation is entirely voluntary. I understand that the research study's findings will be in the form of a report in which my confidentiality and anonymity will be protected.

………………………………………..   ………………………………….…

  (Signature of participant)   (Date)

PARENT/GUARDIAN

I hereby state that I have read the research study information sheet and have understood the content.

I, ………………………………………………… hereby consent for my son to take part in this research study and to complete the questionnaires.

In respect of my son participating in the research study, as conducted by the University of KwaZulu-Natal Psychology Masters student, I understand that the study is intended as a student learning project, that his participation is entirely voluntary. I understand that the research study's findings will be in the form of a report in which confidentiality and anonymity will be protected.

………………………........……………………   …………………………

(Signature of parent/ guardian)   (Date)

WEINBERGER ADJUSTMENT INVENTORY

INSTRUCTIONS

The questionnaire contains a list of statements that people use to describe themselves.

If you strongly agree with the statement or decide that it describes you, mark the corresponding digit below **True**

If you do not strongly agree with the statement mark the corresponding digit below **Somewhat true**

If you strongly disagree with the statement or decide that it does not describe you, mark the corresponding digit below **False**

If you slightly disagree with the statement, mark the corresponding digit below **Somewhat false**

Use a pencil and make a heavy dark mark on the digit that corresponds with the statement for each item. If you make a mistake or change you mind, please erase the mark fully and then mark the corresponding digit.

* Try to be as honest as you can in marking the statements

PARENTAL MOMITORING ASSESSMENT

INSTRUCTIONS
The questionnaire contains a list of statements pertaining to parental supervision. Use a pencil and make a heavy dark mark on the digit that corresponds with the statement for each item, indicating whether the statement applies to you: always, most of the time sometimes, rarely or never

	Never	Rarely	Sometimes	Most of time	Always
1. My parents know where I am after school.	1	2	3	4	5
2. If I am going to be home late, I am expected to call my parent(s) to let them know	1	2	3	4	5
3. I tell my parent(s) who I am going to be with before I go out.	1	2	3	4	5
4. When I go out at night, my parent(s) know where I am.	1	2	3	4	5
5. I talk with my parent(s) about the plans I have with my friends.	1	2	3	4	5
6. When I go out, my parent(s) ask me where I am going.	1	2	3	4	5

APPENDIX III

Tables of frequencies from the questionnaires

Weinberger Adjustment Inventory

Table 1 Suppression of Aggression

Item	False (%)	Somewhat False (%)	Not Sure (%)	Somewhat True (%)	True (%)
People who get me angry better watch out (**V6**)	5	15	45	30	5

Item	Never (%)	Not Often (%)	Sometimes (%)	Often (%)	Almost Always (%)
If someone tries to hurt me, I make sure I get even with them (**V10**)	5	10	20	25	40
If someone does something I really don't like, I yell at them about it. (**V20**)	0	5	65	10	20
I lose my temper and "let people have it" when I an angry (**V22**)	0	10	55	20	15
I pick on people I don't like. (**V25**)	30	40	30	0	0
I say something mean to someone	0	10	50	25	15

who has upset me. (**V28**)				
When someone tries to start a fight with me, I fight back (**V30**)	0	15	25	25	35

Table 2 Consideration of others

Item	False (%)	Somewhat False (%)	Not Sure (%)	Somewhat True (%)	True (%)
Doing things to help other people is more important to me than almost anything else (**V1**)	35	45	20	0	0
I often go out of my way to do things for other people. (**V5**)	0	25	25	50	0
Item	Never (%)	Not Often (%)	Sometimes (%)	Often (%)	Almost Always (%)
I think about other people's feelings before I do something they might not like (**V7**)	0	5	55	15	25
I enjoy doing things for other people, even when	20	55	20	5	0

I don't receive anything in return (**V11**)					
I make sure that doing what I want will not cause problems for other people (**V16**)	0	5	60	10	25
Before I do something, I think about how it will affect the people around me (**V19**).	0	20	45	10	25
I try very hard not to hurt other people's feelings (**V26**).	0	5	35	30	30

Table 3 Impulse Control

Item	False (%)	Somewhat False (%)	Not Sure (%)	Somewhat True (%)	True (%)
I'm the kind of a person who will try anything once, even if it's not that safe. (**V2**)	75	20	5	0	0
I should try harder to control myself when I'm having fun. (**V3**)	40	35	15	10	0

Item	Never (%)	Not Often (%)	Sometimes (%)	Often (%)	Almost Always (%)
I do things without giving them enough thought. (**V8**)	50	25	20	5	0
I become "wild and crazy" and do things other people might not like (**V12**).	40	40	15	5	0
When I'm doing something for fun, I tend to get carried away and go too far (**V15**)	25	20	40	10	5
I like to do new and different things that many people would consider weird or not really safe (**V18**)	45	35	15	5	0
I say the first thing that comes into my mind without thinking enough about it (**V24**)	50	20	20	10	0
I stop and think things through before I act (**V27**).	5	0	40	15	40

Table 4: Responsibility

Item	False (%)	Somewhat False (%)	Not Sure (%)	Somewhat True (%)	True (%)
I do things that are against the law more often than most people (**V4**)	85	15	0	0	0

Item	Never (%)	Not Often (%)	Sometimes (%)	Often (%)	Almost Always
When I have the chance, I take things I want that don't really belong to me (**V9**)	50	20	25	5	0
I do things that are not really not fair to people I don't care about (**V13**).	45	30	25	0	0
I will cheat on something if I know no one will find out (V**14**)	45	20	25	10	0
I break laws and rules I don't agree with (**V17**).	50	15	35	0	0
People can depend on me to do what I know I should	0	10	50	15	25

(V21)					
I do things that I know really aren't right (V23)	30	30	35	5	0
I make sure I stay out of trouble (V29)	0	0	15	15	70

Table 5: Parental Monitoring Assessment

Item	Never (%)	Rarely (%)	Sometimes (%)	Most of time (%)	Always (%)
My parents know where I am after school (V31)	5	15	40	25	15
I f I am going to be home late, I am expected to call my parent(s) to let them know (V32)	25	10	20	20	25
I tell my parent(s) who I am going to be with before I go out (V33).	15	25	10	15	35
When I go out at night, my parent(s) where I am (V34).	15	15	20	10	40
I talk with my parent(s) about the plans I have with my friends (V35).	45	25	5	5	20
When I go out, my parent(s) ask me where I am going (V36).	30	15	25	10	20