

The University of Hull

***Loneliness and Peer Counselling:
An Exploratory Study in Saudi Arabia***

Being a Thesis submitted for the Degree of
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By

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In the Name of Allah, Most Gracious, Most Merciful.

*To my mother, father;
sisters: Aysha, Layla, Merriam;
and brother Ahmed for their
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Abstract

The first aim of the research was to determine the extent of loneliness among Saudi adolescents and its relationship to psychological and demographic factors. The phenomenon was assessed by means of quantitative and qualitative methods to explore the “meanings” of loneliness. Results indicated a high level of loneliness amongst adolescents in Saudi Arabia. Those with high level of loneliness were found to have fewer friends and scored statistically significantly higher on other psychological measures, particularly depression and anxiety, and lower on self-esteem. An implication of this finding was the need to provide adolescents with a support programme to meet their needs at this critical stage of their development.

The argument throughout this study was that the existent counselling/pastoral provision was inadequate to provide adolescents in secondary school with appropriate psychological and personal support.

The second aim of the study was to test the applicability of a peer counselling/support programme to prevent loneliness among young people. Implementation of this programme was carried out with comprehensive evaluation, which focused on the peer counsellors and the populations they served. Findings were encouraging in relation to both parties.

Those young people who participated as peer helpers reported gains in personal development and said that their participation had benefited their general lives; clients also reported high satisfaction with the service. Students reported high levels on two areas of social support as measured by Social Provisions Scale, namely guidance and reliable alliance, although a reduction on level of loneliness was not achieved. Additionally, formal record of the school counsellors showed less behavioural and educational problems within the school. Recommendations were made for the introduction of peer counselling programmes in Saudi school system.

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Introduction

1. Context of the Research:

The context of this study is a culture very different from the 'western' world where more researches on loneliness/peer support have been carried out. It took place in Saudi Arabia, which lies at the furthest part of the south-western Asia. It occupies about four-fifth of the Arabian Peninsula, with an estimated area just over a million square miles (about 2,250,000 square kilometres). Because of its large area, Saudi Arabia varies in terms of topographical structure, but more than half of the area is desert. It is bordered to the West by the Red Sea, to the East by the Arabian Gulf, Qatar and United Arab Emirates, to the North by Jordan, Iraq and Kuwait, and to the South by Yemen and Oman (see Appendix F). Saudi Arabia is divided into thirteen major administrative Regions, each of them is composed of large and small mohafazats (districts). Results of the census of 1992 showed the population reached nearly seventeen millions (16,929,294), included the immigrant workforce which represents about 27.3% of the whole population (Ministry of Planning, 1995). Saudi society has a youthful population in which individuals less than fifteen years of age constitute 49.2% of the total.

During the second half of this century, Saudi Arabia has been experiencing vast and rapid economic, social and demographic

changes. The Government's awareness of the importance for planning of national economic and social development has started by organising plans for every five years. In 1970, the First Five Year Plan (1970-1975) was set with general objectives *"to maintain its religious and moral values, and to raise the living standard and welfare of its people, while providing for material security and maintaining economic and social stability, dependence on oil through increasing the share of other productive sectors in gross domestic product."* (Central Planning Organisation, Saudi Arabia, 1974: p. 17; cited in Al-Farsy, 1986).

In the last twenty-five years, in which five developmental plans have been implemented, huge improvements have been achieved in various fields such as education, health, social, and youth welfare services. Therefore, changes have affected every Saudi regardless of sex, age, background and occupation.

Changes in Saudi Arabia:

Economic transformation has led to urbanisation, which was associated with a significant demographic change that may be related to the increase number of population and the continuing of movement, not only from the countryside but also from overseas. These drastic changes are reflected in the increase in population since 1974. Total population numbers increased during that period by more than 141%, from just over seven million to nearly seventeen million in 1992. The proportion

of the overseas workforce has also greatly increased. Immigrant populations constituted about 27.3% of all people in the country in 1992. This increase made many Saudi people to move gradually from traditional life in the desert and countryside to large cities, and some settled in small towns and villages.

Among the Islamic religion influence, tribal or family systems have strong role on all aspects of personal and social life of Saudi people. However, change associated with modernisation has affected the structures of Saudi family. The Government has attempted to develop the spirit of nationality regardless of ethnic or family origin by giving the opportunity for everyone in education and employment. As a result, centrality of marriage from kinship or tribe has decreased. The school curriculum today stresses the importance of citizenship among students, and a syllabus, introduced in 1996, was devoted to teaching this at the general educational level.

These changes in economics and modernisation have contributed to the social interaction of the Saudi family with other ethnic groups. Many families have brought foreign house workers. People have had the opportunity to travel abroad for various reasons such as business, study, and holidays. Expertise from different foreign workforces have had various interactions with Saudi members.

These social and demographic changes, which are associated with the economic boom, have been accompanied by a huge increase in educational, health, social and the social services. Therefore, a person's standard of living has improved; progress has been achieved in education and health, and individuals have been able to communicate with the world. The extent of these changes can be seen in the Statistical Year Book (Central Department of Statistic, Saudi Arabia), which includes a vast amount of information with regard to Saudi Arabia's physical features, education, health, social services, prices, industry, public utilities, transportation and communication trade, etc.

The impact of these rapid changes on Saudi culture and social life can be seen as a positive way of achieving the governmental goals of the development plans. However, the process of social change can be an important factor, affecting people mental health in a negative way. This is because the process requires a transformation in the pattern of the individuals' mode of living, in order to cope with the new demands that are brought about in their environment (Fried, 1964; Fisher, 1990). According to the interruption theory, any changes, occurring in the environment or in the person's internal apparatus, that are not anticipated or can not be adequately handled by the individual will produce arousal and possible emotional consequences (Mandler, 1990).

Change and Cultural Conflict

In the broadest sense, a cultural change is a concept often used in the literature to include changes that result not only from culture contact but also from other factors such as innovations within the culture, natural disaster, broad geographic ranges, or diffusion of a single cultural feature. Barry (1988) states that change that may occur as a result of "acculturation" includes four themes. The first refers to physical change as moving to a new house, increase in population, or more pollution etc. The second is biological change such as new food and nutritional status, or new diseases. Cultural change is the third element that means the occurrence of new political, economic, technical, linguistic, or social and religious institutions become altered, or new ones take their place. The last one is psychological change, which includes changes in a variety of attitudes and ability that are as a result of the individuals attempt to adapt to their new milieu.

In any of these changes, individual or group strategies can vary in adopting to the change or easily and to totally resisting it. Conflict may arise when individuals, or the cultural group, experience pressures to change their way of life. As a result, distress could be experienced. If the distress and conflict do appear, the situation is a crisis that requires resolution.

As the economic boom in Saudi Arabia has exposed the traditional society to new cultures, conflicts have emerged as a consequence. The traditional conflict between the cultures of the older and younger generations, which has been reinforced by recent innovations, is one of the most observable (Al-Shethry, 1993). Although conflicts in the old Saudi society did exist between tribes or families, it seems that nowadays the conflict is found more within the family.

Unlike old people in trying to adhere to their heritage, adolescents always incline to everything new, whatever it is. Therefore, when new ideas or phenomena are imported to Saudi society, three main reactions exist. The first and second views constitute an extreme polarity. On one hand, there are those who totally welcome the idea, even if it is incompatible with the societal values. Supporters of this are usually young people who may be less religious and impressed with the new ideas believe in themselves being modern. On the another hand, there is a group of people who almost completely reject anything new and work against the development. This group is decreasing. Between these poles are those who combine their religion with 'high' education. They consider that useful knowledge can be utilised whenever it is filtered and does not conflict with religious beliefs. They believe that it is O.K. to borrow external ideas, but it is important to maintain the spirit of religion.

Researchers (Al-Shethry, 1993; Zakar, 1993) indicate that the cultural conflict has created social problems, which threaten the new generation as well as the Saudi family and give warning of social disorganisation. In 1991 a report made by the General Directorate of Mental and Social Health indicated that there were 335754 cases of requiring treatment (Ministry of Health, 1991). In comparison to the previous year, the number of cases has increased by 76188 new cases, an increase of 22.69%. The report (p. 199) also revealed that of 28103 cases receiving medical treatment in the public hospitals, about 20.53% suffered various psychological problems related to their medical illness.

It is within this context the Saudi adolescents live. It is a context firmly rooted in Islamic culture, and yet has acquired the physical infrastructure of a modern industrial society. Nadvi (1981) thinks that the sudden change in the country has encouraged materialism, careerism and the rise of media that have all combine to produce unrest in young people. The notion of being oneself, which is stressed by existential philosophers and humanistic psychologists, could be starting to affect the Saudi younger generation. Simmons and Simmons (1994) found many matched themes between Western (English) and Saudi adolescents in relation to personal and moral values. One of these was the 'myself' choices.

Social change: adolescents and problems:

Any adequate formulation of young people's difficulties should acknowledge and include the dynamic and reciprocal relationships between children and their environment (Downey, 1996; p. 314). Adolescents grow up in a social context that has an important influence on their development, adjustment and difficulties. The structure and function of the society may either help them in fulfilling their needs or may create new problems by stimulating further tension and frustration. The ecological view stresses a series of social systems, which include the microsystem, mesosystem, exosystem, and macrosystem that influence adolescents' development. According to anthropologists, rapid social changes, modern technology and plurality in value systems make the society appear too complex and unpredictable to adolescents to provide them with a stable frame of reference.

Psychological distress among Saudi young people is increasing due to intergenerational conflicts that resulted from the social and economic changes (AL-Gazlan, 1990). A sense of separation and alienation from parents, teachers and other significant, is one of the important sources of loneliness among adolescents (see Chapter 2).

Using the natural model of sociology of mental health, Al-Khazraji and Sofi (1985) studied the impact of modernisation on adolescents. They found that the psychological impact of modernisation was symptomatic

among adolescents with some manifest and latent dysfunctional behavioural and attitudinal characteristics. They indicated that social consequences were likely to be disruptive to the social integration of the community.

It should be emphasised that the change in their society will bring a challenging future; therefore, they need to be well prepared in order to cope with all the demands made upon them, and to develop appropriate coping behaviour. A study by Ibrahim and Alnafie (1991) found that a large number of Saudi students in college reported a higher incidence of depressive symptoms than is usually reported in other societies. Of 280 students who were investigated, 53% were found to suffer from shyness, 33% reported that they had problems related to school and study, and about 45% indicated that people did not care about them. Damenhory and Abd-Allateef (1990) found that youth in Saudi Arabia scored highly on a measure of alienation. They expressed the view that people have become careless about each others' personal feelings, and perceived people in general as unwilling to co-operate with each other.

Therefore, there is a need to provide these young people with a wide range of psychological services in order to deal with stress that has been brought about by the shift in the social patterns and demands. In their review of the psychological services in Saudi Arabia, el-Sendiony et al (1987) stated that "*teenagers often bear the brunt of changes and*

culture conflicts, and there is a pressing need to provide them with a wide range of psychological services" (p.273).

Adolescents' problems and professional help:

It is generally accepted that the ease or difficulty of the transition from childhood through adolescence into adulthood is a function of the amount of facilitation the society offers to the individual who is going through this period of change. The greater the facilitation, the easier the transition.

Counselling and psychological services are in general, rapidly expanding in Saudi Arabia. A report by the Ministry of Health stated that within the aims of the Ministry to provide comprehensive therapy (treatment) in its health institutions, psychological and social health services still in the growth and expanding throughout the Kingdom. To meet these aims, programmes for primary psychological care have been applied through psychological clinics in the public hospitals (Ministry of Health, 1991: p. 194). The General Directorate of Mental and Social Health indicated that up to 1991 there were 60 mental health institutions ranged between hospitals and clinics. There were 1660 psychiatric beds available nationally. It should be noted that these numbers do not include the private sector.

However, these services face two questions. The first is related to the role of psychoactive drugs that may only relieve symptoms of such

distress as anxiety and depression, but do little to help individuals cope with ongoing problems in life (Levine and Perkins, 1987). The second refers to the structure of medical model available in psychological and social sense to relatively few people. There is in Saudi Arabia a very negative social attitude toward psychological difficulties and any related service.

In educational settings, the immediate effects of changes in the country are reflected in the changes in students and schools. The Government has spared no effort to provide young people with different professional facilities. A guidance and counselling service, introduced in 1981/82, is one of many helping provisions. According to the Ministry of Education (1997: p. 37), the need for guidance and counselling services in school has emerged from the social changes and modern life of the society. That has put pressure on the schools to cope with the many difficulties facing students.

The need for more specialised counsellors in educational institutions particularly schools, to meet the demands has been an issue raised by the authority (Al Marifah, 1997; Ministry of Education, 1997). Additionally, the structure and function of this service face several concerns (see Chapter 6).

2. Comparison with American/European culture:

The above review may appear to be overstated, as change is endemic in any society. The impact of new technology for example has touched every sector of UK society from education to manufacture. Also in any culture it is seemed to find some disagreements between the views and beliefs of children and their parents. But these facts should not lead to an underestimation of the impact of change in Saud Arabia. For years it has been a large unique culture, stressed in religion and ethnic customs. This large culture has been shaken by relatively recent outside influences. For example, satellite television has the capability to bring new values into every Saudi's household. Such inputs have consequences in a deeply religious society. As a result, the change in the culture of Saudi Arabia and more particularly the rate of change is cataclysmic and it is against this background that the research is constructed.

3. Aims and structure of the research:

The above review has indicated two main points. One is the importance of identifying adolescents' needs. The another is to the support facilities that could be provided for this population. Therefore, the focus of the present study has two general aims. The first aim is to gather information about the experience of loneliness and its relationship to selected psychological and demographic factors among Saudi

adolescents in secondary Schools. Accordingly, information about the problem will be collected using quantitative and qualitative methods.

The second major aim is to propose, implement and evaluate a peer counselling programme in the Saudi context. In particular, the study looks at the impact of the programme in preventing loneliness among adolescents in secondary schools. It also discusses its potential effect on those who participate as counsellors or helpers.

Based on the above, the structure and content of the study is organised as follows. The first two chapters establish a theoretical and contextual background for the problem of loneliness. Chapter one reviews the conceptual framework of the problem in terms of meaning, theories, and consequences of the experience. Chapter two examines the nature of loneliness facing adolescents and discusses the implication of its situational context. Chapters three and four look at the problem in relation to Saudi cultural context, including the methodology, results of fieldwork investigation and discussion on the findings.

The next chapters give more attention to applications of counselling theories and principles while maintaining the focus on aims, structures and context. Chapter five reviews the nature and scope of counselling and discusses issues facing the field. The chapter devotes particular attention to interventions to the problem of loneliness involving individual

based, and those group and community based, that have wider applications in social and cultural settings. Some of the ideas derived from interventions are elaborated in chapters six and seven. Chapter six looks at the application of counselling in different cultural contexts, specifically Saudi society, including settings, functions, and the usefulness of integrating counselling strategies with endogenous support system. Peer counselling/support is one of these strategies that is further explored in Chapter seven, which reviews the use of young people as peer helpers.

The remaining chapters are concerned with implementing and evaluating peer counselling programme in Saudi context. Chapter eight considers piloting the training programme with full evaluation of its competence building. In chapter nine the methodology of creating new peer counselling programme is discussed in two parts, namely the training and implementation aspects of the programme. Results of the peer counselling programme are presented in chapters ten and eleven. The last chapter, Chapter twelve concludes the investigation by given summary of the findings and recommendations that may be drawn from the programme.

Chapter One: Loneliness: A conceptual framework

1.1. Overview:

People have often, mistakenly, associated loneliness with the physical state of being alone. A person who spends a lot of time on his/her own is considered to be alone, but not necessarily lonely. This chapter will deal with this issue by examining the theoretical and contextual background to the phenomenon of loneliness, and its negative consequences on people's physical and psychological health. It will also outline various coping mechanisms, both healthy and unhealthy, that individuals use to overcome the experience.

1.2. Definition:

The Concise Oxford Dictionary defined lonely as "*Solitary, companionless, isolated; unfrequented; sad because without friends or company*" (COD, 1990). But loneliness is not synonymous with being alone or with voluntarily solitude. According to Storr (1994), the capacity to be alone is an aspect of emotional maturity. This is because it becomes linked with self-discovery and self-realisation; with becoming aware of one's deepest needs, feelings, and impulses.

Several definitions of loneliness appeared in the literature. Peplau and Perlman (1982) reviewed about a dozen of these which can be framed

in terms of two main themes, which are:

1. Loneliness is an enduring psychological distress associated with much pain and suffering, and can cause impaired mental health through anxiety, depression, and interpersonal sensitivity (Russell *et al*, 1980; Jackson and Cochran, 1991).

2. Loneliness can also occur in either the absence or presence social relationships with others. This point was emphasised by Perlman and Peplau (1982), in that loneliness appears when there is a discrepancy between an individual's desired social relationship and the actual achieved one.

Rook (1984) offered a comprehensive definition that has been adopted by some researchers (McWhirter, 1990), which may be particularly relevant in relation to counselling:

"Loneliness is defined as an enduring condition of emotional distress that arises when person feels estranged from, misunderstood, or rejected by others and/or lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy." (p.1391).

Indeed, people who do not experience distress because of not having social ties or being alone are omitted from this definition (Rook, 1984).

1.3. Dimensions of Loneliness:

Researchers that are interested in loneliness have attempted to develop a characterological or typological of this phenomena, in order to better analyse the problem, its causes and its effects. Weiss (1973), for example, distinguished between two sorts of loneliness: the first is *emotional isolation*, which results from the lack or loss of intimate relationship (relationship with parent, partner, child etc.); the second is *social isolation* which refers to the lack of individual's social network with peers or friends who share their interests and hobbies. This particular type of loneliness might face those individuals who move away from a familiar environment.

Sadler (1978) conceptualised five dimensions for those people who experience loneliness in their lives. These are:

1. *Psychological loneliness*, which refers to, the individual's feeling of being out of touch with parts of the self.
2. *Interpersonal loneliness* that refers to how an individual perceives him or herself as separated from another.
3. *Social loneliness* which is experienced by persons who feel that they are rejected from others or from a group.
4. *Cultural loneliness* which refers to the feeling of being separated from other because of cultural differences.
5. *Cosmic loneliness* which indicates to the feeling of separation or alienation from God and/or nature.

Another categorisation of the phenomenon that appeared in the literature was proposed by Russell (1982), who found that loneliness can be a unidimensional or multidimensional. The former views loneliness as a single or unitary phenomenon that varies mainly in the intensity with which it is experienced. Regardless of what the particular cause of loneliness, the assumption is that there are common themes in the experience (Rokach, 1988). Therefore, when loneliness occurs, it affects all aspects of an individual's social, interpersonal, cultural and psychological experience. On the other hand, multidimensional perspective assumes that loneliness consists of different components, or multifaceted phenomenon rather than a global one, with various manifestations. For example, when an individual feels lonely, it may be a manifestation of interpersonal and intimate loneliness, or a feeling of isolation from a group, or feeling of being marginal from the surrounding culture (McWhirter, 1990). Unlike the unidimensional, multidimensional loneliness does not need to include all areas of a person's experience.

Loneliness has also been categorised in terms of its duration. Young (1982) discussed three types of loneliness with regard to time. These are; chronic loneliness, which refers to the person's inability to establish relationships with others. (This comes from the long-term deficiency in the person's social skills). Situational loneliness, and Transient loneliness. Young's category can be seen as state-trait loneliness (Jones, 1989; Duck, 1992). State loneliness is viewed as a transient or

temporary feeling of being lonely, which may result from a particular situation or moving to a new environment. There are many situations where individuals become lonely. On the other hand, trait loneliness is a stable pattern of feeling lonely. People who fall into this category are likely to blame themselves for their personal difficulties whenever they face a new situation.

Although these typologies have helped in our understanding of the problem, they have limitations. Some of them are hypothetical and are not based on any empirical research to validate their claim. Weeks (1994) argued, for example, that some sufferers who have been lonely for a long period are more apt to assign (incorrectly), their interpersonal failures to something wrong, or sick, in them.

1.4. Theoretical Explanation of Loneliness:

Theories of loneliness can be discussed in term of six broad categories: psychodynamic; person-centred; existential; cognitive; social and community psychology; and Interactionist approaches.

1.4.1. Psychodynamic view:

In general terms psychodynamically oriented theorists attribute individuals' behaviours to their early experiences. Therefore, any deficits in their behaviours are traced to inappropriate development in childhood.

In terms of loneliness, Perlman and Peplau (1982) consider the work of psychodynamic theorists who have drawn attention to the problem. For example, Sullivan (1953) in his interpersonal theory of psychiatry proposed that adult loneliness stems from childhood because of the need for human intimacy. This intimacy starts in the infant's desire for contact, and as an individual grows up, the need for intimacy continued to develop, as for example, the pre-adolescent's need for a peer or friend to share intimate information. Therefore, people who lack social skills in interacting with others are seen to have had faulty interactions with their parent or carers in their early childhood. Fromm-Reichman (1959) went with Sullivan's perspective and added that failure of successful fulfilment of one of the basic needs for intimacy during an earlier stage could lead to loneliness in a later stage of development.

Bowlby's (1969, 1973, 1980) explanation of early attachment disturbances can play an important role in understanding a theory of loneliness. He believed that the attachment behaviour persists throughout one's life and that the disruption in a relationship with an attachment figure, or the lack of an attachment figure, can have a great effect on one's life, and subsequently, produce loneliness. Moustakas (1961) reported that being abandoned or left out by one's mother is the most serious threat to a child's experience and one that could lead to loneliness in adulthood.

Bowlby's contention of the persistence of attachment behaviour has been tested in studies that aimed to demonstrate a link with loneliness. Waters et al (1979) found that children who lack an affectional bond to their parents, as well as those who were insecurely attached, tended to be socially withdrawn and hesitant about participating in social activities. Rubenstein and Shaver (1982) found that loneliness was correlated with the experience of parental divorce, especially if the divorce occurred early in the person's life; the younger the child, the more intense the feeling of loneliness.

Hojat (1989) reviewed the literature and concluded that the loneliness that results from disruption in early attachment is seen as non-constructive, and can leave the person emotionally paralysed and psychologically helpless.

1.4.2. Person-Centred view:

This view attributes loneliness to people's belief that they will be rejected by others if their behaviour does not accord rigidly to the accepted societal norms (Rook, 1984). According to Rogers (1970), a lonely person is one who has lost the feeling of real contact with others because s/he perceives his or her real self as unlovable. This is because the individual usually behaves according to the expectations of others rather than spontaneously. The unlovable self develops when the person starts to react to the world in a spontaneous way; this is

more often disapproved by the parent or significant other. Therefore, the person feels lonely in his or her relationships with others.

To reduce the feeling of being lonely, individuals should then communicate with other in terms of their real self. Rogers (1970) pointed out that *"loneliness... can not be ameliorated unless the individual takes the risk of being more of his real self to others. Only then can he discovers whether he can make human contact"* (p.116).

1.4.3. Existential approach:

The existentialist view is that every human being is related to others, and is dependent on relationships with others. The lonely person is alienated and fragmented, one who has found no meaning in the family or other social institutions (May and Yalom, 1989). However, individuals can not have a relationship with others without establishing a good relationship with themselves first. Therefore, people should accept being alone in order to give a sense of meaning to their lives (Corey, 1991). If a person denies the fear of loneliness and the terror of its experience, then loneliness anxiety appears as a defence against experiencing true loneliness (Rokach, 1984-85).

According to Perlman and Peplau (1982), the existentialism oriented theorists view loneliness as refreshing and a good way of helping people to reconsider or rethink so as to improve their personal life; it can be a

useful way of contributing to their creativity. Moustakas (1972 as cited in Peplau and Perlman, 1982) pointed out that when people are alone, they renew contact with themselves and discover more about who they are and thus they can begin to see life as it really is.

Therefore, existentialists encourage people to overcome their fear of loneliness and learn to use it positively. According to Moustakas (1961), "*there is no solution to loneliness but to accept it, face it, live with it, and let it be*" (p. 48). Therefore, those who are lonely should allow themselves to experience the pain of loneliness in order to reflect on and try to understand their conditions and needs (Rokach, 1990).

1.4.4. Cognitive approach:

This view emphasises cognition as an important factor, mediating between deficits in social ability and the experience of loneliness (Peplau et al, 1982; Lunt, 1991). It is proposed that loneliness occurs when an individual perceives a discrepancy between two factors, the desired one and the actual achieved pattern of social relationships (Peplau and Perlman, 1982; Weeks, 1994).

The large majority of investigations of cognition has been focused on the causal attribution approach, which explains people's behaviour in terms of causal conditions or how people account for their behaviours (Hewstone, 1983; Glassman, 1995). According to Rokach (1984-5) and

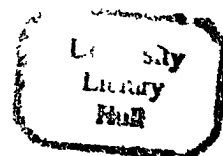
Forsterling (1988), attributional analysis of loneliness has been explained on three dimensions: the first is locus of causality (internal or personal vs. external or situational). The second is stability (stable or constant vs. variable or changeable over time). The last dimension is controllability, which concerns whether or not people perceive themselves as having control over the factors that caused their behaviour. Therefore, individuals who feel lonely may attribute their loneliness to either themselves (for example, I can not have a friend because I am too shy), or to an external situation (for example, I can not have a friend because in my school it is hard to find a friend) (Perlman and Peplau, 1982). Snodgrass (1989) tested the relationship between loneliness and the attributional model, and found that people with consistent negative pattern of self-blame were likely to experience chronic loneliness. Forsterling (1988) reported a longitudinal study, in which college students who regarded themselves as being lonely were asked to rank the importance of various causes for their loneliness. The results found that the students who related their loneliness to internal stable factors were subject to more depressive feelings, comparing with those who made variable causes attribution.

Advocates of this approach argued that causal attribution may affect the behaviour as well as the coping responses of a lonely person (Anderson et al, 1983; Solano, 1989). For internal variable or changeable attributions for loneliness lead to active attempts to change the personal

situation as the person maintains the hope that s/he can alter the undesired situation. On the other hand, stable attribution should lead individuals to expect that the social isolation can not be altered. Anderson et al (1983) found that lonely college students tended to explain their social failure through their lack of personal abilities rather than the lack of effort or use of ineffective strategies. Thus, such lonely people do not look for opportunities of making social contact, and this leads to the persistence of loneliness.

1.4.5. Social and Community Psychology:

This approach emphasises that loneliness can imply failure of the community as a system to provide a sense of community-membership and integration. According to Levine and Perkins (1987), broad social and cultural changes continuously add to the large numbers of people that have to cope alone and live in relative isolation from others who might provide emotional support. Therefore, the stability of human relationships and having a sense of belonging, both of which are requirements for long-term mental health, are provided in some form, through community. Sarason (1974) linked positive mental health with a psychological sense of community by proposing that *"the sense that one was part of a readily available mutually supportive network of relationships upon which one could depend and as a result of which did not experience sustained feelings of loneliness that impel one to actions or to adopting a style of living, masking anxiety and setting the stage for*



later and more destructive anguish" (p.1). This maintains the underlying principle and value of community psychology, in that working toward and along with helping people to achieve and maintain a psychological sense of community.

Bowman (1955) postulates three social factors, which heavily influence loneliness in American people:

1. Decline in primary group relationships,
2. Increase in family mobility, and
3. Increase in social mobility.

The Woman's Group on Public Welfare - WGPN (1957) stressed several elements of modern society that were responsible for British people feeling lonely. The most important factors are breaking-up of small group communities where everyone knows everyone else, and the rapid growth of large and industrial towns with their impersonal life. Life in large blocks of flats, the layout or structure of the modern housing estates, can all be responsible for loneliness. Additionally, the decrease in the size of families leads to fewer family relations. The new mobility of labour, both for the adult and the young, bring about a phenomenal increase in the number of people living alone and isolated. The WGPN strongly supported the need of communities to help in solving the problem of loneliness. Indeed, the community has an important contribution in restoring to lonely people the feeling of belonging and being members of a group.

Today, various community programmes offer different help by professionals as well as many lay people e.g. Nightlines, Help-lines, Samaritans, Parent Anonymous etc., so that external resources of support are provided. The DfE Sheffield Bullying Project, headed by Professor Peter Smith presents various psychological approaches that consists of different methods to enhance positive social interaction and prevent social exclusion of young people who are victimised by bullying (Sharp and Smith, 1991; Smith and Sharp, 1994). The work has been built on the argument that the function of school is not just to deliver the National Curriculum but has also responsibility for all the other things that go on in it. Therefore, the whole-school approach offers role models and opportunities for children to learn how to interact with others, to share their experiences, respect each other's differences and generally grow into caring, confident and self motivated adults. The project's suggestions range from having all the school personnel work as a team to tackle the problem, to groups of pupils in offering peer counselling to minimise the incidents of bullying.

Hall (1992) discussed community psychology programmes within social educational settings that offer young people help in various areas of mental health. One of these programmes was proposed by Levey (1987, see Hall, 1992) who was working for a Community Mental Health Resource Centre at Birmingham. The aim was to set up a group of adolescents in school to discuss aspects of mental health issues that

typically concern their age group, particularly in the context of their leaving home to live away as university students.

1.4.6. Interactionist:

The explanation of this view of loneliness is based on the interaction between personal and situational factors. Weiss (1973) who sees loneliness as the product of internal (emotional) and external (social) variables has introduced this approach. Based on such a classification of loneliness, Weiss argues that the loneliness of emotional isolation appears in the absence of a close or primary emotional attachment figure. Finding a source of emotional attachment or reintegrating the one that has been lost, can be the only way to alleviate this kind of loneliness. To help in this type of loneliness requires an understanding of the function of attachment systems both in children and adults. Conversely, loneliness of social isolation is due to the absence of social connectedness or lack of engaging social network. According to Weiss (1989), to avoid loneliness of social isolation, it is important not only to have a social network, but also to have the opportunity for pleasurable engagement with community activities.

Weiss suggests that these two dimensions are distinctly different from each other, although the symptoms of the two forms of loneliness may resemble each other in some way. According to Weiss (1973), "*each form of loneliness is marked by restlessness, depression, and an*

amorphous, unfocused dissatisfaction. But anxiety and apprehension dominate the loneliness of emotional isolation, while boredom together with feelings of exclusion would seem to dominate the loneliness of social isolation “ (p. 148).

Supporting this view, several research findings reported evidence consistent with Weiss's conceptualisation (Rubenstein and Shaver, 1982; Russell et al, 1984 and Vincenzi and Grabosky, 1989). For example, Russell et al (1984) found differences in the subjective experiences associated with social and emotional loneliness. Social loneliness was highly related to an aspect of more causal contact with others e.g. being part of a group of friends. On the other hand, emotional loneliness was related to intimate contact with other people e.g. 'I have no one I can turn to'.

1.4.7. Summary of the Theories:

All approaches stress that loneliness is a phenomenon experienced widely by various populations. The psychodynamic view focuses on the childhood experience as antecedents of loneliness. On the other hand, most other approaches stress current factors responsible for the causality of loneliness. Unlike existentialists, most approaches emphasise that the personal experience of loneliness is not universal or a fundamental requirement of being human, but is a reaction of personal or/and situational responsive. The personal-situational model views

loneliness as a process which involves a transaction between the person and the social environment. Therefore, any discrepancy between what an individual desires and the perceived in social relationship will produce loneliness. However, these theories may be combined to form a coherent approach in understanding loneliness. Therefore, an integrative cognitive-interpersonal model may offer a comprehensive understanding of loneliness. There are two general dimensions, each of which can contribute with its elements. The cognitive dimension takes concepts such as meaning, attribution, awareness and beliefs. The interpersonal dimension includes personal relationships with others, where attachment, social and community psychology theories can be utilised in terms of support and social interaction. This cognitive-interpersonal approach may be fully observed in relation to coping with the experience of loneliness. The experience can produce impaired mental and physical health in an individual.

1.5. Loneliness and Health:

Health does not simply mean feeling well and not being ill. Theorists today do not consider health and illness as absolutes or dichotomous concepts, but that they overlap and exist along a continuum (Shuval, 1981; Antonovsky, 1987). Antonovsky (1987) stated that "*we are all terminal cases. And we all are, so long as there is a breath of life in us, in some measure healthy*" (p.3). Therefore, health takes place on the

end of one side, whereas illness marks the end of other side of the continuum. Sarafino (1994) used the continuum model to explain the meaning of health and illness. Accordingly, health refers to a positive state of physical, mental, and social well being. On the other hand, illness involves destructive processes that produce signs, symptoms, and disabilities. The health-illness continuum is influenced by different factors, namely; personal, psychological, and social. For example, to say that one is ill depends on the meaning attributed to symptoms, the lifestyle of individual, and the culture or social context of the person reporting the symptoms.

Recently, research has begun to demonstrate that health can be significantly affected by personal and social relationships (Duck, 1992). One way of identifying the health consequences of loneliness is to examine its association with poor physical and mental health. A growing body of research suggests that loneliness may be manifested in several dysfunctions such as affective, cognitive, behavioural, social and medical. In the effective sphere, the experience has been associated with several unpleasant and distressing feelings such as anxiety, boredom, hostility, restlessness, and general dissatisfaction (Perlman and Peplau, 1981; Duck, 1992; Jackson and Cochran, 1992). Empirical researches have found frequent association with depression (Russell et al, 1980; Weeks et al. 1980; Brage et al, 1993). Features of loneliness addressed by Rubenstein and Shaver (1992) comprise the experience

included desperation, depression, impatient boredom and self-deprecation.

A consistent finding in the literature on depression is that depressed individuals have negative views of themselves, which maintain the state of depression (Beck et al, 1974; Twaddle and Scott, 1991; Gilbert, 1992). The same is true of those who are lonely. In addition to a belief in a surrounding hostile world, lonely individuals have been found to react to the environment in a hostile manner (Jones, 1982). Many violent males, especially rapists, were found to score highly on loneliness scales (Duke, 1992). Ammerman et al (1993) found that the lonely person generates negative self-verbalisations in general. This suggests that feelings and cognition associated with loneliness co-occur with negative thoughts and feelings associated with low self-esteem and affective depressive.

The behavioural manifestations of loneliness may be found in problems relating to others, particularly, social skills, assertiveness and interpersonal competencies (Rokach, 1989; Lake, 1991; Weeks, 1994).

With reference to social and medical manifestations, loneliness has considerable repercussions. Lonely people tend to adopt a pattern of work that creates more health problems, often overworking and developing illnesses that are presently known to derive from stress

(Duck, 1983). To this point, Duck argued that it is less productive trying to cure stress patterns if we ignore one of the most significant contributor, namely loneliness and friendship problems. Research also found a positive association between loneliness and a checklist of psychosomatic symptoms such as headaches, poor appetite and feeling tired (Rubenstein and Shaver, 1982; Jackson and Cochran, 1991).

Marital satisfaction generally influences other domains of one's life. While marriage often seems to lower the risk of loneliness, emotional distress, and physical illness, the quality of the marital relationship is most important (Frude, 1990). Loneliness is a factor that increases the risk of the marital violence (Frude, 1990): tension is associated with loneliness, and isolated people have few opportunities for talking to other people or calling upon others for help. It was also found that separated adults, especially men, were found to be more distressed and lonelier than married men (Weeks, 1994). They also demonstrate poorer values on a variety of tests of their immune response systems (Hojat and Vogel, 1989).

A number of research projects have found that people with alcohol problems are more lonely than others. Younger alcoholics are lonelier than the older. However, those alcoholics who found it easy to make friends were less lonely, compared with those who experienced problems with social contacts (Medora and Woodward, 1991). The

point here is the differences between the person who drinks alcohol because of loneliness, and the other who consumes it for very different social reasons.

With adolescents, loneliness is associated with poor grades, being expelled from school, running away from home, and engaging in delinquent acts such as theft, gambling and vandalism (WGPW, 1972; Brennan, 1982). Additionally, young people who are rejected by their peers experience high levels of loneliness, and are more likely to attribute relationship failures to external causes (Crick and Ladd, 1993). Chronic loneliness in childhood has been described as an extraordinarily important initiator of many problems in adolescence such as drug use and subsequent suicide attempts among substance abusers (Berman and Schmartz, 1990).

1.5.1. Loneliness and health: Summary

In summary: loneliness is linked with many different manifestations. Like other potentially stigmatising human conditions, loneliness can have various associated symptoms and expressions. This might suggest that both loneliness and poor physical and psychological health are associated with interpersonal difficulties, which are a product of less rewarding social relationships. It also suggests that loneliness might be a complex phenomenon where the type of relationship deficit, results in both generalised distress and specific negative emotional outcomes.

However, and most importantly, it is the awareness of social participation in terms of need, quality, and events that go alongside with the symptoms. People's responses to loneliness may be part of the meanings they attribute to events. How an individual views the experience it may influence his/her response, and her/his ways of coping with loneliness.

1.6. Coping with Loneliness:

1.6.1. Coping: A psychological process

During their daily lives, individuals learn to use different methods of coping when they have problems. Some writers consider the term coping as active problem solving (Aguilera, 1990; Brammer, 1993). However, in considering the coping responses of loneliness, it is important and useful to distinguish between strategies that aim at short-term distractions and those that lead to increased satisfaction with one's social life (Rook and Peplau, 1982). Gross (1992) discussed two major methods of coping. The first refers to *ego defence mechanisms*, which to some extent involve distortion of reality and self-deception. This is because they are unconscious, and their distortion of reality includes both the internal reality of feelings, thoughts etc. and the external reality of other people and the physical world. The application of these mechanisms to coping may be seen as useful and desirable in the short-term. However, they are considered unhealthy and undesirable as long-term solutions to distressing problems. Rubenstein and Shaver (1982)

found that lonely people used methods such as oversleeping, drinking alcohol, and taking tranquillisers. Duck (1992) reported that some people cope with loneliness by adopting negative and short-term methods such as self-indulgent actions, especially buying 'toys' and running riot with credit cards.

The second is the *coping mechanisms*, which by contrast, are conscious methods of trying to adapt to distressing situations in a positive and constructive way. This process implies thoughts and behaviours whenever an individual searches for information, problem-solving, seeking help from others, recognising one's own feeling and establishing goals and objectives.

People use different types of skills and strategies to cope with loneliness. Rokach (1990) found three main phases that people use to overcome the experience: acceptance or self-healing, transition, and reaching out.

1.6.2. Loneliness and aloneness:

No one would deny that loneliness can hurt. But it is equally certain that aloneness can heal. And solitude, properly structured, may even be used to heal and transcend loneliness, and to use it as a springboard for enjoyment, health and growth (Suedfeld, 1982: p. 65).

Some theorists, as we have seen, have presumed that loneliness is part of life; therefore, facing and accepting the experience is the best way of coping. To this perspective, the consequences of accepting loneliness has two functions; the first is reducing its pain, whereas the second is turning loneliness into solitude (Rokach, 1990). Individuals may involve in solitary activities that do not require intimate contact with others. There are many creative activities that are predominantly solitary, namely those concerned with self-realisation and self-development. In Maslow's (1971) term of creative attitudes the person becomes free of other people so as to meet 'one's own real self', the authentic self, and the real identity. However, the degree to which these creative activities take priority vary according to individual's personality and talents (Storr, 1994).

1.6.3. Loneliness and life-cycle:

As individuals grow up, they change in various developmental aspects of life: physical, intellectual, social, and emotional. These changes associated with ageing are very important. The characteristics of

individual and social identity may be defined in the process of growing up or ageing through childhood into adolescence and via adulthood into old age (Sugerman, 1996). Therefore, demands of these changes are expected throughout the person's life. During the life cycle, individuals develop through adapting to a series of societal demands, and each new demand may activate an emotional crisis (Erikson, 1980). Successful achievement of these demands or tasks will facilitate personal growth and healthy society (Havighurst, 1972; Chickering and Havighurst, 1981: cited in Sugarman, 1996). Failure may enhance unhealthy life and social rejection. Loneliness is one of these unhealthy products.

Loneliness is experienced throughout the life cycle, with children (Rubin, 1982; Asher et al, 1984), with adolescents (Brennan, 1982; Mijuskovic, 1986), with adults (Cutrona, 1982; Lopata et al, 1982), and in old age (Moore and Schultz, 1989; Mullins et al, 1989).

The process of development is cumulative, and achieving earlier developmental tasks may affect present and future life. In Erikson's (1980) terms, individuals will find it difficult to achieve the task of "intimacy vs. isolation" in adulthood unless successful resolution of the crisis of "identity vs. role confusion" has been met. Individuals in adolescence start to define themselves in unique identity terms. Therefore, achieving a secure sense of self in this transition stage will

lay down a useful pattern for coping with changes throughout adulthood, parenting, job change, moving, retirement, or other life events (Linsely, 1996). All require a review of at least some aspects of individuals' identity.

Of course, the journey of life transitions consists of many significant life events such entering or leaving school, getting a job, getting married etc. These critical events have remarkable effects on individual's personal and social adjustment (Johnson, 1986). However, if such events that usually occur at a particular life stage do not take place, or the timing is wrong, then crisis may be faced. Such a crisis is the essence and important antecedent of loneliness (Moustakas, 1961; Rokach, 1989)

Coping with crisis or life transitions may require personal readjustment. Similarly people use different methods to cope with loneliness such as forming new relationships, or changing life style (Rokach, 1990). Personal life style is important in terms of the health-illness factor (Sarafino, 1994), and has been found important in respect to the feeling of loneliness (Duck, 1992). Therefore, for this self-change individual may need to set goals for life. Lack of an articulated or purposeful goal in which such event or experience can be organised and evaluated, leads to feeling of fragmentation and disintegration (Sugarman, 1996).

Overall, coping strategies change with development. An individual's

sense of age and identity has social components as to how s/he stands in relation to others and social norms. For most people, gaining relationships is one of the most pleasant and most positive life events, while losing one can be a most distressing experience at any time during the life cycle.

1.6.4. Loneliness and social relationships:

Success or failure of coping is always strongly influenced by the social context in which it occurs (Arguilera, 1990). Therefore, one frequent way of coping with loneliness is to establish or improve social relationships. Argyle and Henderson (1990) define a relationship or personal relationship as "*regular social encounters with certain people over a period of time*" (p.4). Relationships that have major effects on people are of these perpetual but dormant kind: parent-child relationships, marriage or cohabitation and alike, friendship, family and kinship, and relationships with work-mates and supervisors (Argyle and Henderson, 1990; Duck, 1992). Coping with loneliness within the context of social relationships has been focused on three main issues: social needs, social exchange or rewards, and social roles (Rook and Peplau, 1982; Murphy and Kupshilk, 1992).

1.6.4.1. Social needs:

People have the *need for attachment* and desire to maintain close proximity. This need starts at infancy with the caregiver, and continues

throughout one's life (Bowlby, 1969). Attachment behaviour can be clearly observed with the bereaved (Parkes, 1991). Argyle and Henderson (1990) reported that after children leave home, parents' health is better if they see the children more often. Therefore, some people seek to replace their lost attachment through relationships with others such as with relatives and friends or seek new compensatory relationships. This suggests that termination of a relationship reflects a desire to find an alternative.

It has been claimed that people seek interactions with other because of a *need for comparison*. Social comparison theory refers to that individuals tend to evaluate themselves against a relevant group of other people. People prefer to be liked and accepted rather than disliked and rejected (Duck, 1992). This, however, is influenced by personal belief. Beliefs about relationships are embedded in the history of the person, the relationships, and the culture (Duck, 1992). For example, a good marriage or friendship and relationships are evaluated in terms not of absolute standards rather in comparison to cultural ideologies. There are many sources that can provide information about such standards, for instance, TV, books, newspapers, magazines etc. Research findings suggest that college students generally feel lonely not when they do not spend much time with other people, but when they believe they lack intimate and significant social relationships (Wheeler et al, 1983; William and Solano, 1983, all cited in Berkowitz, 1986).

Furthermore, people seek social contact because of needs *homogamy* and *complementarity* (Berkowitz, 1986; Hinton, 1993). The former means similarity in interests, attitudes, and values. The later refers to that people will be satisfied in relationships if one's needs and desires are compatible rather than just similar.

1.6.4.2. Social exchange:

Social exchange theory provides an exploration as to why individuals enter or remain in relationships or why they decide to end such relationship. In social encounters, a relationship is not likely to last long if one person makes a profit and other a loss. Rather, gaining rewards in excess of costs (Hinton, 1993) is the aim. Weiss (1973) sees loneliness as a response to absence of some particular relationship that could provide closeness, intimacy, attachment, warmth, and caring. Researchers (Jones et al, 1981; Stokes, 1985; Berkowitz, 1986) have noted that when lonely persons engage in conversation, they tend to give insufficient attention to their discussion with partners. This finding suggests that other persons may not find the conversation rewarding and thus are not particularly motivated to continue the interaction.

1.6.4.3. Social roles:

Social roles refers to the positions that individuals occupy in society (Gross, 1992). The roles do not exist in isolation but constitute social systems, role sets or they are independent. Within these roles, there are social and cultural expectations about how the person should

behave and sometimes feel, think, and look as well. Compatibility in the perception of a role leads to both rewarded and maintained relationship (Hinton, 1993). On the other hand, a relationship may be jeopardised if the role is incompatible; for example, the role of a couple toward the child care.

1.6.5. Relationships: Loneliness and meaning

Meaning in a relationship is found to have a very important place (Becker, 1992; Duck, 1994). The way a person perceives others has a strong effect on the way s/he relates to them. According to personal construct theory (Kelly, 1955; Fransella and Dalton, 1990), a person behaves like a scientist and develops his/her own representation of the world so that s/he can predict and control events. This representation consists of a limited number of categories called constructs. People express their constructs in terms of similarity and contrast. Duck (1994) argued that sharing meanings is significant in understanding social and personal relationships. Similarity in interaction per se it is not then enough; there has to be a commonality of meaning. Of course two persons may be similar in expressing some sorts of interest in a given topic, but perception of that similarity and the actions of common acknowledgement of it have to be socially and relationally significant. Duck supports this view. In a study conducted with his colleagues Pond and Leatham (1994, cited in Duck, 1994). They found that lonely people see the results of their interactions differently from those in which

outsiders see the event. Lonely persons reached negative conclusions about their interactions and felt their interactions adversely affected their relationships. This happened even when other observers saw no such result. This study, according to Duck, gives evidence that perceptions of an event are personally valid even if they lead to distress or unhappiness.

1.6.6. Coping and personal control:

Assessment of coping problems includes information about the kind of problem being dealt with and many questions pertaining to the psychological appraisal of the coping problem. The characteristics of the problem being coped with must address the degree of severity (Stone *et al*, 1988); for example, whether loneliness is transient, chronic, situational, emotional etc. Overall severity of problems is related to the impact they have. In general more severe problems are more likely to influence mood compared with less severe problems. There are many psychological appraisal dimensions that should be considered in the coping process such as desirability-undesirability, stability-unstability, controllability, etc.. (Stone *et al*, 1988).

First consider *behavioural control*: that is the ability to take action to reduce the impact of loneliness. By acting, the person may either reduce the intensity of the feeling of loneliness or its duration (Cutrona, 1982). There is also *cognitive control* that involves one's ability to

impose thoughts and strategies to modify the impact of the experience (Murphy and Kupshik, 1992): for example, thinking about the experience in a positive and different way or focussing on pleasant aspects of the experience (Cutrona et al, 1982; Rokach, 1990). Horowitz et al (1982) found that lonely people were less able to think of ways to solve problems posed by interpersonal situations.

Controllability of own behaviour or thought should be accompanied by belief in one's own control (Rotter, 1966; Weiner, 1974). Individuals who have control over behaviour and thought should have belief in that control. Therefore, persons who control their successes and failures will tend to have *internal locus of control*. Control over their loneliness lies within themselves. On the other hand, individuals who believe that their loneliness is controlled by forces outside themselves will tend to have an *external locus of control* (Anderson and Arnoult, 1985; Solano, 1989).

However, it can not be assumed that people have control over their lives at all times. It is their belief that they can succeed at something they want to do, that Bandura (1977; 1986) named as the sense of *self-efficacy*. Accordingly, the efforts people make to cope with their problems depend on their expectations of themselves. Therefore, two things should be considered. The first is outcome expectation, where properly carried out behaviour will lead to desirable results or outcomes. The second is self-efficacy expectation, where the individual can

perform the relevant behaviour properly. People with a strong sense of self-efficacy show less loneliness and more coping strategies to deal with loneliness (Rokach, 1990). Solano (1989) found that loneliness was associated with lower desire for control in various types of relationships: family, friend, romantic, and community.

Throughout the life span, people assess their personal control or appraise their self-evaluation through actual performance as well as the process of social learning. The latter involves modelling, reinforcement, and setting standards for comparison (Bandura, 1986).

The failure of a person to take responsibility for or personal control over his/her loneliness leads to passivity or *helplessness* (Seligman, 1975), which over time may become *learned helplessness* (Abramson et al, 1978). People may have learned to believe that they can not do anything to solve their loneliness, and there is no use in trying (Horowitz et al, 1982)

In conclusion: There are several methods that people use to cope with loneliness. However, there are individual differences in coping responses, and thus, not all people have strong personal control, or sometimes the coping skills that individuals have learned, are not adequate for dealing with the causes of loneliness. Therefore, therapeutic interventions may be necessary for those who are not coping effectively.

1.6. Therapeutic interventions:

Intervention programmes that focus on the treatment of loneliness follow three major perspectives: cognitive-behavioural therapy, social skills training, and developing social support networks (McWhirter, 1990; Wiseman et al, 1995). There are also other relevant approaches such as client-centred and psychodynamic which attempt to modify dysfunctional interpersonal orientations through employing the client-therapist relationship (Rook, 1984). Other forms of counselling may also be useful in helping the lonely manage their experience. For example, Neurolinguistic Programming (NLP) (Grinder and Bandler, 1979; Bandler, 1985; Robbie, 1988) as a cognitive therapy can be applied in exploring the structure and process of the person's view of the world. Personal construct therapy (Epting, 1984; Fransella and Dalton, 1990) can similarly produce some profound insights for the lonely.

The aim in all therapeutic interventions should be to reduce the risk of more serious complications, reduce the frequency of occurrence of the feeling, and reduce the feeling of meaninglessness. On the other hand, it should increase social contact, self-esteem, and trust. However, in evaluating the effectiveness of different approaches for treating loneliness, researchers have stressed the importance of asking more specific questions regarding the client and problem presented in the helping process (Barkham, 1996; Brown and Lent, 1992). Therefore, interventions should not only look at the degree of problem, but the

types of loneliness e.g. state vs. trait loneliness (Jones, 1989). Therapeutic approaches might also appropriately consider the type of client such as a young person, adult, widow, bereaved etc; and the client's gender (Wiseman et al, 1995). Furthermore, it is important to take into consideration the social context of interventions, e.g. school.

1.8. Conclusion:

This chapter began by considering approaches that have been used to explain the phenomenon of loneliness. Different approaches regard loneliness as either personal or situational; others stress the importance of both factors. However, probably the best and most useful way to consider the experience is through the meaning that an individual gives to his/her social interactions. The review has shown that loneliness is a distressing experience affecting a complete cross section of society.

Coping with loneliness has developmental aspects, in that an individual may adopt different methods of coping during various transition stages in the life cycle. Attempts to cope with the experience throughout the life span process may be impeded by failure to achieve earlier developmental tasks, which may affect coping with later life events. To cope with loneliness in adulthood and after, an individual has to achieve a secure sense of self during the adolescence stage. As far as educators and psychologists are concerned, one of the common aspects of adolescence stage is difficulty in coping with novel situations.

Chapter Two: The Nature of Loneliness in Adolescence

2.1. Overview:

This review has stressed that loneliness may affect individuals in any period of the life cycle. Adolescence is a particularly important transition stage, characterised by a wide variety of changes to which young people are exposed. It is in this stage that individuals begin to define themselves in unique identity terms. Psychologists have stressed that a successful accomplishment of this will facilitate accommodation to various life events in the future. Because of this, adolescence has been identified as a developmental period of higher risk for loneliness than any other age stage. This chapter will therefore, examine the problem of loneliness in terms of its incidence, negative impact, and the factors that contribute to its occurrence.

2.2. Extent of the phenomenon during adolescence:

“adolescence is a particularly significant life stage for examining loneliness and the available evidence suggests that there is more loneliness among adolescents than among any other age group. Many writers claim that adolescence is a time of widespread and particularly intense loneliness. Adolescence seems to be a time of life when loneliness first emerges as an intense, recognisable phenomenon” (Brennan, 1982: 269).

In a report of an early British study made in 1955-57 by a Sub-Committee of the Woman's Group on Public Welfare-WGPW (1957), which aimed to examine the elements in modern society that make for loneliness, it was found that loneliness was a very serious problem among many children and young people. For this enquiry, loneliness was defined as "*the condition of an individual who desires contact with others but is unable to achieve it. This inability may be inherent in the character of the individual but is sometimes due to external circumstances*" (p. 8). The investigation relied on a questionnaire and written reports from organisations and individuals. Although numbers and proportions were not given, the report emphasised:

1. the importance of community life.
2. training teachers to recognise and help lonely children.
3. to encourage schools to teach young people the value of community service.

Later on (1972), the same group carried out a similar study, and reported that loneliness among adolescents manifested itself in aggression, football rowdiness, vandalism, and school drop out.

The early recognition by British researchers in relation to the extent of the problem among young people is evidenced by the series of papers presented at a conference on loneliness held in London in 1970, sponsored by the Royal Society of Health. There it was suggested that

the experience of loneliness amongst children and young people had increased because of the rapidly changing situation in the world (WGPW, 1972).

Argyle and Henderson (1990) reported findings of a recent British survey that was carried out by the Market Opinion and Research International (MORI). This survey found that 24% of the population sometimes feel lonely, 4% of them every day, and 8% once a week. Feeling lonely once a month or more is common for about eighteen percent of young people age 15-24 years old. The survey also found that young people feel much more lonely than older people.

In a comparative American study reported by Brennan (1982) and Neilson (1987), over 9000 subjects aged 10-18 were tested, and it was estimated that about ten to fifteen percent of this population were seriously lonely. The definition of loneliness in this study relied on self-reports as well as other indicators of loneliness; about more than half of those interviewed agreed with the statement "I often feel lonely". Rice (1992) also reported results of a survey conducted by *Psychology Today*; they found that 79% of those under age 18 said they felt lonely sometimes or often. On the other hand, only 37% of those over age 55 said they felt this way.

2.3 Psychological profile:

In the literature, there are several studies that have tried to explore loneliness and its influence on social, emotional, and physical well being. McWhirter (1990) reviewed the current literature and reported that the problem of loneliness is linked with school attrition rates, suicide and suicide ideation, alcohol and drug-abuse, depression, mental disorder as well as social and interpersonal skill deficiencies.

According to Woodward and Kalyan-Mash (1990), adolescents were more likely to describe themselves as lonely when they were bored, fell rejected, alienated, or isolated, and not in control of a situation.

In conclusion: In the literature, there have been a number of published and unpublished studies related to the problem of loneliness facing adolescents in colleges and high schools. Some of these are directly interested in direct measurement of the phenomenon, while others findings with regard to loneliness were tangential to the main study. Perhaps it is necessary to examine in detail, the factors that may be responsible for the problem.

2.4. Factors contributing to adolescent loneliness:

It has been found that a number of factors might contribute to adolescent loneliness (Brennan, 1982; Mijuskovic, 1986; Rice, 1992). Some are sets of developmental changes, others are social structural

factors, and others personality characteristics that tend to promote loneliness.

2.4.1. Developmental factors:

Adolescence is a time of major changes: cognitive, social, and maturational. Dramatic shifts in physical growth and maturity are clearly observed. The ways in which children's bodies grow strongly influence how they feel about themselves. The majority of adolescents may be disgusted by their changing complexion problems and wish to avoid social contact from time to time because of pimples that everybody will see (Moshman et al, 1987). Similarly, obese children may be ridiculed by their peers and have fewer friends than other children.

There are several developmental tasks through which adolescents must pass in order to achieve adulthood and healthy psychosocial functioning. One of these tasks is emancipation from parents and becoming autonomous, but the bond with parents is still maintained. They only seek differentiated relationships with parents, in which communication, affection, and trust continue (Quintana and Lapsley, 1990; Noller and Callan, 1991). Research findings report that these developmental tasks are achieved most effectively in families where autonomy is encouraged, the parental level of control is reasonable or low to moderate, and members of the family feel supported and loved.

Adolescents need to establish a degree of autonomy and identity in order to assume adult roles and responsibilities. According to Rice (1992), there are two aspects of autonomy: behavioural and emotional. While the former involves independence of acting on one's own without excessive reliance on others for guidance, the later refers to becoming free of childish emotional ties with parents. The application thus, is that too much freedom given too quickly may be interpreted as rejection. On the other hand, overdependency may sustain prolonged childhood; and as a result establishing relationships, vocational identity, and developing a positive self-image as separate and independent people may all be threatening.

Another developmental factor that may contribute to adolescents' loneliness can be found in cognitive development. In Piaget's theory of cognitive development, adolescents are seen acquiring new cognitive skills called 'formal operations' (Beilin, 1992). An effect of cognitive transformation is reappearance of new form of egocentrism, which may be found in two ways: development of imaginary audience and personal fable ideation (Elkind, 1967; Moshman et al, 1989; Shaver, 1989; Bee, 1992; Rice 1992). Imaginary audience refers to the adolescents' capacity to think about their own thoughts, and as a result, to become egocentric and self-conscious. Personal fable means adolescents' beliefs in their uniqueness of their own experiences. Consequently, they feel alone and unique in this universe. This separateness from others is

a major aspect of loneliness particularly from the existential view.

Disruption of self-concept can be another developmental factor that induces loneliness in adolescence. Through shifting from childhood to adulthood, young people try to establish convictions regarding their identity (Erikson, 1980). However, many of them go through a phase of being physically awkward and self-conscious about the properties and proportions of their bodies (Jersild et al. 1978). As a result, they may become vulnerable to criticism or rejection that testifies to their inadequacy, apathy, worthlessness, and incompetence (Rosenthal and Simeonsson, 1989). Research findings suggest that poor self-concept is associated with feeling of rejection and poor social adjustment. Young people with low self-concept were found to be outstanding in their social invisibility, and thus, they more often developed feelings of isolation and loneliness.

One aspect of self-concept is social attitudes, which is involved in the ability to get along with others. This area has been found highly related to social isolation.

2.4.2. Social structural factors:

Society provides a cultural drama that gives meaning to life and without which the individual would experience isolation and general existential dread. Therefore, the individual is motivated to fulfil an approved role in

that drama (Geen, 1995). Meeting cultural expectations brings approval, social acceptance, and self-esteem. On the other hand, failing to meet those standards and social expectations invites rejection. Such social and cultural factors have been found to induce loneliness in young people.

Role ambiguity and marginalisation of social roles can be observed in society's expectations of adolescents' responsibilities (Coleman, 1992). Societies become most critical of adolescents who do not show evidence of enough responsibility. Young people are not expected to behave one day as children, another day as adolescents, and yet another day as adults. Therefore, they may enjoy neither the rights and privileges nor psychological support of children or those of adults. This marginal status may enhance a sense of psychological isolation and disorientation.

Competition in school, especially in academic and athletic activities, and excessive expectations of popularity, may lead to failure and rejection. Research indicated that athletic adolescents gained higher social status than those who were scholars; however, those who were athletic-scholars were most popular of all, suggesting positive status given to both academic and athletic dimensions (Smith and Cowie, 1988; Rice, 1992). Asher and Wheeler (1985) found that children who were rejected reported more loneliness than the popular ones did. Excessive pressure

on adolescents to succeed or get high grades in school may also lead to feelings of failure and rejection.

The structure of school and classroom may not enhance the social life of students. For example, Page (1990) investigated school size as a factor of loneliness, and found that students in small schools reported less loneliness. This might be because students in small schools had greater opportunities for social involvement through school-related activities. Matter and Matter (1985) reported that class size and classroom organisation have been found to affect isolation. In this sense, many researchers and writers have documented the positive impact of co-operation in classroom learning for those children who otherwise may be isolated and rejected. Co-operative learning guarantees that the rejected and socially isolated students are drawn into a situation in which social interaction can be enhanced and appropriately occur (Cowie et al, 1994).

Rapid technological changes and social complexity have led to lengthening the period of adolescent dependency. Need for education has increased and requires more years of preparation, so the period of dependency upon parents has been extended. Those who want to leave school will find it difficult to get well-paid jobs. The point is that adolescents are growing up in a competitive social system; therefore, they are pushed to be competitive with their peers.

Cultural expectations can also contribute to loneliness. In some cultures, e.g. Western societies, adolescents are faced with various choices such as those in relation to political and religious beliefs, which might lead to anxiety about friendships (Smith & Cowie, 1988). Some social norms or values increase a sense of loneliness, feeling isolated or left out by putting pressure on those young people to have, for example, dates at weekends. The mass media, parents, teachers, and peers only enhance such values.

Changes that have occurred in family structures play an important role in adolescents' loneliness (Lake, 1991). For example, change from the extended family to a contemporary nuclear and sometime single parent family has greatly influenced an increased sense of alienation and loneliness in young people.

Additionally, there are still some young people who are geographically isolated and need help in developing activities that they can enjoy by themselves.

2.4.3. Personal Factors:

Personal predisposition that makes it difficult for an individual to establish or maintain satisfactory relationships can increase the likelihood of loneliness. According to Perlman & Peplau (1981), personal

characteristics such as shyness and physical attractiveness may effect loneliness in three related ways. First, characteristics that reduce an individual's social desirability may limit the opportunity for social relations. Second, personal characteristics influence a person's own behaviour in social situations. Third, personal qualities may determine how a person reacts to changes in her/his achieved social relations, and this influences how effectively the person is in avoiding, minimising or alleviating loneliness.

Three main personal factors, shyness, low self-esteem, and lack of social skills, have been found to be the most important in promoting loneliness in adolescents. Shyness, or a feeling of inability to interact with others confidently and comfortably (Izard, 1991), is an important personal contributor to loneliness. Several studies report significant correlation between shyness and loneliness in high school and college students (Jones et al 1981; Jones et al, 1985). Based on research findings by Zimbardo (1977), Izard (1991) stressed that shyness encourages social isolation and thereby eliminates the availability of a source of social support. Shy people do not perform well in interpersonal communication, which may hinder social interaction. Brennan (1982) reported findings of investigation that he carried out with his colleagues, and found that shyness, self-consciousness, inability to take social risks and poor communication skills, all have been involved in the loneliness of adolescents.

Another personal factor is related to the degree of positive self-regard or sense of self-worth. Early researchers (Ostrow & Offer, 1978: cited in Brennan, 1982) reported the relations between low self-esteem, feelings of vulnerability and tendency to withdraw from others. This withdrawal response would tend to increase the isolation from others. Lonely adolescents have been found to have low self-esteem (Brennan, 1982; Brage et al, 1993 and Haines et al 1993). These researches found that lonely adolescents also exhibited strong feelings of self-pity, unpopularity and pessimism regarding being liked and respected by others.

Finally, it is considered that there are many children and young adults who have difficulties in making and keeping friends because they do not possess social skills. Loneliness has been clearly linked with social skill deficits in adolescents. Jones et al (1982) found that lonely adolescents exhibit social skill deficits and self-defeating interaction communication styles. Other researchers have found that lonely college students are less accurate encoders of non-behavioural communications, use inappropriate or less self-disclosure, and show low social risk-taking (Hansson & Jones, 1981 and Stokes, 1985).

2.4.4. Factors related to loneliness: Summary:

Developmental and personal factors are invaluable in understanding loneliness among adolescents, but they do not occur in a vacuum.

Although developmental factors are seen as a unique and inevitable part of the life cycle, these are not the dominant themes of loneliness. But they do provide a context in which loneliness can flourish.

2.5. Source of loneliness within social contexts:

Much of the literature on loneliness reports that isolation from parents, teachers, and peers are typical contexts for adolescents to experience the problem.

2.5.1. Parents:

Despite the increasing significance of peers, the impact of parental relationships on feelings of loneliness is not eliminated as the child grows older and enters adolescence. Parents' behaviours have significant impact on the child. These can be explained in two forms of parent-child relationships: the patterns of attachment and parenting styles. The research findings of these factors on loneliness during the adolescence stage, hypothesises both history and current parent-child relationships influencing loneliness. Thus the nature and quality of the parent-child relationship during childhood and adolescence may influence the ability of a young person to establish intimate relationships with peers and others (Schultz and Moore, 1989).

The impact of attachment:

The impact of current attachment related to loneliness in adolescents can be found in the process of separation-individuation. The relational

perspective maintains that a balance between individuation and parental connectedness is most facilitative of adaptive functioning (Kenny, 1994). Erwin (1993) reported studies that found loneliness may appear because of current parental relationships that find their reflection in the degree of autonomy the adolescent experiences in his/her peer relationships.

The second influence of attachment on loneliness reflects attachment history and patterns of parenting. Early secure attachment is associated with less frequent and less severe loneliness in later life (Shaver and Hazan, 1989). On the other hand, poor attachment history and the experience of parental divorce in the early life of the child is associated with the experience of loneliness in adolescence.

The impact of parenting style:

There are three broad styles of parenting that have been named: authoritarian, authoritative, and permissive (Erwin, 1993). The significance of these styles is their implication for future styles of behaviour and adjustment of the child. They teach both specific skills and patterns of social problem solving. *Authoritarian parenting* refers to parents who are “detached and controlling, and somewhat less warm than other parents” (Baumrind, 1971, p. 2; cited in Erwin, 1993). The rules of this type of parent are strict discipline, unquestionable obedience, and any breaching of the rules will likely lead to punishment.

The lack of warmth in the parent-child relationship may in turn produce children with low self-esteem. The child in this parenting style may lack personal initiative, and as a result s/he may become isolated and experience difficulties in initiating and maintaining social relationship with peers. Parents tend to either approve or disapprove of children's friendships by either accepting or rejecting their choice of friends (Ellis-Schwabe and Thornburg, 1986),

The second style is *authoritative parenting*, which is characterised as nurturant, flexible and responsive. Although the parents are controlling and demanding, they are also warm and receptive to the child's communication. Independence is encouraged but within a clear framework of discipline. The implications of this parenting style for loneliness have been found in different studies. For example, patterns of low acceptance and high permissiveness in parent-child relationships are also associated with high levels of loneliness in later life (Schultz and Moore, 1989). It was also found that high school adolescents report being more likely to self-disclose to parents who are warm, caring, and loving (Noller and Callan, 1991). Those who disclose to parents are also more likely to disclose to peers and as a result experience less loneliness (Soluno *et al*, 1982; Franzoi and Davis, 1985).

The third is *permissive parenting*, which is noncontrolling, nondemanding, and relatively warm. The parent is accepting and

responsive to the child, but imposes few limits and controls. The child in this parenting style is either overprotected or neglected

2.5.2. Peers:

In adolescence, there is a transition from parent's to peer's orientation (Smith and Cowie, 1988). The significance of peers in this stage of development has great impact on the feelings of loneliness. As adolescence proceeds, structural changes on the nature of peer relationships take place. In early adolescence, young people attach more importance to the "clique", which is a group small in size. On the other hand, and moving to mid-adolescence, the "crowd", which is characterised by larger and more organised social activity, become important to young persons (Conger, 1973; Coleman and Hendary, 1990). Within both groups, crowd and clique, there are young people who are more frequently rejected by peers and who may experience loneliness and social isolation (Coleman, 1974; Salmon, 1992; Cowie *et al*, 1994).

Although young people who have more problems making friends are likely to be lonelier, those with more close friends are not necessary less lonely (Medora and Woodward, 1986). According to Coleman and Hendary (1990), both lonely and more sociable adolescents do not differ in the "frequency" of their social interaction with peers. Instead, differences exist in the "quality" of the interaction, in that lonely young

people report less warmth and intimacy associated with their social contacts.

Therefore, what seems the most important is satisfaction with peer relationships, which become increasingly significant as a determinant of loneliness (Erwin, 1993). Psychodynamic theorists, particularly Sullivan (1953) as discussed earlier, postulated that failure of pre-adolescents to establish a satisfying intimate relationship with a "chum" in the same stage of development can be significant cause of late chronic loneliness. Cutrona (1982) found that loneliness correlated more strongly with the degree of satisfaction with peer relationships than satisfaction with parental relationships. This, however, does not suggest that parental influence on loneliness disappears, but that during adolescence it becomes secondary to those of peers (Schultz and Moore, 1989).

However, not all adolescents have highly mutual and intimate relationships with peers. Research findings suggest large individual differences between young people in their ability to establish and maintain friendships. The level of social skills play an important role in these differences (Erwin, 1993). Poor communication and social skills have been linked to loneliness in adolescents (Jones et al, 1982).

A great deal of social interaction involves revealing one's feelings and thoughts to another (Hargie et al, 1994). Sharing feelings, interests, opinions, which provide an arena for the development of intimate and

trusted relationships, mark the relationships of young people with peers. (Erwin, 1993). Self-disclosing is one of the processes which facilitate these relationships. Since the meaning of loneliness is related to relationship involvement and companionship, self-disclosure becomes an important topic for research on loneliness. Investigation findings report that amongst high school students, disclosure to peers was found to be significantly associated with less loneliness (Solano et al, 1982; Goswick and Jones, 1982; Franzoi and Davis, 1985).

In addition to the above, separation from peers, for example if the family is geographically relocated, can produce a grief reaction due to loss of companionship and support. The young people feel angry, lonely and depressed (Erwin, 1993); and forming new relationships with already established peer group may be difficult, especially entering the clique.

2.5.3. Teachers:

In educational and psychological terms, social activity is regarded as positive. However, some teachers may prefer a passive pupil in their classroom or school. They may view a pupil's misbehaviour in the class as resulting from psychological and disturbances that are related to personal characteristics or are home-based. Therefore, teachers may see the problem of young people's behaviour as out of their hands (McPhillimy, 1996). As a result labelling and stereotyping by the teacher may have a significant effect on children, resulting in them feeling lonely

and isolated (Jones, 1984). Young people want a relationship that is based on caring and interest, and that can facilitate their adjustment and transition from school to work or further study. Therefore, the attitude of the teacher is a very important factor in the relationship with young people. Attitudes that are based on empathy, congruence, warmth, and unconditional positive regard (Rogers, 1951, 1961) are more likely to produce positive outcome. Teachers, who do not regard and value facilitative relationships will fail to be alert to those pupils who are lonely and isolated. They will also cripple facilitating informal support networks in school (Cowie and Pecherek, 1994).

Teacher-pupil relationship should not simply be task-oriented with the aim of teaching knowledge; the interpersonal aspects are also important (Argyle and Henderson, 1990). If the relationship with the teacher is felt to fall short of the quality desired, young people may experience the feeling of loneliness

2.6. Loneliness and Gender:

Several research findings suggest no significant differences in relation to gender and loneliness among adolescents. For example, Brennan (1982) cited two studies that reported no differences between boys and girls. Similarly, Brage et al (1993) and Haines et al (1993) did not find significant differences between females and males on loneliness scales.

2.7. Conclusion:

This chapter has shown that loneliness is widespread amongst adolescents. There are several factors that may exercise a powerful influence on the problem. Young people try to achieve individuation, emphasise autonomy, face problems of self-identity, develop their cognitive skills, etc. These factors may be seen as peculiar and perhaps universal, but they interact with others that are no less important. Many studies have been cited to demonstrate the significance of social and cultural factors. However, most of these studies have been conducted in Western societies. Therefore, one crucial question regarding the findings of these studies may be their application to different cultural settings. Current knowledge from psychologists and sociologists suggests a significant association between behaviour and cultural beliefs.

Chapter Three: Loneliness among Saudi Adolescents-I: Procedures and Materials

3.1. Overview:

A review of the literature has revealed that loneliness has repercussions. Most studies related to the problem have taken place in Western societies; however, there are a few non-western research projects. An important issue in cross-cultural perspectives in psychology may be found in the application of psychological concepts to behaviour in societies different from those in which the concepts were formulated. This chapter and the following one will, therefore, present a study on loneliness and its association with other demographic and psychological variables among Saudi adolescents. This chapter is mainly concerned with the procedures and methods used in the present investigation. It should be noted that this is the beginning of the current empirical study.

3.2. Loneliness and culture variations:

Commutative findings from cross-cultural data have enlightened scholars in psychology about the effects of differences in various aspects such as linguistic systems, child-rearing, sex roles, and other antecedents of current behaviour. In this sense, Guthrie and Tanco (1980) argued that other cultures provide natural laboratories in which important independent variables are already modified and feasible.

Therefore, one invaluable reason for studying loneliness in different societies is to provide a comparison of different circumstances that may be responsible for the phenomenon. Furthermore, studies of loneliness in other societies may enable researchers to broaden their perspectives on the patterns of behaviour caused by the experience of loneliness and of different coping strategies. Having such knowledge about the problem will enable professionals to design appropriate interventions that fit the cultural context.

The literature has documented major dissimilarities in attitudes, beliefs and values that exist among cultures (Davidson, 1979). Jones et al (1985) state three reasons why cultural differences in loneliness might exist. Firstly, cultures differ in their beliefs with regard to the purposes of solitude. Secondly, there are differences in language to describe loneliness as well as solitude and its effects. Lastly, there is evidence indicating that at least some cultural groups vary with respect to dimensions closely related to loneliness such as shyness, self-esteem, and self-disclosure.

Unfortunately, most of the growing research to explore the phenomenon of loneliness, particularly in adolescence, has been in Western countries. The findings of these studies may be inappropriate to other cultures. Early theorists and writers, for example Mead (1934, cited in Gross, 1992), stressed that problems that are experienced by young

people can not usefully be understood in isolation from the cultural norms and institutions to which they are related. According to Coleman (1992) and Gross (1992), while it may be universal for children to move from a state of dependence upon adult people to relative dependence, how this takes place varies greatly from one society to another. For example, although there are, of course, variations between societies, many non-western cultures do not place much emphasis on the concept of individualism; rather they stress family constellations. They strongly emphasise group views, needs, goals, attitudes, social norms and beliefs rather than those of the self. In extreme collectivism, it is impossible to distinguish between the individual and the group (Triandis, 1988).

Growing research on loneliness has not yet assessed the influence of culture (Bhogle, 1991). It is possible that there are connections between specific relationship behaviour and feelings of loneliness, and these correlates would vary from culture to culture (Jones et al, 1985). Social and community psychology oriented theorists have related loneliness to the cultural factors that prevent people from establishing social ties or satisfactory relationships. From this perspective some researchers (Perlman and Peplau, 1981; Bhogle, 1991; Ginter *et al*, 1994) argue that pervasive cultural values that reinforce competition, rigid individualism and personal success are likely to increase the incidence of loneliness. On the other hand, cultures where co-operation and group-orientation

are stressed, the experience of loneliness is likely to be less. Bhogle (1991) indicated that as societies become more individualistic, the stress shifts to independence rather than to interdependence; individualism and independence become a cause of loneliness.

Taking this point into account, research on loneliness outside Western Europe and North America has been concerned more with the effects of social changes that have brought about dysfunction in social relationships.

Based on the above, several researchers (McWhirter, 1990; Brage *et al*, 1993; Ginter *et al*, 1994) suggest the need to study loneliness, especially in adolescence, among different societies. For example, Ginter *et al* (1994) stated that more studies on loneliness are needed within and among different cultures. They would help to clarify whether the problem of loneliness is "*genuinely universal in nature, that is, which differences or similarities exist with respect to the nature, extent, and intensity of the experience*" (p.875).

In view of the importance of investigating loneliness among different cultural groups, one may naturally ask how much is known about the phenomenon in the culture of Saudi Arabia?

3.3. Some Related Studies within the Saudi Arabian Context:

There are three main studies carried out in the Saudi context. The first was conducted by Khadr and Al-Shennawi (1988), which aimed to translate the UCLA Loneliness Scale into Arabic and tested it on 300 Saudi male students in the capital city of Saudi Arabia. The results indicated that students who scored high in loneliness tended to have fewer scores on their social relationships as measured by the Social Provisions Scale. The second (Hassan, 1990) investigated 144 Saudi children, and aimed to provide a measure of children's feeling of loneliness based on Asher et al's (1984) scale of loneliness in children. The participants were male pupils aged between 10 and 12 years old, who were enrolled at two primary schools in Al-Madinah Al-munwarah City (in the western region of Saudi Arabia). The results showed that children who were rejected by their peers scored highly on loneliness. The third project tried to make a comparison between Saudi and Egyptian participants (Shukair, 1993). The purpose was to investigate differences in interpersonal problems in the two national groups. The sample was 290 (145 Egyptian and 145 Saudi) female pupils age 13-15 years old. The finding indicated significant differences among the two groups in terms of self-esteem, interpersonal social relationships and loneliness. According to this study, Saudi girls scored lower in social relationships and self-esteem, and higher in feelings of loneliness than did the Egyptian girls.

The above studies, however, have three major limitations. First, their aims were to standardise loneliness measures on a Saudi sample. Therefore, they did not consider the problem from the point of view of epidemiological research, for they had a purposive sample from either one or two schools or even one or two classrooms. Not only this, they did not indicate the characteristics of the participants involved in their researches. Second, the studies were not carried out inclusively with adolescents in high schools; although Khadr and Al-Shennawi (1988) included some sample from a secondary school, it is important to consider differences between adolescents from the same territory resulting from varying socio-cultural factors. There are considerable social and cultural differences within Saudi people. Third, the major weakness in these studies was that they ignored the role of the personal meaning of loneliness; research was based only on questionnaires. In depth investigations are needed to consider how individuals perceive the experience in terms of meaning utilising qualitative methods.

Recently, an enquiry into the problem of loneliness of various groups in Saudi produced some rather alarming statements. For example, Zakar (1993) in his conference paper, concerned with the consequences of social and economic development and change in Saudi Arabia, stated that *"In today's society, Saudi people move from tribal system to a contemporary life that has affected their lifestyle. As a result of this change, they found themselves facing a perpetuated fear and anxiety*

that may have been emerged in the feeling of loneliness. Many have built defence mechanism by being continually busy to deny the fear of loneliness” (p.421). Furthermore, several researchers have suggested the need for more epidemiological researches in the field of mental health within the Saudi context (el-Sendiony, 1987; Al-Dalaim, 1993; Ibrahim and Ibrahim, 1993).

3.4. Aims of the Present Research:

The present investigation aims to collect information regarding the problem of loneliness among Saudi male adolescents. The reason for choosing this population was related to the accessibility. Girls and boys in Saudi schools have been segregated, and thus, it was easier for the researcher to get access to the boys than girls' population. The study also aims to test the relationships between loneliness and other demographic and psychological factors. A further goal is to test which demographic and psychological variables best predict loneliness among adolescence participants. Therefore, the main research questions the present study will try to answer are:

First, do Saudi male adolescents identify loneliness as a problem?

Second, is there a significant relationship among Saudi male adolescents between loneliness and the following demographic variables:

2.1. Age.

2.2. Type of school.

- 2.3. School year (grade level).
- 2.4. Type of parent.
- 2.5. Family size.
- 2.6. Fathers education.
- 2.7. Mothers education.
- 2.8. Number of friends.
- 2.9. Number of close friends.

Third, are there significant relationships among Saudi male adolescents between loneliness and the following psychological variables:

- 3.1. Depression.
- 3.2. Self-esteem.
- 3.2. Anxiety.

Fourth, which demographic and psychological variables best predict loneliness among Saudi male adolescents?

3.5. Limitations of the Study:

The limitations of the present investigation derive from it being confined to particular groups in a particular place, and from the time constraints that prevented a larger national project from being undertaken. Therefore, the following limitations should be born in mind:

- The research is limited to a sample from Jizan Region in the Southwest of Saudi Arabia.
- Adolescents, who participated in the study, were all male high school students.
- The research was carried out within a limited period of time, during the first semester of 1995.

3.6. Quantitative and qualitative methods:

Traditional psychology defines research as a process that involves comprehensive analysis of quantifiable data. This data is mainly collected with instruments having sound psychometric properties. Experimental design and rigorous empiricism are, thus, given the utmost attention. Such quantitative methods derive from positivist philosophy.

On the other hand, a more contemporary view holds that there is much knowledge to be obtained from examining an individual's internal constructions. This qualitative method stresses a variety of approaches in gathering verbal data (Silverman, 1993; Denzin and Lincoln, 1994).

"Qualitative research involves the studied use and collection of variety of empirical materials-case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts-that describe routine and problematic moments and meanings in individuals' lives" (Denzin and Lincoln, 1994: 2).

This trend has been increasingly acknowledged by academic psychology today, for example, in a recent special edition of *The Psychologist* (March 1995). Psychologists have had to rethink the applications of scientific approaches to some areas of psychological inquiry (Smith et al, 1995). This change of attitude has had repercussions in the field of counselling psychology and is reflected in

recent textbooks such as McLeod (1994), Woolfe and Dryden (1996), and the publication of a special edition of *Counselling Psychology Review* (February 1996).

These two paradigms are seen as competing views as to how social reality should be studied. Therefore, as in so many other human affairs, a 'happy medium' should be considered.

"There is place for both qualitative and quantitative approaches in the endeavour to gain insight into human experience" (Glachan, 1996:10).

Therefore, new paradigm research has appeared suggesting the involvement of both the researcher and the participants in inquiring of a human phenomenon (Reason and Rowan, 1981).

"To explain human behaviour you have, among other things, to understand this activity, and fully to understand it involves participating in it" (Heron, 1981:23).

Although this paradigm shares many characteristics with the original qualitative methods, it is not bounded by their exclusive use. The purpose is thus not to find out 'truth', but to expand our understanding of phenomenon (Reason, 1994).

The aim of this investigation is to explore the phenomenon of loneliness among Saudi adolescents and its relationship with other psychological and demographic factors. Therefore, a paradigm that uses both quantitative and qualitative methods is adopted. The study uses both a traditional empirical survey research and also co-operative research methods such as loneliness groups to gather data.

3.7. Procedure

3.7.1. Sample:

This research was concerned with male secondary school students, aged 16 to 20 years. The population of this investigation consists of twenty-eight public secondary schools, which are supervised by Jizan Educational Directorate (JED). The region is situated in the Southwest of Saudi Arabia.

Secondary school students constituted 8.25% of the total number of the students at general education levels of the JED during first semester of the academic year 1995 (see Table 3.1).

420 students participated in the survey. This sample represents roughly 8.86% of the total number of secondary school students at the time when the survey was carried out.

**Table 3.1. List of general education levels supervised by
Jizan Educational Directorate with
Number of public schools, classrooms and students**

Educational Level	Number of		
	Schools	Classrooms	Students
Primary	234	2063	40168
Intermediate	98	545	12521
Secondary	28	182	4740
Total	350	2790	57429

3.7.2. Sample selection:

The first step of the selection process was to obtain a list of secondary schools from the JED. The twenty eight schools were located in 16 different districts; some schools regardless of their locations had larger numbers of students than others. Therefore, a 50% primary sampling units (PSU's) were obtained randomly (Fife-Schaw, 1995). These were thirteen schools from different districts.

The next step was to stratify the chosen schools according to number of classrooms. This stratification factor produced three groups. The first group consisted of two schools with thirty seven classrooms. The second and third groups included five schools (with thirty classrooms) and six schools (with twenty two classrooms) respectively. Then, fifty percent from each group was chosen randomly. As a result, a total of six schools was selected for this research (see Table 3.2). From the six chosen schools, one classroom from each grade was randomly sampled to represent the participants of the investigation.

Table 3.2. List of selected schools by district with Number of students

Name of school	District	NO. of sample
1. Moud bin Jabal	Jizan	89
2. Zabart Rashid	Abu-Arish	76
3. Al-Tawal	Al-Tawal	75
4. Jaffer Al-Tayar	Madaya	60
5. Quranic Teaching	Abu-Arish	60
6. King Fahad	Wadi Jizan	60
Total	-----	420

3.8. Instrumentation:

The survey consisted of two parts. The first was a demographic questionnaire, which contained questions about name of the school, age of the student, grade level, living place, type of parent, parental education, family size, number of friends and close friends. The second part included five scales that assumed to measure students' loneliness and other psychological variables. The following is a description of these scales.

3.8.1. The UCLA Loneliness Scale:

Most research on loneliness has been based on the UCLA (University of California, Los Angeles) Loneliness Scale. This scale has been viewed as the standard scale in the area (Shaver and Brennan, 1991).

The original version of the scale appeared in 1978. Another version was developed and revised to include positive and negative items in 1980 (Russell et al., 1980). This revision was used in many projects but with samples consisting only of college students. Subsequently, another revision of the scale appeared in 1987, which could be applied to various populations (Russell et al., 1987).

The present study used this latest revision of the UCLA Loneliness Scale, which has an Arabic version. The English version of the scale consists of 20 items, designed to measure loneliness as reflected by satisfaction and dissatisfaction with social relationships (see Appendix: A1). These items are divided into two categories related to the valence way, of the wording. The first includes (11) negatively worded items, which refer to a lonely person; these items are: 2, 3, 4, 7, 8, 11, 12, 13, 14, 17 and 18. The second consists of (9) positively worded items, which reflect the non-lonely individual; the items are 1, 5, 6, 9, 10, 15, 16 and 19.

Possible individual's raw scores could range from a minimum of 20 to a maximum of 80. Each item is given a weighted score of 1 to 4; a rating of 4 indicates a high level of loneliness for 11 items of the scale. For example, for the item "How often do you feel left out", the respondents indicate their responses on a Likert-type scale in the following way: 1= never, 2= rarely, 3= sometimes and 4= always.

The scale has obtained high *reliability and validity* in report of many studies since its revision in 1980. According to Russell et al (1987), the internal consistency obtained from 489 students (203 males and 286 females) was very high with a coefficient alpha of 0.93. The relationship between scores on the UCLA Loneliness Scale and scores on other loneliness scales and measures of social support were examined as a test of concurrent validity. For the other loneliness scales, significant relationships were found with the NYU Loneliness Scale ($r = .65$), and with the Differential Loneliness Scale ($r = .72$). For measures of social support, negative significant correlations (all $p < .001$) were found with loneliness scores and scores on Social Provisions Scale ($r = -.68$), Social Support Questionnaire (support number: $r = -.48$, and support satisfaction: $r = -.56$) and Support Behaviour ($r = -.39$).

The discriminative validity of the instrument was assessed by examining the relationship between loneliness scores and scores on other measures of mood and personality. It was found that the loneliness scores were significantly correlated with measures of depression ($r = .52$), self-esteem ($r = -.60$), neuroticism ($r = .49$), and introversion-extraversion ($r = -.40$). Further confirmatory factor analysis conducted by Russell et al., (1987) indicated that the measures of loneliness and social support defined distinct factors, which although were highly intercorrelated, related differently to the other mood and personality measures that were included in the study.

3.8.1.1. The Arabic Version of UCLA Loneliness Scale:

Khadr and Al-Shennawi (1988) translated the UCLA Loneliness Scale into Arabic and tested it on 300 Saudi male students. Test-retest reliability was found to be high for a one month period (N= 90, $r= 0.868$). Compare to English version, reliability of the Arabic version seems little less. However, both values are considered to be high in the range of reliability. The relationship between scores on the Arabic version and measure of social relationship was used as a concurrent validity; the scores of loneliness were significantly correlated with scores on the Social Provisions Scale (N= 120, $r= -0.739$, $p<.001$). Al-Shennawi and Khadr (1988) also found that loneliness scores were correlated with the Beck Depression Inventory ($r= 0.355$), introversion-extraversion ($r= -0.482$) and neuroticism ($r= 0.457$) of the Eysenck Personality Inventory (EPI). These values of validity might be interpreted as having similarity with the English version.

3.8.2. Coopersmith Self-esteem Inventory: Form-B (SEI-B):

The SEI-B is a self-report instrument concerned with the participant's self-attitude, or a personal judgement of attitude that individuals hold for themselves (Coopersmith, 1967). The scale consists of 25 items, which are those items showing the highest inter-total scale correlation with the scores obtained from the long version (Form-A). Most of the items in the scale were based upon Rogers' person-centred theory (see p. 10). These items are divided into two classifications related to the valence

way of the wording. The first includes nine positively worded items, which reflect the presence of self-esteem; the items are 4, 5, 8, 9, 11, 14, 19, 20 and 24. The second comprises sixteen negatively worded statements, which indicate to the absence of self-esteem. Possible raw scores may range from 0-25. Each item is given a weighted score of 0 or 1; a rating of 1 indicates presence of self-esteem for 9 items. For example, for the statement "My parents understand me", the informant indicates her/his response in either way: 1= like me and 0= unlike me. Higher scores correspond to higher self-esteem.

With regard to the reliability of the inventory, test-retest reliability after five week interval was .88 (Coopersmith, 1967). It was also found that test-retest reliability after a three-year interval, with a sample of 56 children from public schools was .70.

3.8.2.1. The Arabic Version of the SEI-B:

The Arabic translation of the scale was produced by two Egyptian psychologists (Mousa and Dusoqi, 1981) who tested it on 525 (370 males and 156 females) intermediate and secondary school students. They reported alpha reliability of .742 for the male samples, .773 for the female students and .797 for the whole samples. The validity of the inventory was checked in two ways: by content and concurrent validity. A panel of ten educational and measurement psychologists examined the content validity, who were asked to comment on the items in terms

of their purpose and whether each statement was negative or positive. The results indicated an agreement ranged between 80 to 100% for the first question and 100% for the another. The concurrent validity was obtained from the relationship between scores of 249 (88 females and 152 males) twelve grade high school students on the SEI-B and their scores on another self-esteem scale, which was developed by an Egyptian psychologist in 1961. Significant relationships were found to be ($r = .917, .846$ and $.887$) for the females, males and the whole sample respectively.

Furthermore, the reliability of the inventory was counted in this empirical study in two ways: by obtaining alpha coefficient and by test-retest after one week. The result of alpha reliability with the sample of this study was $.65$ and test-retest with 45 males secondary school students (age mean $=17.978$ and S.D. $=1.406$) tested in a classroom setting after one week was $.81$. Additionally, before the distribution procedure the researcher checked the content of the items regarding their clarity with group of students in a classroom setting.

In summary: values of the reliability of both English and Arabic versions indicate that considerable reliance can be placed in this scale.

3.8.3. Beck Depression Inventory (BDI):

The BDI (Beck et al, 1961) is a commonly used self-report instrument that consists of 21 items, which assumes to assess a person's current

level of depression. Each item is composed of a constructed set of four statements, which are grouped as a symptom-attitude category. The symptom categories are: mood, pessimism, sense of failure, lack of satisfaction, guilty feeling, sense of punishment, self-dislike, self-accusation, suicidal wishes, crying spells, irritability, social withdrawal, indecisiveness, distortion of body image, work inhibition, sleep disturbance, fatigability, loss of appetite, weight loss, somatic preoccupation and loss of libido.

In order to weight the inventory, the statements are ranked by symptom intensity; from neutral to severe with the appropriate assigned value of 0,1,2 and 3. Therefore, the informant scores on the scale are derived from summing the value numbers of each statement, with the highest score representing the high level of depression. A criterion for non-depressed individuals is a cut-off score of 10. According to Bumberry et al (1978), there are four ranges of depression used with both of epidemiological research and clinical individuals. These are: 0-9 non-depressed, 10-15 mildly depressed, 16-23 moderately depressed and 24 or more severely depressed.

The inventory has demonstrated its psychometric properties in various studies. It was found to be quite reliable with clinical populations, with a Spearman-Brown spilt-half coefficient of 0.93. Bumberry et al (1978) reported validity of the measure scores by correlation with clinical

judgements of 56 college students, and the correlation coefficient was 0.77. Tanka-Matsumi and Kameoka (1986) reported alpha coefficient of 0.84. They also found evidence of the concurrent validity that was found in the correlation of BDI and other depression instruments, for example, with the Zung-Self Rating Depression Scale ($r = .68$) and with Depression Adjective Checklist ($r = .60$).

3.8.3.1 The Arabic Version of the BDI:

Several researchers in different Arabic countries have adapted the BDI. West and Al-Kaisi (1985) and Al-Shennawi and Khadr (1986) standardised a suitable version with Saudi participants. In their manual of the inventory, Al-Shennawi and Khadr (1986 and 1991) found the BDI to be quite reliable with 500 high school and college students, with alpha coefficient of .80, and with a Spearman-Brown split-half coefficient of .85. This value of reliability is reflected in its similarity with the English version (alpha coefficient = .84). The validity of the scale in the Arabic version was measured by its correlation with Depression Adjective Checklist ($r = 0.64$). This value might also be interpreted as having similarity in comparison to the English version. It should be noted that the Arabic version consists of twenty items only, because item 21 which is concerned with 'loss of libido' was considered to be culturally inappropriate.

3.8.4. State-Trait Anxiety Inventory (STAI):

The scale was developed by Spielberger et al (1983) as an instrument to measure two types of anxiety: state and trait anxiety. While the later is assumed to assess a more stable variant of anxiety, the former is concerned with situational anxiety that is presumably more sensitive to changes in the mental health status of the individuals. However, the “self-evaluation questionnaire” is a preferable title to use when communicating with research informants.

The STAI has been used extensively in research and clinical practice. It consists of two separate self-report scales for measuring state and trait anxiety. The S-Anxiety scale comprises twenty statements that evaluate how respondents ‘feel right now’ at the moment of the assessment. Available raw scores could be ranged from a minimum of 20 to a maximum of 80. Each State item is given a weighted score of 1 to 4; a rating of four indicates the presence of a high level of anxiety for ten items of the sub-scale (items 3, 4, 6, 7, 9, 12, 13, 14, 17 and 18). For example, for the item “I feel upset”, the informants chose one of these responses: 1= not at all, 2= somewhat, 3= moderately and 4= very much so. The other items are worded negatively.

The T-Anxiety scale consists of 20 statements that assess how individuals generally feel. Each item is given a weighted score of one to four; a rating of one indicates the absence of anxiety for 11 items of the

trait anxiety (items 22, 24, 25, 28, 29, 31, 32, 25, 37, 38 and 40). For example, for the item "I feel like a failure" the subjects rate their responses on a Likert-type scale as: 1=almost, 2= sometimes, 3= often and 4= almost always. The other nine items are reversed.

In terms of *reliability and validity* of the STAI, Spielberger et al (1983) reported alpha reliability ranged between 0.86 and 0.94, obtained from 424 high school students (202 males and 222 females). Evidence of the concurrent validity was found in the correlation of trait scale and other trait anxiety scales, for example, with the Taylor Manifest Anxiety Scale ($r = .80$ for females and $.79$ for males). With the Institute for Personality and Ability Testing (IPAT) Anxiety scale, the correlation was for males participants $r = .76$ and for females $r = .75$. Additionally, correlation of the STAI scales and other measures of personality provided evidence of the convergent and divergent validity of the STAI (Spielberger et al, 1983). In general, a large correlation would be expected with measures of emotional disturbances, and smaller correlation would be expected with unrelated constructs.

3.8.4.1 The Arabic Version of the State-Trait Anxiety Inventory (STAI):

The State-Trait Anxiety Inventory has been adapted in more than thirty languages for cross-cultural research and clinical practices (Spielberger and Diaz-Guerrero, 1986). A team of Arabic psychologists headed by Abdel-Khalek (1984) produced the Arabic version of the scale. The

same version was also applied to different participants in the context of Saudi culture in 1985. According to Abdel-Khalek and Hafid (1985), the STAI was tested on secondary or high school and college students, teachers and clinical samples. The reliability of the Saudi version was measured by the stability coefficient for a week period on seventeen college students. Test-retest correlation for state anxiety was 0.59 and for trait anxiety was 0.55. Additionally, the results of alpha reliability with the sample of present investigation were 0.836 and 0.796 for state and trait anxieties respectively (see Table 1, Appendix E). The correlation between both state and trait anxiety scales was used as validity of the measure, in that individuals tend to be higher in trait anxiety tend to be higher in state anxiety (Spielberger et al (1983). Table 3.3 shows the result of this correlation.

Table 3.3. Correlation between State and Trait Anxiety Scales among Saudi high school students

Scale	Males <i>n</i> = 122			Females <i>n</i> = 116		
	Mean	S.D.	<i>r</i>	Mean	S.D.	<i>r</i>
State-Anxiety	36.1	8.8	.685	38.4	10.0	.513
Trait-Anxiety	41.1	8.1		44.9	8.5	

Compare with English version, it seems that the values of reliability obtained for the Arabic version were considerably less. The decrease of the values may be related to the distribution of responses on the Arabic version. In that, scores of Arabic sample may have been clustered on

one side of the mean. However, the values of reliability of the inventory as counted in the current empirical investigation were fairly consistent with the original version. With regard to the validity, the values of English version were little more than those obtained for the Arabic counterpart. However, the validity values of the later version were considered to be satisfactory and acceptable.

3.9. Data Analysis Procedures:

3.9.1. The Quantitative Data:

The statistical techniques used in the survey analysis were obtained from using SPSS, and are as follows:

- Frequency distribution: this was applied to part one of the questionnaires in order to analyse the background of students who participated in the study.
- Means and standard deviations were used to examine the distribution of participants on all the measures.
- Spearman correlation coefficient was used to determine the significance correlations between loneliness and other independent variables. In this analysis and in the other reported in the next chapter, a significance level of .05 was used for entry into the results.
- Mann-Whitney U test was used to examine the differences between two groups (low and high) with respect to their scores on the loneliness scale.

- Contingency chi-square procedures was used to determine whether or not there are significant differences between two groups of loneliness (low vs. high) in relation to psychological factors and other selected demographic variables. The data obtained for each psychological variable of the survey were categorised into three groups; namely low, medium and high.
- Stepwise multiple regression analysis was used to test a model for predicting loneliness among adolescent participants from independent (demographic and psychological) variables.
- Alpha reliability coefficients were applied to determine the reliability of the scales applied to the sample of present investigation (see Table 1, Appendix E).

3.9.2. The Qualitative Data:

Data that were obtained from the experiential enquiry group were field-notes in the context of group discussion. To improve reliability of the data, group members in each session arrived at agreed statements. In addition, participants agreed in the last session on specific statements regarding their experiences of loneliness. Cross-validation analysis of both data was applied to see whether they corroborate one another.

3.10. Ethical Considerations:

Psychologist and counsellors are guided by a code of ethics on conducting research with clients or human participants. The present investigation maintained the relative ethical procedures that have been established by the British Psychological Society (1993) and British Association for Counselling (1998). In essence, the psychological well being of participants was regarded as being of utmost importance.

The study recognised the necessity of confidentiality and autonomy of participants who were informed about the nature and purpose of the investigation. Before the experiential group started the researcher obtained participants' informal consent and gave them a choice of participation or withdraw at any time of the investigation.

"At the onset of investigation investigators should make plain to participants their right to withdraw from the research at any time" (BPS. 1993: p. 34).

The researcher made it clear that participants were also free to withdraw information and consent given prior, during and after the process of collecting the data.

"In the light of experience of the investigation, or as a result of debriefing, the participant has the right to withdraw retrospectively any consent given, and to require that their own data, including recordings, be destroyed" (BPS, 1993: p. 34).

3.11. Conclusion:

This chapter began by considering rationales for undertaking this investigation. Two types of research methodology were reviewed; a paradigm utilising both quantitative and qualitative methods was considered the most appropriate to study the phenomenon of loneliness. The chapter also discussed the participants with reference to their main characteristics, size and selecting procedures. Details of the instruments and data analysis procedures were presented.

Chapter Four: Loneliness among Saudi Adolescents-II: Presentation of Results and Discussion

4.1. Overview:

This chapter is divided into three sections: the first section is mainly concerned with presentation of results and analysis of data from the empirical survey, while the second presents the qualitative results. The third section discusses the findings.

Section One

4.2. Results and Analysis of Data of the Survey

4.2.1. Demographic Data:

The data in Tables 4.1 to 4.9 show the distribution of participants who responded to the survey. It should be noted that the number of participants who completed the data was 377, which represents 89.76% of the distributed questionnaires.

The distribution of the respondents according to their age is presented in Table 4.1. Most participants were between 16 and 17 years old; only 9.3% had an age of twenty years or more.

Table 4.1. Distribution of the participants by Age

Age	No.	%
16	90	23.9
17	114	30.2
18	82	21.8
19	56	14.9
20+	35	9.3
Total	377	100

Table 4.2 shows frequency and percentage of respondents according to their grade or year of secondary school. The lowest number of students was from the third year.

Table 4.2. Distribution of the participants by Grade

Year (Grade)	No.	%
1	130	34.5
2	150	39.8
3	97	25.7
Total	377	100

The participants who responded to the survey came from both urban and rural schools. Table 4.3 indicates that approximately two-third studied in urban schools.

Table 4.3. Distribution of the participants by Type of School

Type of school	No.	%
Urban	239	63.4
Rural	138	36.6
Total	377	100

Of those who responded to the questionnaire, the most were living with both parents. Table 4.4 shows this distribution.

Table 4.4. Distribution of the participants by Type of Parent

Parent	No.	%
Father & Mother	343	91.0
Mother only	23	6.1
Father only	8	2.1
Other	3	0.8
Total	377	100

Table 4.5 presents the distribution of participants by family size. The majority came from large families. This is to be expected in the culture of Saudi society. It should be noted that two participants did not respond to this question.

Table 4.5. Distribution of the participants by Family Size

Family size	No.	%
0-3 members	22	5.8
4-6 members	67	17.8
7+	286	75.9
Total	375	99.5

Table 4.6 presents the distribution of participants according to father's education. The majority of respondents -roughly one-third- have uneducated fathers.

Table 4.6. Distribution of the participants by Father's education

Father's education	No.	%
1. Doesn't read or write.	119	31.6
2. Read or write with no certificate.	82	21.8
3. Primary school.	72	19.1
4. Intermediate school.	31	8.2
5. Diploma (e.g. teaching, nursing).	25	6.6
6. Secondary school.	23	6.1
7. First degree.	22	5.8
8. Postgraduate.	3	0.8
Total	377	100

Table 4.7 shows the distribution in terms of mother's education. The majority of them do not read or write. Seven of participants did not respond to this question.

Table 4.7. Distribution of the participants by Mother's education:

Mother's education	No.	%
1. Doesn't read or write.	297	78.8
2. Read or write with no certificate.	29	7.7
3. Primary school.	23	6.1
4. Intermediate school.	2	0.5
5. Diploma (e.g. teaching, nursing..).	5	1.3
6. Secondary school.	5	1.3
7. First degree.	7	1.9
8. Postgraduate.	2	0.5
Total	370	98.1

Distribution of the respondents according to number of friends they have is shown in Table 4.8. Accordingly, two-third said that they have lots of friends.

Table 4.8. Distribution of the participants by Number of Friend

Friend	No.	%
1. I do not have any friend.	7	1.9
2. I do not have many friends	79	21.0
3. I have friends more than other.	42	11.1
4. I have lots of friends	249	66.0
Total	377	100

Data in Table 4.9 presents the respondents regarding how many close friend they had. As it may be seen from the table below, the majority of the participants reported having few close friends.

Table 4.9. Distribution of the participants by Number of Close Friend

Close friend	No.	%
0-2	227	60.2
3-4	87	23.1
5+	63	16.7
Total	377	100

4.2.2. Descriptive Analysis of the Scales:

Means and standard deviations of the participants' scores on the scales used in this study are presented in Table 4.10.

Table 4.10. Means and Standard Deviations of the participants' scores in all measures:

N=377

Scale	Mean	SD	Minimum	Maximum
Loneliness	40.40	9.56	20	75
Depression	16.03	7.94	0.00	48
Self-esteem	13.67	4.06	3	23
State-Anxiety	39.80	9.67	20	72
Trait-Anxiety	43.87	8.17	26	72

These distributions are illustrated in figures 4.1-4.5. Figure 4.1 shows the distribution of respondents on loneliness scale. Of all participants, about 44.83% scored higher than the mean while nearly 55.17% scored less than the mean. The data also show values in the far extremes of the range were low.

Participants produced a range of BDI scores from 0 to 48. Using Beck's cut-off point 10 as criteria for non-depressed group (West and Al-Kaisi, 1985), the respondents were categorised, according to their scores, into four groups. Frequencies and percentages of these scores are presented in Table 4.11; figure 4.2 shows the distribution of scores.

Table 4.11. Frequencies and Percentages on BDI

N=377

Score	Frequency	Percentage
Non-depressed: 0-9	90	23.9
Mildly-depressed: 10-15	102	27.1
Moderately-depressed: 16-23	124	32.9
Severely-depressed: 24+	61	16.2
Total	377	100

With regard to Self-esteem, the data as shown in figure 4.3 reveals that 178 participants scored less than the mean ($M=13.67$), while 199 participants (about 52.78%) scored higher than the mean.

In the case of State-anxiety, figure 4.4 shows the distribution of respondents' scores. According to the figure, 204 (54.11%) scored less than the mean ($M=39.80$), whereas 173 (about 45.89) scored more than the mean. Frequencies that were above and below the mean were found to be low in the extremes of both groups.

Regarding the scores on the Trait-Anxiety, distribution of the respondents' scores is presented in figure 4.5. As it may be seen, 185 (about one-half) out of 377 scored less than the mean ($M=43.87$). On the another side, 192 participants scored higher than the mean.

Figure 4.1. Distribution of the Participants' Scores on Loneliness

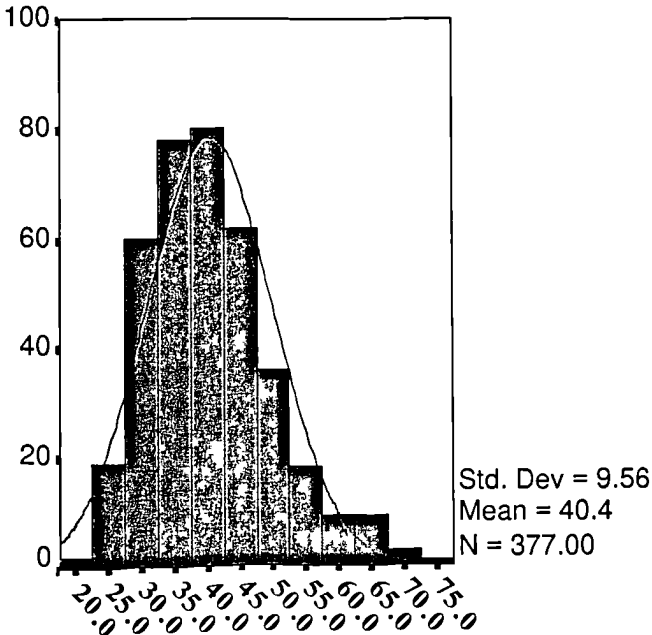


Figure 4.2. Distribution of the Participants' Scores on Depression

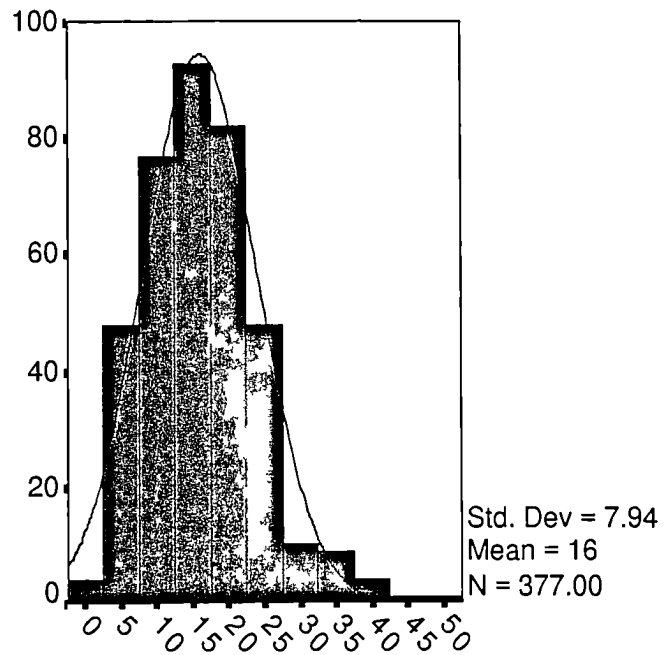


Figure 4.3. Distribution of the Participants' Scores on Self-esteem

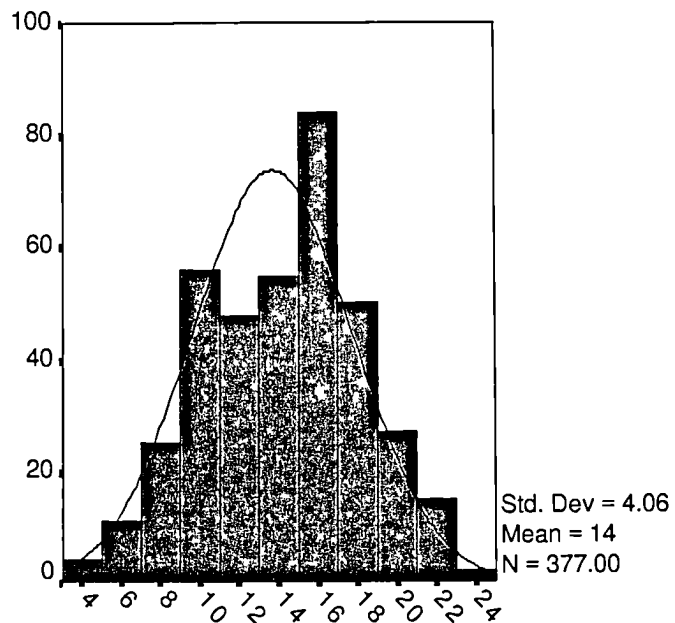


Figure 4.4. Distribution of the Participants' Scores on State-Anxiety

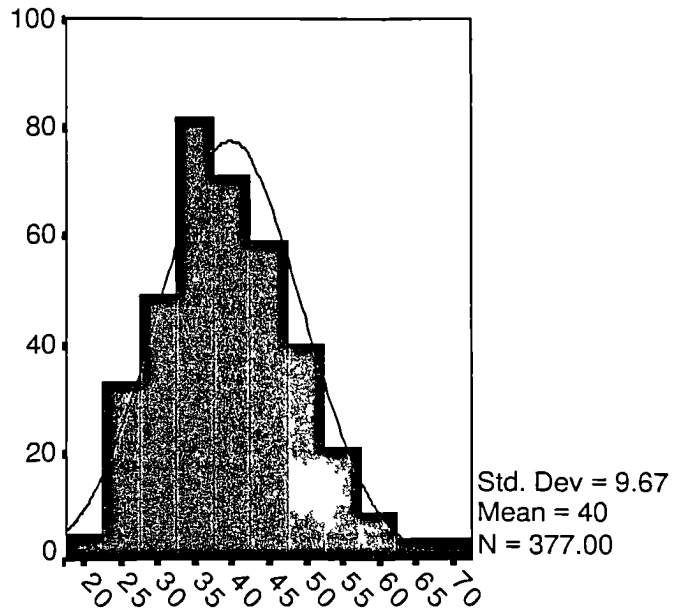
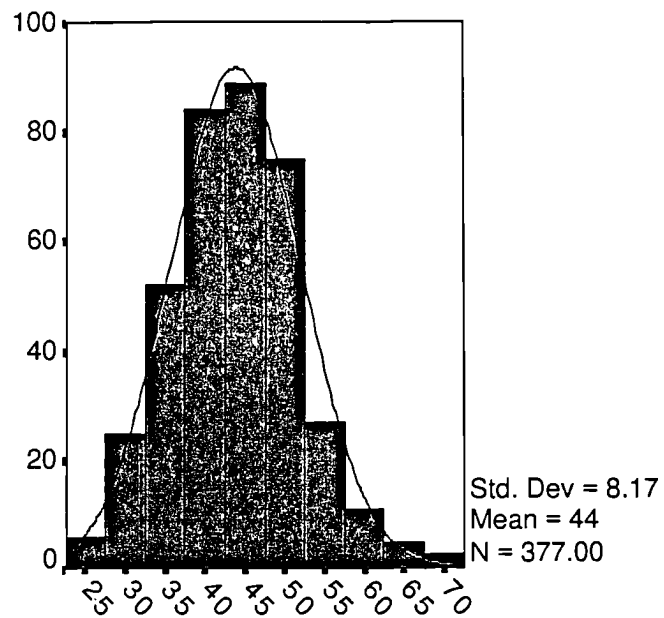


Figure 4.5. Distribution of the Participants' Scores on Trait-Anxiety



4.2.3. Correlation between Loneliness and: *Psychological and Demographic Variables*

Table 4.12 shows general correlation between loneliness and other psychological variables. Accordingly, loneliness is found to have positive and significant moderate correlation with depression ($r=.46$), state anxiety ($r=.51$) and trait anxiety ($r=.56$), and significant negative correlation with self-esteem ($r= -.54$).

Table 4.12. General Correlation between Loneliness and: Psychological and Other Chosen Independent Variables:
N= 377 ϕ

Independent Variables	<i>P</i>
Depression	.460**
Self-esteem	-.541**
Anxiety-state	.510**
Anxiety-trait	.560**
Age	.084
Grade	.039
School	.006
Parent	.054
Family Size	-.062
Father education	.122 *
Mother education	.077
N. of friends	-.226 **
N. of close friends	-.204 **

ϕ : Number of participants varies due to missing data.

** $P < .001$ * $P < .05$

In terms of correlation between loneliness and other chosen demographic variables, the data presented in table 4.12 shows a low positive, but statistically significant, correlation with level of the fathers educations ($r=0.122$). It is also negatively correlated with both number of friends ($r=-0.226$) and number of close friends ($r=-0.204$). No other correlations were found between loneliness and other demographic variables.

4.2.4. Comparison Analysis between Two Groups of Loneliness (Low vs. High):

Two groups of those who responded to the loneliness scale were created by a median split. The first group consisted of the lowest third of scores (105 cases). The second group formed the highest third of scores (98 cases). The following analysis is based on these two categories.

4.2.4.1. Level of Loneliness among the Participants:

About 26% of students who responded to the survey scored high on the loneliness scale comparing with those whom had low scores (Table 5.13). Using a Mann-Whitney U test with two tailed probability to examine the differences between the two groups with respect to their scores, the result showed significant differences ($W=15141$, $U= .0$, $p < .000$).

Table 4.13. Level of loneliness among the Participants

Loneliness	N	%	Mean	SD
Low	105	27.9	30.009	3.182
High	98	26	53.020	6.797

4.2.4.2. Level of loneliness and other selected demographic variables:

As can be seen in table 4.14, the two groups of loneliness (low vs. high) did not differ with respect to their distributions in age. It was found that the participants' scores were unrelated to their age ($p > .05$).

Table 4.14. Age and Level of Loneliness

Age	Loneliness					
	Low		High		Total	
	N	%	N	%	N	%
16	30	14.8	25	12.3	55	27.1
17	38	18.7	29	14.3	67	33.0
18	22	10.8	17	8.4	39	19.2
19	10	4.9	17	8.4	27	13.3
20+	5	2.5	10	4.9	15	7.4
Total	105	51.7	98	48.3	203	100
$\chi^2 = 5.551$		DF=4		$P = .235$		

Table 4.15 shows the result of chi-square between level of loneliness and students' grades. Inspection of the table reveals that students with low loneliness generally came from grade two (about one-fourth) than those who were currently in grades one and three.

Table 4.15. Grade and Level of Loneliness

Level of Loneliness	Grade								
	1		2		3		Total		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Low	36	17.7	52	25.6	17	8.4	105	51.7	
High	38	18.7	31	15.3	29	14.3	98	48.3	
Total	74	36.5	83	40.9	46	22.7	203	100	
$\chi^2 = 8.266$		DF=2		$P = .016$					

Table 4.16 presents the percentages of the sample's levels of loneliness in relation to their types of school. Accordingly, both students from urban and rural schools reported no significant differences in the distribution of low and high loneliness.

Table 4.16. Type of school and Level of Loneliness

Level of Loneliness	School						
	Urban		Rural		Total		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Low	69	34.0	36	17.7	105	51.7	
High	61	30.0	37	18.2	98	48.3	
Total	130	64.0	73	36.0	203	100	
$\chi^2 = .264$		DF=1		$P = .606$			

Analysis of low and high loneliness with respect to family size is presented in table 4.17. As may be seen from the table, it was found that family size is unrelated to the level of loneliness ($\chi^2 = .021$, DF=2, $P > .05$).

Table 4.17. Level of Loneliness and Family size

Level of Loneliness	Family size								
	0-3		4-6		7+		Total		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Low	7	3.5	17	8.4	81	40.1	105	52.0	
High	6	3.0	16	7.9	75	37.1	97	48.0	
Total	13	6.4	33	16.3	156	77.2	202	100	
$\chi^2 = .021$		DF=2		$P = .989$					

The data in table 4.18 shows the percentages of groups of loneliness in relation to the number of close friends. From the table it seems clear that a large proportion of the participants who said that they had fewer friends scored high on loneliness, about four-times higher than those who had low scores. On the other hand, those who reported having lots of friends had low levels of loneliness. Thus the increase in number of friends decreases the level of loneliness. This finding is consistent with the definition of loneliness (see Chapter One) that stressed the importance of not having social ties in experiencing loneliness.

Table 4.18. Level of Loneliness and Number of friends

Level of Loneliness	Number of friends						
	Non or few		Lots		Total		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Low	12	5.9	93	45.8	105	51.7	
High	40	19.7	58	26.6	98	48.3	
Total	52	25.6	151	74.4	203	100	
$\chi^2 = 22.975$		DF=1		$P = .000$			

Table 4.19 shows result of chi-square test in level of loneliness regarding number of close friends. Participants who identified having fewer close friends (either non or only two) experienced high level of loneliness than those who had more close friends (either 3-4 or more than 5). Again the definition of loneliness is grounded in this data.

Table 4.19. Level of Loneliness and Close friends

Level of Loneliness	Close friend								
	0-2		3-4		5+		Total		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Low	49	24.1	31	15.3	25	12.3	105	51.7	
High	74	36.5	13	6.4	11	5.4	98	48.3	
Total	123	60.6	44	21.7	36	17.7	203	100	
$\chi^2 = 17.669$		DF=2		$P = .000$					

4.2.4.3. Level of loneliness and other psychological variables:

Turning next to the relationship between level of loneliness and psychological factors, it was found that individuals with high loneliness were apt to be high on depression and state-trait anxiety, and low on self-esteem. As tables 4.20 through 4.23 indicate, the two groups of loneliness (high vs. low) differed significantly with regard to their scores in psychological variables.

According to table 4.20, those who scored high on loneliness tended to have high scores on depression (either moderate and severe depression). Conversely, a large proportion of the participants who had low loneliness reported either no or mild depression.

Table 4.20. Level of loneliness and Level of Depression

Level of Depression	Loneliness					
	Low		High		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Non-depressed	41	20.2	10	4.9	51	25.1
Mildly-depressed:	41	20.2	17	8.4	58	28.6
Moderately-depressed	16	7.9	33	16.3	49	24.1
Severely-depressed	7	3.4	38	18.7	45	22.2
Total	105	51.7	98	48.3	203	100
$\chi^2 = 55.85$		DF=3		$P = .000$		

The differences between low and high loneliness students in relation to self-esteem are presented in table 4.21. Comparison of the frequencies that obtained at the low, medium and high degrees of self-esteem with the low levels of loneliness reveals significant relationship. Of the participants with high loneliness, only 3.4% reported high level of self-esteem, six-times that percentage of the individuals with medium self-esteem (18.2%) and about eight-times that percentage of persons with low self-esteem. On the other hand, participants who scored low on loneliness tended to have high self-esteem.

Table 4.21. Level of loneliness and Degree of Self-esteem

Degree of Self-esteem	Loneliness					
	Low		High		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Low	6	3.0	54	26.6	60	29.6
Medium	46	22.7	37	18.2	83	40.9
High	53	26.1	7	3.4	60	29.6
Total	105	51.7	98	48.3	203	100
$\chi^2 = 74.489$		DF=2		P= .000		

Level of loneliness and degree of anxiety were significantly associated. The distributions of state and trait anxieties for each group of loneliness are, separately, shown in tables 4.22 and 4.23. In both a significantly greater numbers of students with high loneliness had also high state and trait anxieties.

Table 4.22. Level of Loneliness and Degree of State-Anxiety

Degree of State-Anxiety	Loneliness					
	Low		High		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Low	50	24.6	11	5.4	61	30.0
Medium	42	20.7	37	18.2	79	38.9
High	13	6.4	50	24.6	63	31.0
Total	105	51.7	98	48.3	203	100
$\chi^2 = 46.785$		DF=2		P= .000		

Table 4.23. Level of Loneliness and Degree of Trait-Anxiety

Degree of Trait-Anxiety	Loneliness					
	Low		High		Total	
	N	%	N	%	N	%
Low	54	26.6	7	3.4	61	30.0
Medium	43	21.2	32	15.8	75	36.9
High	8	3.9	59	29.1	67	33.0
Total	105	51.7	98	48.3	203	100
$\chi^2 = 76.496$		DF=2		P= .000		

4.2.5. Stepwise Regression Analysis between Loneliness and: *Psychological and Demographic Variables*

As we have seen earlier, there are reasonable relationships between loneliness and other psychological, and some demographic, variables. However, to obtain a better idea of what this relationship is like, regression analysis was used for predicting loneliness on the basis of other independent variables (Howell, 1992; David and Sullivan, 1993). Using stepwise regression, the results in table 4.24 shows that only a limited number of independent (psychological and demographic) variables were found to be statistically significant in the prediction of loneliness.

Table 4.24. Stepwise Regression Analysis between Loneliness and other Independent Variables

Independent Variable	R	R²	R² change	F	P
Trait-Anxiety	.58	.34	.34	187.286	.000
Self-esteem	.63	.40	.06	118.616	.000
Number of Friends	.66	.43	.03	91.869	.000
Depression	.67	.45	.02	74.777	.000
Number of close friends	.68	.47	.02	64.157	.000
Fathers' education	.69	.48	.01	55.013	.000

According to the table above, there were three psychological and three demographic variables that could contribute to predicting loneliness among students. However, the first and most influential variable that explains 34% of the variance in loneliness scores was trait-anxiety. The other variables that included in the regression equation were; self-esteem, number of friends, depression, number of close friends and fathers' education. These factors were considered to explain further 6%, 3%, 2%, 2% and 1% respectively, of the variance in loneliness scores.

4.2.6. Summary of the findings from the Survey:

This part of the chapter has been concerned with the analysis of the adolescents' responses with respect to loneliness and other psychological and demographic variables. The results indicate a significant correlation of some factors with loneliness. Positive correlations were found between loneliness and depression, state anxiety, trait anxiety and fathers' education. On the other hand, negative correlations were reported between loneliness and self-esteem, number of friends and number of close friends.

It was also found that about 26% of the sample experienced high loneliness, and this group was compared with those who scored low in the loneliness scale. The results revealed that the two groups differed significantly with regard to their personal and demographic characteristics; participants who had low loneliness were from grade two of high school. Fewer friends and close friends were associated with high loneliness. Additionally, levels of loneliness had significant relationships with psychological factors. While low loneliness was related to low depression, those students who had high loneliness tended to have high scores on depression (either moderate or severe). Contrary relationships were found between loneliness and levels of self-esteem, in that low loneliness was related to high self-esteem whereas high loneliness was significantly related to low self-esteem. Furthermore, reciprocal relationships were observed between

loneliness and both state and trait anxieties. Those who scored low on loneliness tended to have low scores on state and trait anxieties, while high scores on loneliness scale were associated with high scores on anxiety measures.

Finally, results from the stepwise multiple regression analysis indicated six variables, namely; state anxiety, self-esteem, number of friends, depression, number of close friends and fathers' education were accounted for 48% of predicting loneliness, leaving the remaining variances to be explained by other variables not included in this investigation. However, the most influential variable was trait anxiety, which contributed to explain about 34% for the variance of loneliness scores.

These results give a clear indication of the problem of loneliness among the sample. However, a full understanding of the phenomenon of loneliness can not come from a simple survey. Rather meanings of the experience need to be investigated. Attribution dimensions may be used to summarise the way that individuals explain situations. However, what the dimensions mean to them as a person is the most important aspect. Reasons that are given by individuals might be different to the meanings imposed upon him/her by the researcher. Therefore, phenomenological methods seem especially well suitable for studying human relationships and in particular the feeling of loneliness.

Section Two

4.3. Experiential Group on Loneliness:

4.3.1. Introduction:

“We need to focus more on the processes involved in loneliness, on the meaning of loneliness to different people in different circumstances. We need more individualistic, phenomenological approach to research on loneliness. We need to understand the meaning of loneliness, the situations that are associated with loneliness, and the conditions that alleviate it for various individuals” (Stokes, 1989: 62).

Questions, such as “What do people mean when they report feeling lonely?”, may be the most important to ask in relation to loneliness. Wood (1989) emphasises the importance of phenomenological meaning of loneliness. People may use different vocabularies to describe their experiences, thus helping to “fill out” the concept. Similarly, Brennan (1982) suggests an eclectic position may be the best way to look at the extent of loneliness during adolescence. Therefore, this part of the research uses the method of co-operative inquiry. It seeks to offer a phenomenological understanding of the internal frame of reference of the participants, their subjective meanings, and their perceptions of loneliness and the factors contributing to their experience.

4.3.2. Process and Structure:

Thirteen adolescents were invited to a formal meeting to describe the research and asked if they would be willing to become involved in a group to discuss the issue of loneliness. Following discussions with the Deputy Head of School and the Student Counsellor, the first two meetings were arranged out of school time on a Thursday (a “weekend day” in Saudi Arabia), starting at nine o'clock in the morning.

Session One:

The topics for the day were: What does loneliness mean? When do people feel lonely? What are the negative feelings associated with loneliness? The facilitator briefly outlined research findings in this area, but stressed that they were based solely on Western cultures and so these findings might not be applicable in a Saudi context.

First it was necessary to introduce the idea of an experiential group and of participant co-operative inquiry. The idea that the students could be both co-researchers and co-subjects was alien to them; for them, participating in research was seen as answering questionnaires and responding to specific verbal questions. The students came to understand the idea and this was evidenced by them raising their concern over issues of confidentiality and trust. Examples of the points raised are:

- Why not meet with us individually instead of in a group?
- Surely there is no need to let everyone know my problems?
- How can I be reassured that if I say something others will not laugh at me?
- If I disclose a problem to a teacher how can I be sure that no-one will tell on me?

Following discussions, the importance of mutual confidentiality was stressed and all agreed that whatever was said within the group would stay within the group - each would be offered respect and each would have the right to say "No". Session One thus established the ground rules for the group.

Session Two:

This session was held on the same day as the first. One member decided not to continue. This led to a discussion in the group and the agreement that he could join again at the next session but not thereafter.

The atmosphere was tense - both with respect to the facilitator and the students. It has to be noted that it goes completely against cultural norms for students to talk about their personal feelings in a group; privacy is a major characteristic of the Saudi culture, with people keeping problems to themselves or at least within their families and

close friends. Therefore, an exercise was used to “break the ice”, for although most of the participants knew each other quite well, the atmosphere was far from relaxed.

The exercise was for members to introduce themselves by name and to say three things about themselves - things they liked or things that had happened to them. This was followed by mutual introductions around the circle.

Participants were then invited to share any concerns they might have. There was nervousness but no response. The facilitator asked if they needed to be told more but a participant “came to the rescue” and said, “Mohammed wants us to discuss our experiences of being lonely and how we felt about them”. This got the discussion going. It was notable that personal feelings were not revealed. Rather members spoke of others such as friends they knew. One said, “A friend of mine likes sitting by himself at home and doesn’t join his friends in the team”.

Emergent theme: differentiation was sought between the experience of aloneness as solitude or social isolation.

Although participants doubted that loneliness was an emotional issue it was agreed that solitude was not. People who chose to be alone, to be solitary were seen as different from those who felt they would like to be

with, and play with, others. As one said, "If I like to sit alone at home, it doesn't mean that I'm isolated from friends, does it?"

It became apparent that there was a need to explore the emotional aspects of loneliness and the facilitator suggested an exercise.

Sitting in a circle, members introduced themselves by name. Then one person, holding a ball of string threw it to another, calling out that person's name. The person receiving the ball repeated the process but held onto the string - and so on. At the end of the exercise, after about five minutes, it was very easy to see who had received the string less.

The group members were invited to think about and discuss the experience. This was very illuminating as two members appeared isolated from the group: AS received the string only twice and AR only once. AR was really angry and said: "I feel nobody in this group likes me so there is no point in me staying with you". This led to more productive discussion with some mention, admittedly not very deeply, of similar experiences that had happened to other members of the group or their friends. For example, one said, "When I play football and nobody passes the ball to me I get angry and feel as though I'm playing by myself and am not part of the team". And another, "When the Head Teacher or some other Teacher does not understand you, if you have

some difficulties outside school, then you feel they are your enemy and they are against you”.

Emergent theme: Loneliness is an emotional problem.

Participants came to agree that loneliness is an unpleasant experience associated with many negative feelings, such as sadness, fear of rejection and feelings of being misunderstood. One member still did not fully accept that this was relevant to him, although he did acknowledge the feelings of others.

Session Three:

The person who dropped out of the first meeting sent a note saying that he was not coming any more.

The facilitator first reviewed the last meeting. Then, as participants were still very defensive in revealing their own experiences, an exercise was introduced consisting of three stages. The aim was to determine what the experience of loneliness means for person (Moustakas, 1994).

Activity One: participants were invited to look around for a place in the room where they might feel a sense of belonging. They were then to move to that place, make themselves comfortable but not to talk to anyone else. Each was then given four '6 x 4' file cards.

Each member was asked to reflect for three minutes on what loneliness meant to him. The facilitator said, "Thinking of what loneliness means to you is difficult, so concentrate on a specific time in your life when you felt lonely and try to recall how you felt then". Write each feeling on a different card.

Activity Two: the procedure was as before except that the question was, "What sort of stress makes you feel lonely?"

Activity Three: the procedure was repeated, except that this time participants were invited to think about what they did to cope with loneliness.

The facilitator mixed the cards separately for each activity and wrote the ideas on the blackboard to enable the group to discuss them.

Emergent theme: the degree to which negative feelings were associated with loneliness became apparent.

All the comments on the second batch of cards expressed this. For example:

"I felt isolated and helpless"; "I had a strange feeling and hated the whole of life"; "I felt sad and wanted to cry"; "I also devalued myself and felt like a child".

Following discussion one student exclaimed, "Oh, is it really true that all these negative feelings arise from loneliness". The group for the first time had started to accept loneliness as a problem. Their closing conclusion was that loneliness is an unpleasant experience associated with negative feelings such as sadness, helplessness and devaluing oneself.

The question was raised as to why we devalue ourselves. The following ideas were suggested:

- teachers put you down;
- parents underestimate your abilities and don't trust you to be able to do a particular task;
- you think others are better than you;
- loss of confidence in our own abilities;
- shyness;
- friends force you to do something you don't want to;
- no social/communication skills.

Session Four:

A fifty minutes session was arranged in consultation with the School Counsellor to take place before and during the break on a normal school day. An assessment of the mood of the group showed that all except one had positive feelings towards the enterprise. Two responses were,

“I was not keen to joint but it’s OK now and I enjoy it” - “I feel as if I am with friends”.

The group followed up the discussion on the stress of loneliness and a number of different sentiments were expressed:

- having few friends;
- when I am in a strange place;
- problems with my family;
- shyness;
- having no close friend;
- others in the group not interested in me;
- breaking up with a friend.

Discussion was slow. There was a reluctance to talk about what they had written on the cards. Therefore, the facilitator suggested that they rank the problems on the list. Two themes emerged; (i) interpersonal relationships with friends; (ii) family problems.

A discussion of friendship evolved. Major factors were felt to be matching interests, understanding, being helpful and trusting. But the most important reason for choosing a friend was that they should be religious. Someone said, “Loneliness is preferable to being with a not very good friend”. And discussion followed on the difference between

loneliness and solitude, with the group finally agreeing that in fact, it is solitude that is preferable to being with a not very good friend.

The group brainstormed problems created within the family and the list was put on the blackboard. The group members were defensive about discussing these problems. To facilitate interaction, the facilitator spoke about a problem with their father that a member of his family had experienced in the past. This prompted comments about parental restrictions, particularly by fathers. As one member said, "Although you are nineteen, they make you feel as though you are still a little child".

Some solutions were offered like telling parents the truth about what you like, and making a balance between what you want and what your parents want and respecting parents' views. These topics were not fully explored. Family problems proved too great an issue to take on in the time.

Session Five:

This was the last session. The aims were to:

- (i) formulate some conclusions about the feeling of loneliness.
- (ii) for members to evaluate what they had learned from being in the group.

One member wrote the answers of the others on the blackboard. The general opinion expressed by these statements was that loneliness was

indeed a real negative problem associated with sadness. Reasons for feeling lonely were reiterated.

Members said that they had learned to be in tune with the group and to respect each other and that when you have a personal problem it is helpful to share it with a good friend.

The group members were finally asked what they wanted to learn in the future. Needs were - how to be self-confident; how to cope with loneliness and how to solve family problems without further upsetting your parents.

The group closed with a tea party for everyone to say goodbye to each other. The facilitator expressed his appreciation to all participants for their contribution to this research.

4.3.3. Summary of the Experiential Group:

The purpose of this part of the study was to contribute to the investigation of loneliness by using the phenomenological meaning to examine the experience among the participants. From the experiential group discussion the invariant meanings and themes of participants were found in depicting the problem of loneliness. In essence, four core themes characterised the phenomenon among adolescents. These are briefly summarised as follows:

1. Differentiation between solitude and loneliness.
2. Loneliness is an affective problem.
3. There are associations between loneliness and other negative feelings such as sadness, fear of rejection and helplessness.
4. There are some factors that contribute to the occurrence of the problem such as: having few friends; low self-esteem; communication with teachers and parents; particularly fathers.

4.3.4. Cross-validation Analysis:

The main aim of setting up the experiential group on loneliness was an exploratory and descriptive of its nature. No particular theoretical framework was assumed, rather looking for a set of thematic structures in order to link these to the main research questions. To support the credibility of the data, cross-validation analysis is presented. In particular, the data obtained from the survey and the experiential enquiry are tested against one another.

One of the major themes that emerged from the experiential data was the differentiation between loneliness and being in voluntarily solitude. This finding is consistent with what the measure of loneliness claims. According to McLeod (1996), one of the central issues in assessing the validity of a result is the extent to which conceptualisation is explicitly grounded in the data.

As participants moved further towards identification the experience of being lonely, various negative feelings associated with the problem were revealed such as sadness, fear and helplessness. Correspondingly, the data obtained from the survey emphasised the correlations between loneliness and other affective states, for instance; depression ($r=.46$, $p<.001$), state anxiety ($r=.51$, $p<.001$) and trait anxiety ($r=.56$, $p<.001$). Stokes (1989) suggests that phenomenological research might help in understanding the relation of loneliness and other affective states. Within this context, the issue of devaluing oneself was naturally raised during group discussion. Again, this issue was related to the area of self-esteem and loneliness ($r= -.54$, $p<.001$). Positive self-esteem is defined as a personal judgement of worthiness expressed in the attitudes the persons hold toward themselves (Coopersmith, 1967).

Another important thematic structure that was observed and agreed upon during the discussion on the stress of loneliness, was having “few friends” and “no close friends”. Equally, this theme found to be associated with the findings reported in the survey. Participants also identified family problems as a source of loneliness. Never overcoming this issue, group members were observed that family constraints continued to be a concern with reference to their autonomy. Although this issue was far more from the content of the questionnaire, the item regarding fathers’ education that had significant correlation with

loneliness, may partially sustain this finding. However, this issue may be valuable to further investigation.

Altogether, data obtained from both the experiential enquiry group and the survey cross-validate one another. Similarities of the findings from the two methods were very congruent, and clearly established confidence in the present systematic investigation.

Section Three

4.4. Discussion and Conclusion:

4.4.1. Introduction:

The two previous sections presented an analysis of the data on loneliness. The present section offers a general discussion of the findings. It should be noted that this investigation did not seek to explain the cause and effect relationship between loneliness and other selected demographic and psychological factors. It should also be born in mind that any explanations and suggestions need to be taken tentatively because of the cultural context of the research.

4.4.2. Discussion:

The theoretical rationale led to the assumption that loneliness is a negative problem that affects many individuals during adolescence. Cultural factors however, are a very important modifier of the problem, which was the reason the present investigation was carried out with Saudi adolescents. Surprisingly, the results seem to have many similarities to those of Western studies with respect to several points. Firstly, the state of loneliness is seen as being different from being physically alone. Secondly, a large proportion of the participants experienced loneliness. Thirdly, the problem was associated with negative affective states and other selected demographic variables. Several lines of data support these findings.

4.4.2.1. Loneliness among the participants:

Results show that loneliness is a pervasive problem among the participants. It was found that more than a quarter of the participants experienced a high level of loneliness (\bar{x} = 53.02), and the value of mean for all was (\bar{x} = 40.4). Several Western researchers using the same measure, reported values of means for loneliness scores in their studies ranged from 34.08 to 38.91 (Page, 1990; Jackson and Cochran, 1991; Haines *et al*, 1993; Pretty *et al*, 1994). For the purpose of comparison in the loneliness index, the adolescents in the present investigation were found to be lonelier. Although means obtained from these studies represented only high school students whose age and sex were similar to the participants of present research, this comparison should be taken tentatively and interpreted cautiously since the basic aim of the investigation was exploratory.

A number of factors may contribute to these findings. A particular reason may be the nature of today's society of Saudi Arabia. The communication difficulties between old and young generations puts great strain on adolescents today who are exposed to different values. As indicated earlier (see Chapter Two), a sense of separation and alienation from parents is one of the important sources of loneliness among adolescents.

The adolescent generation gap or the autonomy of adolescent is probably common to most societies (Coleman, 1992), but it may be worse in Saudi society today. This is because the rate of social change produces a growth in different environment of educational level, life-style or different patterns of living, different way of thinking, and contrasted attitudes toward new technology. Participants of this research, particularly those who participated in the experiential enquiry, indicated that conflict with fathers was one of the greatest sources of loneliness. Research findings have shown that parents and adolescents tend not to talk, but do argue about vital topics, because of the generation gap between them (Noller and Callan, 1991) and this can be a source of isolation from parents. Then, again, it will be remembered that there was association between loneliness and father's education. It was observed in the data that more than half of the participants had fathers were not educated to any level. These fathers may hold values that young people perceive as old fashion. Therefore, conflicts between them may exist in various ways such as accepting each others opinions and understanding each others points of view (Rice, 1992). Another way of looking at this conflict may be seen in the parental judgement of adolescent's behaviour as inappropriate. Research has suggested that fathers who are more judgmental, authoritative, and less willing to involve adolescents in important discussion of feelings, self-doubts and problems (Youniss and Smollar, 1985) can be a source of loneliness in their children.

Although there is still a little doubt about the generation gap (Noller and Callan, 1991), denying any sort of conflict between adolescents and elders is equally false (Coleman, 1992). This is particularly true in a society like Saudi Arabia, where a gap can be clearly observed accentuated by the huge socio-economic changes. Some Saudi researchers have pointed out the huge distance between adolescents and parents. For example, Almofadda (1993) found that high school students, both male and female, did not rank the family as their first resource for satisfaction of their personal needs. Rather friends were the first and most important source. According to Rice (1992), the most frequent complaints of adolescents about their parents is to accept their opinions as relevant, or try to understand their feelings and points of view.

Another factor that may contribute to the pervasiveness of loneliness among the participants of the current investigation, may be their sex role within their culture. According to the cultural context of Saudi society, parents generally perceive girls as requiring more comfort and support in the times of stress compared with boys, whose signs of emotional needs are considered less acceptable. Boys are encouraged and assumed to cope actively with stressful situations. As a result, they tend to be alone at decisive moments. According to Marcone and Brumagne

(1985), lack of emotional support in such moments from parents can be a major cause of loneliness in adolescence.

A further factor may be the participants' lack of social skills. Generally speaking, many of the developmental tasks of adolescence involve relationships and require new and more complex interpersonal skills (Coleman, 1992). Researchers indicate that loneliness is linked with a variety of deficits in interpersonal and social skills (Brennan, 1982; McWhirter, 1990). In the context of the current investigation, young people have been found to lack such communication and relating skills. Ibrahim and Alnafie (1991) found that of 280 Saudi students, who were researched, 53% were found to suffer from shyness. Similarly, Khadr (1985) reported that of 1000 Saudi intermediate and high school students who were surveyed, a large proportion (38.63%) said that they lacked skills of knowing and relating to others. About 32% reported that they did not know how to develop their relationships with others and more than 26% were found to have difficulties in building friendships. Therefore, poor social and communication skills may be a contributor to the high proportion of the participants who experienced significant loneliness. The results of the experiential group reinforce this reason, and help to explain the nature of difficulties in communication skills experienced by Saudi adolescents.

Finally, student-teacher relationship may be another factor for the participants to experience high levels of loneliness. During distribution of the survey, the researcher observed that many teachers made negative remarks with respects to their students' behaviours. Students, according to the teachers' points of view, are expected to be obedient. This may refer to traditional education that emphasises order, discipline and authority. Noghaimshi (1985) observed students' avoidance, especially in high school, from going to their teachers for any consultation or personal helps when they had personal concerns. And this was as a result of the negative student-teacher relationship. Furthermore, in Khadr's (1985) study, it was reported that there was a real crisis in students-teacher relationships, and this was observed in "*students feeling of the distance from their teachers*" (p.11). Again, results of experiential enquiry suggest that teachers were found to precipitate loneliness.

The picture of the adolescents with high and low levels of loneliness that emerged from the findings was markedly different. The results suggest significant differences with respect to psychological and some demographic factors.

4.4.2.2. Loneliness and associated demographic variables:

The results revealed that the level of loneliness is relatively unaffected by the participants age. This finding is consistent with Brennan (1982)

and Brage et al (1993). The later study, however, suggested that older adolescents are lonelier than younger ones. Then again, their research included students between the ages of 11 and 18, and participants of the current investigation consisted of only older adolescents.

Another interesting finding was the association between level of loneliness and the students' year of study. The results revealed that fewer students from years one and three had low loneliness compared with those whose were enrolled in year two. Possibly a consideration of students in year one, may be related to their adaptation to the new school environment. In terms of students from year three, there may be a number of factors associated with this finding, which, perhaps, put greater emotional strain on them and made their loneliness higher than their counterparts of year two. First may refer to the nature of year three of high school, in that it requires hard work to get successful grades that enable students to enter university. Therefore, they may be more stressed in thinking about their future careers. Second it may perhaps result from their family putting pressure on them to succeed.

The data indicated that both students who went to schools either located in cities or villages experienced the same level of loneliness. This result may be interpreted in two ways. First, it may suggest that loneliness is a universal phenomenon. In fact, many theorists and investigators suggest that loneliness is widespread and especially intense during

adolescence. Second, it may be explained in relation to the socio-economic development that has affected every part of Saudi society. Literature on loneliness has been concerned more with the effects of social changes that have brought about dysfunction in social relationships.

The findings showed significant negative relationships between loneliness and the number of friends and close friends. Those students with no, or a few, friends scored higher on loneliness than those who had many friends. This result may, presumably, suggest that there is a tendency for individuals low in loneliness to belong to a somewhat larger number of groups, this trend achieved significant proportions. Horowitz et al (1982) suggested from their finding that adjectives like "lonely" do relate to the problems of socialising. Therefore, the finding may reflect the importance of social need and affiliation in the participants' life. Developmental psychologists (Smith and Cowie, 1988; Cowie *et al*, 1994) have repeatedly emphasised the importance that young people put upon peer affiliations. One expression of the persons' social interests and affiliations is their involvement with groups and friendships. This involvement may, however, differ with respect to frequency and number. Of course, having a close friend is an important developmental task (Becker, 1992). Individuals resolve their uncertainty by comparing themselves with others. In friendship, people tell about their experiences, share special secrets and open up their most private pain.

With reference to adolescents, Becker (1992: p. 83) stated that *"friendships provide a behind-the scenes view of another person and give teenagers information on how they are similar to and different from other people. This comparative process helps them build a realistic self-picture, as well as an inside understanding of other people"*.

4.4.2.3. Loneliness and associated psychological factors

The findings obtained from the present research indicated that there were significant positive relationships between loneliness and depression and anxiety. A significant negative relationship was found between the experience and self-esteem. These results have been consistently noted in several previous studies with adolescents (Jackson and Cochran, 1991; Brage *et al*, 1993 and Ginter *et al*, 1994). In the light of these findings, researchers argued that the relationship between loneliness and depression suggests that it is more implies probable that a lonely individual will complain of feeling depressed than for a depressed person to complain of feeling lonely. For example, Horowitz *et al* (1982) found that the lonely prototype is nested within the depressed prototype. Their data showed that the probability was .45 that a lonely person was described as depressed, in comparison to the probability of only .29 for a depressed individual to be described as lonely. They concluded: *"to know that a person is lonely is to know that the person possesses some major features of depression. The converse, however, is not true"* (p.190). Anderson *et al* (1983)

distinguished between lonely and depressive individuals in terms of attributional style. In that, depressive persons characterise themselves by making internal stable causal attributions in both achievement and interpersonal activities. In contrast, lonely people only show a disadvantageous attributional style in their interpersonal relationship; even those that are social failures in terms of loneliness, may be successful in professional fields.

Available data from the literature suggest that lonely adolescents have low self-esteem and strong feelings of self-criticism (Mijuskovic, 1986 and Rice, 1992). Jones *et al* (1981) and Jones (1982) found significant correlation between loneliness and negative ratings of self and reflected self. Lonely students are found to not only perceive themselves more negatively, but they also expected others to evaluate them negatively. These negative expectations also occur in response to specific interactions with other people. Therefore, lonely individuals may lack positive feedback from their environment, which leads them to devalue themselves as well as to expect rejection (Jones, 1982).

4.5. Conclusion and Implications:

The results seem to paint a coherent picture of Saudi adolescents in relation to loneliness. The main trend observed from the data was that loneliness is an unwelcome affective experience that was associated with different negative affective states. Therefore, the general

conclusion from the present investigation may be that the problem of loneliness does play a significant role in the life of participants of the current investigation. This finding is consistent with previous findings in some Western societies, as well as with cross-cultural epidemiological evidence.

It may derive, in part from this research, that these findings may be of considerable interest and value of counselling professionals who are concerned in helping adolescents. As evidence in the current study, relationships with others as friends, teachers and parents are very important to adolescents' lives. The skills to relate to other are highly desirable, and important not only to lonely individuals but to the low self-esteem as well. Adolescents should be also provided with supportive network. According to Brage and Meredith (1994), such networks provide lonely adolescents with a sense of community and belonging. Therefore, counselling may be useful in alleviating loneliness and in preventing development of further emotional complications.

Chapter Five: Helping the lonely Adolescent: Issues on Counselling and Interventions

5.1. Overview:

One useful option for helping adolescents to overcome loneliness is counselling. This chapter examines the nature of counselling and other related conceptual issues.

5.2. Introduction:

Loneliness may be the focus of counselling for two reasons. First, good interpersonal relationships and feelings of relatedness and belonging have been considered as a positive way to mental health, and in particular loneliness. Perlman and Peplau (1981) content that counselling skills such as empathy may be of the greatest significance to lonely individuals who have made an effort to overcome their loneliness. The capacity to empathise with the lonely may also be facilitated by personal experiences of loneliness, and by perceptions of being similar to the lonely individuals. Second, research findings suggest that loneliness is associated with many negative affective states, which in turn may make adolescents vulnerable to various mental health problems.

5.3. Counselling: Identity, Aims and Limits

5.3.1. Definition of Counselling:

The term counselling is one of the most ill-defined words. There are a wide range of people, in different professional fields, who claim to practise counselling. Burnard (1989:1) claimed that all health professionals are counsellors, and stated that "*anyone who works in one of the health professionals and comes into contact with people who are distressed in any way, whether psychologically, physically, spiritually or practically, offers counselling help*". This is a rather confusing statement, as it seems to suggest that 'anyone can do it' and so denies the need for any training courses or institutions for professional counsellors. The author goes further and defines the process of counselling as when "*one person helps another clarify their life situation and to decide upon further lines of action*" (p. 2). This definition characterises counselling as spontaneous activity that is similar to many other types of help (Murgatroyd, 1985). Helping, however, is a broad term that may consist of many activities, some of which may involve counselling (Brammer, 1993; Sanders, 1994).

Counselling, however, may not simply be an adjunct to some other professional or naturally occurred helping activities. Counselling is a planned and specific activity that is bound by contracted agreement and a set of professional and ethical responsibilities:

“Counselling involves a deliberately undertaken contract with clearly agreed boundaries and commitment to privacy and confidentiality. It requires explicit and informed agreement” (BAC, 1998).

However, understanding what counselling means may require clarification of its aims.

6.3.2. Aims of Counselling:

In relation to the aims of counselling, good counselling can provide three elements. The first aim is providing support within atmosphere that encourages the client to talk freely and openly. The second is to accept the client in a non-judgemental way; to respect the client's autonomy. The third is that counselling aims to assist clients to clarify different aspect of their lives. Exploring any issue of life, a client may recognise how his/her behaviour is influenced, and identify the pros and cons of current and future coping strategies. By clarifying, any mental confusion should be minimised in order to reach an appropriate decision, and this should help the client to maximise self-other relationships. The British Association for Counselling identifies the aim of counselling, which also provides clarification of its nature, as:

“... to provide an opportunity for the client to work towards living in a way he or she experiences as more satisfying and resourceful” (BAC, 1998).

5.3.3. Counselling and other Ways of Helping:

In what way does counselling differ from other types of help?

Help can be seen in the interaction of people in their everyday lives. For example, friends might help each other in various situations, or a lawyer may interpret issues that lead to a change in an individual's life. Therefore, helping can be offered by anyone whether a professional counsellor or non-professional helper, and it can be offered to an individual in either a voluntary or involuntary way, to families, groups, or within the community (Murgatroyd, 1985).

Consequently, different types of help can be identified according to the situations that people are in. Pearce (1989) pointed out that people identify different types of help, which they can offer such as advice giving, teaching, information giving, taking direct action on behalf of another person, changing the system, and counselling. To give further clarification of the term counselling, it can be contrasted to other ways of helping.

Murgatroyd (1985) presented counselling as a natural activity and suggested that untrained person in the community can offer this form of helping. However, accepting this view may raise two serious issues. The first is the practical danger if counselling is effective in bringing about change. In this matter, an untrained helper may be not safe (Egan, 1994). The second is related to theoretical considerations, in

that the counsellor in the counselling situation pays more attention to the process than to content.

According to Pearce (1989), types of help differ with respect to the skills of the helper. This maintains that an effective helper possesses specific skills, which are necessary conditions of any help. These conditions, as proposed by Carl Rogers, are empathy, warmth, and genuineness (or congruence). These skills can be found in many types of helping relationships. However, the differences between types of help and counselling may lay in the extent to which helpers use these skills effectively and ethically (Pearce, 1989). For example, teachers may differ in implementing respect or empathy with their students.

The distinction between counselling and other ways of helping has been set forth by The Advice, Guidance and Counselling Lead Body in Differentiation Project (Russell et al, 1992). This sought to distinguish counselling from other helping relationships.

Counselling differs from all other activities in its accent upon the internal world of the client and its openness in terms of range...Counselling more than any of the other activities is involved with the client's overall well-being as perceived by the client. i.e. the counsellor is not confined to any particular area of the client's life, therefore a counsellor may be discussing the graphic details of a client's sexuality in one session and the client's frustration at being inept at tennis in the next (Russell et al, 1992: 5).

5.3.4. Counselling: Setting the Boundaries

The Advice, Guidance and Counselling Lead Body Differentiation Project (Russell et al, 1992) distinguished between counselling and other non-counselling helping activities; namely guidance, advice, befriending and counselling skills.

5.3.4.1. Guidance:

The term guidance is a series of consultations that aim to help individual to explore a concern. It provides the client with appropriate and sufficient information, which should lead to an awareness of the available opportunity and to make reasonable decisions and informed choices. The person is provided with support and is given some suggestions about possible actions.

Theoretically, guidance has similarities with counselling in the fields of psychology, sociology and philosophy. However, guidance is heavily rooted in educational and developmental psychology. It differs from other way of helping as it utilises a variety of helping styles, for example, professional assessment, advocacy, information and suggestion. In guidance the professional is seen as an expert in his/her area.

5.3.4.2. Advice:

Advice giving is a provision that offers accurate information and options for action to solve a problem. The aim is to expand the person's choice. In terms of theoretical background, advice is mainly underpinned by information technology. It differs from all other helping activities in terms of problem solving, in that, the person may find a solution simply by being given specific and appropriate information.

5.3.4.3. Befriending:

Befriending means helping in the way of friendship. Help is usually offered to a person who is lonely or socially isolated. It includes providing practical and emotional support. The main competencies involved are the ability to listen and to provide practical help. Befriending precludes the formality of contracting, which is usually flexible, and often does not require training in a professional role. Its informality makes befriending different from the other types of helping. It differs in terms of sharing the problem rather than managing it or solving it for the client. It includes establishing a supportive and trusting relationship to enable the client to cope with the distress.

5.3.4.4. Counselling Skills:

These are a communication and social skills, which are not dissimilar to the purpose, values and communication pattern of counselling. They are competencies that may enhance the role of advising, befriending

and guidance. Identical skills may reinforce the accomplishment of various occupational roles such as teachers-pupil and nurse-patient.

5.3.5. Counselling: The Client's and Counsellor's View

Much attention has been given to counselling as problem solving. Recent debate, however, has a shift in perception from problem solving to personal development. Williams (1994) has argued for clarification of the purpose of counselling, and considers the discrepancy between how clients see counselling and how counsellors view it.

The common perception is that the provision of counselling is a problem-solving service. Counselling, thus, exists if there is problem or crisis; it is a remedial profession. Counselling agencies are usually characterised by a problem focus *e.g.* Alcohol or HIV.

The another side of the coin is that counselling [as in British Association for Counselling-Code of Ethics (BAC, 1992-95)] is defined in terms of achieving personal development. This stresses the clients potential for change and growth. Accordingly, the counsellors sees her/his function as a "personal growth promoter" (Williams, 1994: p. 3). Therefore, the agenda of the counsellor is not indifferent to the client's issue, which may be concerned with moving back to the state of equilibrium after solving the problem.

The rapprochement between these two views can be achieved in terms of providing a problem-solving or problem-management model. The counsellor, of course, needs to understand and appreciate the complexity on any given problem or issue and help the client to do the same. The client is, thus, offered the necessary help. The framework adopted is based on humanistic approach or personal development. Respecting a client's needs, beliefs, values and assumptions can serve as philosophical basis for personal growth through counselling. This framework becomes a basis for systematic intervention or problem-solving approaches and, will contribute to the client's taking responsibility for his/herself, and managing her or his own needs in future. Counselling in this sense is as much a training as a service to clients.

5.4. Counselling: Theoretical Outlook

Today there are many counsellors as well as psychotherapists practising a wide range of counselling methods. Professional writers in this area have identified many approaches and models. Clarkson (1994) cited as many as 450 models of counselling. However, there are three major schools which cover most counselling practice.

5.4.1. Psychodynamic Counselling:

Psychodynamic counselling is a wide field which includes different proponent theories such as Freud, Jung, Klein, Bowlby Winnicott and

many other object relation theorists (Elliot, 1994). There are several principal concepts in Freudian theory; these may be grouped under three headings: structural (id, ego and superego), dynamic (instinct, cathexis, anticathexis and anxiety), and developmental (identification, displacement, defence mechanisms and psychosexual stages). A counsellor working within the psychoanalytic frame has the primary aim of making the unconscious, conscious (Jacobs, 1988). Analysis of resistance, transference, and dreams are frequently used methods together with free association, catharsis and interpretation. The main aim of these methods is to strengthen the ego in the long-term.

Many contemporary counselling practices find themselves using ideas from psychoanalytic oriented theories such as transference and counter-transference, the use of ego defence mechanisms, resistance and the idea of the consequences of unresolved developmental conflicts in the past. Thus even those who would disavow the psychodynamic approach may find themselves using its concepts.

5.4.2 Behavioural and Cognitive Counselling:

Behavioural counselling today has many orientations, which are derived from early theories of learning. Basically, two main schools can be identified. First is the operant conditioning school, which follows B.F. Skinner, who viewed behaviour as being shaped and maintained by its consequences. The second school is based upon classical conditioning

ideas stemming from Pavlov's early experiments. Today, there are various techniques that can be regarded as having a behavioural therapy orientation. Behavioural counselling assumes that as all behaviours are learned, then maladaptive behaviour is learned too, and thus can be unlearned.

On the other hand, cognitive therapy is based on diverse theoretical underpinnings. A common philosophical standpoint to cognitive oriented counselling is the Stoic philosopher Epictetus's view that human are *disturbed by the views they hold about events rather than the events themselves*. Three major schools are thought to influence the cognitive movement in counselling. The first is Ellis' rational-emotive therapy (RET) (Ellis, 1962; Dryden and Ellis, 1988) which emphasises that people make themselves victims by their own incorrect and irrational thinking patterns. Ellis constructed his A-B-C theory of personality, according to which, A refers to the activation or event, whereas B is the individual's belief system about A. A person's response, which might be appropriate or inappropriate, to the event is indicated by C. The aim of counselling is helping the clients to detect their own irrational beliefs. The second is cognitive therapy (CT) (Beck, 1976) which puts the emphasis on cognitive process. According to this theory, there are many thoughts that come into our minds; these are called automatic thoughts. Some of these automatic thoughts are positive and others are negative. The frequency of the later makes people unhappy and

depressed. Therefore, the main task of the therapy is to stop these negative automatic thoughts by having clients examine their model of thinking and develop new forms of cognition. A third pioneer is Meichenbaum (1977) whose model emphasises six phases: problem definition, attention focusing, coping statement, error correction and self-reinforcement. The focus is on changing the things people say to themselves, which lead to ineffective behaviour and emotional disturbance. Thus, the main goal of therapy is training, and in his model, self-instructional training (SIT). This model has close and clear links to the mainstream of behaviour therapy in terms of covert reinforcement. A combination of cognitive and behavioural interventions, in a form of cognitive-behavioural, has attracted many counsellors and psychotherapists.

Therefore, ***Cognitive-behavioural*** therapy (CBT) can be seen as sets of orientations that have currently gained a great deal of popularity. In addition to the mentioned contributors, other models such as Bandura's self-efficacy, D'Zurilla's and Goldfried's problem solving, and Young's Early Maladaptive Schemas have influenced this school of counselling (Newel and Dryden, 1991; Scott and Dryden, 1996). The general task of cognitive-behavioural therapy is integrating thought, action and decision making; modifying the way client thinks about the disturbance or situation, making decision, and then acting to achieve this.

5.4.3. Humanistic Counselling:

The humanistic perspective is a broad term that covers a group of theories, or rather attitudes, which all have disbelief attitudes against the scientific study of the human being through behaviour. Instead, they believe that experientially, that should be the focus of any inquiry (Glassman, 1995). This orientation, named as the third force, was greatly supported by the social turbulence of the sixties. This period was identified as anti-materialism, anti-war, anti-science and freedom for the individual (Medcof, 1991). The main contributors of this orientation were Carl Rogers, George Kelly and Abraham Maslow. Rogers (1951, 1961), in his person-centred approach, was concerned with the importance of recognising the real self in the individual's life, and the belief that self-actualisation can only be achieved through a secure climate. Kelly (1955) with his personal construct theory introduced the notion of understanding the individual through the way in which he/she anticipates the events and makes sense of her/his environment. The main task of counselling is thus to help the client find a new way of construing the world. Finally, Maslow (1970) considered understanding of the nature of human needs as an important element of self-development.

The humanistic orientation stresses the experiential meaning of individuals toward achieving self-fulfilment. Individuals are always searching to actualise or fulfil their needs. The concept of self or '*Who*

am I?' is central to these models; the human being is seen as neither a puppet nor driven by instincts, but as growing, self-determined, autonomous and experientially free. The meanings engendered by any experience define a person's own reality. There are no mental health disorders but rather functioning or not functioning human beings.

The humanistic point of view is parallel, and is based on a ***phenomenological view***, which emphasises the person's perceptions of reality and the importance of the meaning that is associated with the experience. Any action and experience must have meaning. This view evolved from the work of the German philosopher Edmund Husserl who beliefs in a conscious experience of individual as an invaluable source of knowledge (Spinelli, 1989; Giorgi, 1995). Thus, knowledge is always associated with what an individual must be aware of it. The individual does not create the world, but meaning or creates a subjective world according to interests and needs.

The ideas of humanistic-phenomenological orientation, particularly person-centred approach (Rogers, 1980; Means and Thorne, 1988) have much influenced counselling practice today, especially in the UK. However, practical considerations may be questioned: who will achieve total self-growth; a person may live effectively without considering Maslow's ideas; there are sociocultural factors that restrict 'total freedom' of choices.

5.4.4. Eclectic and Integrative Trends:

Accepting that no theory in the realm of counselling and psychotherapy is perfect, counsellors, especially novices, may find themselves facing obstacles in applying any theory, with its limiting techniques, to a wide range of clients, whose needs may be varied. Therefore, the movement from single-school approaches in counselling and psychotherapy to eclectic or integrated models has occurred through the demands of practical settings (Dryden and Norcross, 1989).

An eclectic counsellor is one who picks techniques, which are thought to be appropriate, and uses them all, but within a coherent theoretical frame. However some professional writers expressed their resentment with this trend, such as Beitman (1989) and Eysenck (1970: 145) who describe it as "mishmash". Although, Norcross and Arkowitz (1992: 7) argued that eclecticism de-emphasise theory in their treatment, many counsellors adopt an overarching phenomenological framework. Lazarus (Lazarus, 1989; Palmer, 1996), in his multimodal therapy, argues that eclecticism represents the acquisition of problem-solving models that are best suited to clients and their needs. Eclecticism has compatible techniques and suggest that how they can be used within a framework like Egan's (1990) model.

On the other hand, integrationists hold a theoretical view that suggests that it is possible for an integration of theories, such that a new model of human behaviour can emerge. Norcross and Arkowitz (1992: 21) believe that this approach can, empirically, strengthen counselling because *"links would be made with theory and constructs"*. However, integration between theories, faces considerable problems on a number of vital issues. For example, significant contradiction can be clearly observed in the assumptions of psychoanalytic theory, which view people as evil and victims of instincts, and person-centred that sees them as basically good. In this sense, McLeod and Wheeler (1996: 13) stated that *"it may never be possible to achieve coherent integration, to create the new 'grand theory'"*.

Within this debate, Nelson-Jones (1985) refers to a 'supermarket eclectic' model, which suggests buying any theory or techniques that seems best for the client. For this, counsellors who deal with different clients, offer help on the basis of the theory and practice of different theoretical positions.

Today, the eclectic trend has gained a wide range of support from most counsellors training centres and institutions by adopting Egan's (1990, 1994) model, which can be considered as an eclectic model within integrated framework. The model encompasses three stages, each of which has three main steps.

Stage One: (The Present Scenario). Includes explanation, identification, and clarification. It consists of three steps, each of which interacts and is integrated with the others. In the first step, the counsellor helps clients to tell their stories in terms of specific experiences, feelings, and behaviour, specifying the particular situation that bothers them and which they would like to be solved. Great counselling skills are required here. Specifically it needs relationship skills that range from attending skills such as listening to the clients in their contexts, showing interest by eye and body posture, to accurate relationship skills that are manifested in empathy, genuineness (or congruence), and respect. Next is helping clients to identify their blind spots, and to develop new healthy perspectives and to exploit unused opportunities. The counsellor may use challenging skills such as the giving or correcting of information, advanced empathy, appropriate self-disclosure, immediacy skills and paradoxical intervention that aims to enhance intentionality. The third and last step in this stage is called leverage, which focuses on working with that aspect of the problem, and those opportunities that will make an obvious and real difference. Therefore, the counsellor tries to help the client to screen out matters that are less important, focusing and setting priorities that are most relevant. Achieving this will lead to a significant decision-making process, which can provide the client with skills that facilitate improvement.

Stage Two: (Developing Preferred Scenarios). Basically this stage is concerned with helping the client to look into the future. It operates as a bridge between identifying and clarifying the problem and unused opportunities in stage one and formulating strategies and plans in stage three. Therefore, it emphasises encouraging clients to discover a wide range of possibilities for making their future better. The assumption is that clients can usually not look to the future because they are locked into their present, and so find it difficult to move forward to see whether or not there are alternatives for his/her problem. The counsellor may use a variety of techniques that help the client to contemplate open-mindedly the potential for the future, and to create a new vision of it. For example, asking what would the problem look like if it was much/or a bit better, using brainstorming, writing approaches, fantasy and guided imagery. The purpose of course, is to help clients to create viable agendas. The client's goals in his/her agenda should be submissive to certain criteria, in order to achieve precisely what the client would like to attain. Achieving any goal requires, of course, commitment. Therefore, the main task of the counsellor is to help clients to discover incentives that can be significant factors in facilitating their commitment.

Stage Three: (Formulating Strategies and Plans). After the goals have been clarified in the previous stage, the clients need to formulate real strategies and plans. Therefore, clients who lack a clear idea of how to manage their problem are helped to devise a strategy to achieve their

goals as effectively as possible. First, they are helped to brainstorm and think of a wider range of strategies and possibilities that are active and feasible to apply. The clients, then, have to choose from among those strategies the ones that are specific, realistic, effective, and consistent with their value system and do not clash with their environmental requirements. The counsellor can use the balance sheet technique as a way of evaluating clients' strategies in order to achieve their goal. The chosen strategies would be meaningless unless the client transfer them into a step-by-step plan. Therefore, the last step in this stage is concerned with formulating a plan that should be concrete, with time limits and dates set. Transferring the plan into real life needs awareness of both facilitating and restraining forces. Thus, support and other informal resources can be very useful in facilitating action.

5.5. The Counselling Relationship:

Most approaches and recent models of counselling emphasise the importance of establishing good rapport in the beginning of the counselling process. However, much emphasis on the counselling relationship was given by Carl Roger (1957, 1961), the founder of the client-centred approach. He emphasises the importance of the core conditions of congruence, empathy, and respect for the client. And indeed suggests that, these conditions are not only necessary but are sufficient to ensure therapeutic change.

5.5.1. Congruence:

This indicates to that the counsellor in the relationship with the clients is real, without any artificiality. Mearns and Thorne (1988) defined this as a state of being in the counsellor who is challenged to maintain a continuing openness to inner experience. Therefore, it is held that if there is congruence then a trust will be created and self-disclosure will be at a deeper level (Egan, 1990). However, in the counselling relationship it is important not only that the counsellor is congruent or genuine, but also that the client must perceive this condition to be so.

5.5.2. Acceptance or unconditional positive regard:

This condition, according to Roger (1961), means that the counsellor cares for the clients without any judgement or evaluation of their behaviour. According to humanistic psychology, experiencing unconditional positive regard from others, particularly if those others are important to that person, can facilitate the healthy development of individual (Medcof, 1991), and the absence of acceptance may be the reason people seek help (Roger, 1961). Therefore, it is generally agreed that the client should experience unconditional positive regard from the counsellor.

5.5.3. Empathy:

This is the third facilitative aspect of the relationship. It refers to how the counsellor communicates during the counselling relationship-accurately

and consistently understanding the client's internal feeling and views. Empathy has received a great deal of (confused) discussion in the counselling and psychotherapy literature with regard to its structure and aims.

5.5.3.1. Empathy: the counsellor's involvement or the product of a relationship

Empathy is viewed in various specific ways. It can, for example, be seen as a process through which to understand the personal meaning of the client's behaviour. Rogers (1980:142) said, "*It means entering the private perceptual world of the other and becoming thoroughly at home in it. It means temporarily living in the other's life, moving about in it delicately without making judgements*". Mearns and Thorne (1988: 39) refer to it as a process and define it as "*a continuous process whereby the counsellor lays aside her own way of experiencing and perceiving reality, preferring to sense and respond to the experiences and perceptions of her client*". According to these definitions, the involvement of the counsellor is the most important.

Some theorists (e.g. Barkham, 1988) suggested that empathy may be more multifaceted and complex than Rogers may originally hypothesised. They have differentiated between two kinds of empathy: emotional empathy by which the counsellor can be affected by the client's state, and role taking or cognitive empathy by which the

counsellor can understand the client's point of view. Egan (1990) used it as a communication skill, that is the ability to communicate to the client ones own emotional or role taking empathy.

Clearly, from these definitions, empathy is not merely a technique for information gathering but as 'being with', and to try to understand what the client is feeling. Understanding is, of course, a cognitive process, and the counsellor has to communicate this to the client. The counsellor needs to both understand the client's perceptual world and develop some knowledge about how the client is feeling as well as thinking about what the counsellor is doing. Understanding needs to be communicated by the client in terms of verbal or non-verbal behaviour. To ensure an accurate and precise understanding requires "*the active involvement of the client*" (Williams and Irving, 1997: 9).

Empathy, therefore, can not occur in the absence of another. This, of course, excludes its meaning to 'being with'. Being with in a relationship means a moment event. Williams and Irving (1997) argue that in understanding the counselling process, the client's experience should be given more consideration. In this sense, empathy is not what the counsellor has or as skills that are brought to the counselling relationship. Its occurrence is in and within the counselling relationship or as a result of it.

They define "*Empathy ... (as) ... an emergent property of that relationship which has no existence separate from it.*", (Williams and Irving, 1997: 10). Therefore, whatever a counsellor possesses in terms of skills and theoretical background that may enable him/her to facilitate usage of empathy, the client always has the ability to challenge the counsellor's perception of the problem. Therefore, there are always two parties in the relationship, which is characterised as empathic. It is then, the counsellor empathic understandings, being fed to the client and the feedback receiver that establish the counsellor accurate (empathic) understands.

Rogers believes that these three core conditions are sufficient to bring about a positive change in the client's personality. His position has been tested in many studies. The following is a consideration of these studies.

Patterson (1984) reviewed several reviews that related to congruence, acceptance, and empathy. Among the studies, some found that counsellors were effective because they were accurately empathic, non-possessively warm in attitude and genuine with their clients in the counselling relationship. However, a negative evaluation of some studies was also found. This may be because of the difficulties relating to other therapeutic variables, for example, the type of therapy employed.

Orlinsky and Howard, in Patterson, (1984) in their review found that of 23 studies of warmth, of 32 studies of empathy and of 20 studies of therapist congruence, two-third showed a significantly positive relationship with therapeutic outcome. They also reviewed studies that related to client's perception of the counsellor; the findings were that the client's perception of being understood was significantly associated with 'good endings'.

Garfield and Bergin (1986) reviewed several studies on psychotherapy outcomes, and among their conclusions was that the client's perception of counsellor's genuineness was associated with better outcomes. They also found that counsellors' attitude characterised by warmth and acceptance toward their clients was consistently associated with good outcomes in counselling and psychotherapy.

Recently, Cramer (1993), using Barrett-Lennard Relationship Inventory to assess clients' perceptions of the therapeutic relationship found that clients showed increased self-esteem and decreased need for approval after session three. However the study failed to provide positive evidence that clients' perception of their therapists as genuine, empathic and unconditionally accepting are associated with levels of clients' depression and anxiety.

However, according to Patterson (1984), these reviewers did not accept fully the results of their own reviews. For example, some of them pointed out that trust, warmth and acceptance are important factors in helping people, and can be facilitative in other interpersonal relationships. However, other specific techniques may also be important in bringing about change.

An important question, which arises here, is what factors prevented an accurate significant positive relationship between the counsellor or therapist variables and the therapeutic outcomes. Lambert *et al*, in Patterson (1984) stated some of these as:

- many researchers are not professional;
- most studies were undertaken with limited samples;
- a perfect correlation is unexpected in studies of human behaviour;
- there are various scales to measure the core condition, and intercorrelations between these scales is low.

The summary of the importance of core conditions can be drawn from Patterson (1984) who concludes from the several reviews that *the evidence is actually supportive for the necessity, if not the sufficiency for these therapist conditions.*", (p. 431). Additionally, a change may occur in the therapeutic relationship *"without specific techniques such as confrontation, suggestion and so on."*, (p. 438). Today there is wide

acceptance of these core conditions as central concepts of counselling (Egan, 1994: p. 107; Feltham, 1995: p. 17).

Like Cramer (1990), Hill and Corbett (1993) reviewed the literature and conclude that "*the debate over whether the facilitative conditions are necessary, sufficient, or both across all theoretical perspectives remains unresolved*" (p. 8).

The unresolved evidence could be related to the need of clarification about the meaning of constructs such as 'empathy' (Williams and Irving, 1997) and how this can be measured.

5.6. Counselling: Implications of Theory and Skills

In summary of what has been discussed so far, an awareness of the boundaries between counselling and various helping activities is important in the managing of client concerns. In a broad sense, a counsellor is a helper. However, clarity has been discussed to set counselling apart from other helping activities such as using counselling skills, which are considered to be high-level communication skills. Nowadays the implications of these skills are not limited to the 'counsellor', but they have moved beyond that to empower people and other professionals in diverse settings. There are several peer support networks as, in school, where individuals offer help by using counselling skills. To be an effective helper in any community, however, require specific training.

There are many approaches in the counselling stance, and these have been adopted in training and supervising various structures of helping and many helpers in various settings. A core theoretical model for any counselling programmes is important. The BAC and BPS require a core theoretical model of helping for trainees. The rationale for this is that theory helps to make sense of any training.

5.7. Counselling and Life-span:

The process of change or transition stages in life-transition from home to school, from childhood to adolescence to adulthood, the transition from unemployment to a new job, retirement etc.- consists usually of some principle event, which may cause a crisis. People moving from one stage to another will gain something, and maybe lose other things (Fisher and Cooper, 1990). Some professionals in this field argue that any individual experiencing change comes through a process of loss (Weiss, 1990). Studying and understanding these changes during the life cycle is a task not only for developmental psychologist but also very important for counselling (Sugarman, 1996). Adjusting to the change may require necessary and appropriate skills in order to manage the transition, and to set plan, and implement a goal.

Therefore, counselling from this point of view may play a vital role in transitions, assisting clients to overcome their problems, to cope with change and manage loss. In that, counsellors working with their clients

in a counselling relationship may help them to clarify their feelings and behaviour may reflect this process of change. According to Woolfe & Sugarman (1989: 29), "*counselling may be relevant at any stage of development, but particularly at the point of transition from one stage to another, where the potential for stress but also for personal change may be greatest*".

Others have supported this view. For instance, Thomas (1990: 64) states that the term developmental counselling is "used synonymously to describe counselling approaches that *"give particular attention to suiting treatment methods to stages of human development"*. Egan (1990, 1984:139) argues that counsellors or "helpers listen to the problem situations of their clients in terms of *"developmental stages, tasks and crisis"*. And Ivey *et al* (1987) emphasise the importance of finding a developmental resources, which can help the clients who are involved in counselling to accomplish developmental tasks.

Counselling can thus be a method for creating a healthy environment by helping people to cope with the stresses and conflicts of their growth and development.

There are many adolescents who may benefit enormously from experiencing a form of tension (such as the strong desire to belong, to be part of a group, to be lonely, to be disliked, etc.) during their transition

stage. They may cope and learn to deal with conflict. However, there are others who can not handle the conflict of development, and it is for them that counselling is most important (Bishop, 1990).

5.8. Counselling Adolescents in Secondary Schools:

In Britain, the movement of counselling adolescents in educational setting has developed from the concept of 'guidance', which emerged in the early 1900s (Milner, 1980; Mabey and Sorensen, 1995). The term was applied to three main activities. The first refers to '*vocational guidance*' offered by The Youth Employment Service, when in 1973 it became known as the new Careers Service. The aim of this service was to help young people, as well as school leavers up to the age of 18, to find suitable jobs by providing information and placement. The second activity is '*educational guidance*' provided by the School Psychological Service, and is usually conducted by educational psychologists, whose main concern is assessing pupils with special need by administering and interpreting standard tests of ability. The third is related to '*child guidance clinics*' that were founded in 1921, and aimed to provide behaviourally disruptive young people with medical or educational service. All of these establishments functioned outside schools.

Another contribution to the development of counselling in British schools resulted from the deliberations of the National Association for Mental

Health (N.A.M.H.) at a conference held in Bristol in 1963. The aim was to apply more preventive and approaches to mental health, and it was thought that this could be achieved by working in school.

“School counselling is one outcome of the intention to improve the quality of schools as caring institutions with a responsibility for maintaining, protecting and promoting the personal development and well-being of children.... Counselling in schools is basically a ‘preventive’ mental health service.” (Milner, 1980: 26).

Following the recommendations of N.A.M.H., the aspiration was to introduce a full-time counsellor into every secondary school, a new professional, part of whose task was to enhance positive mental health. Therefore, the first training course took place in October 1965 at the Universities of Reading and Keele. The Department of Education and Science (DES) did not issue any official policy with reference to this project, leaving the responsibilities of the role and the types of activities uncertain (Jones, 1984 and Hughes, 1989); the profession survived as a separate identity for more than ten years. The movement of humanism in North America, particularly the philosophical basis of client-centred counselling, enhanced it and fitted quite well the aspirations of British teachers, who emphasised the personal and social development of young people. It was reported that about 351 counsellors were working

within the school system, but this number decreased to only 90 counsellors in 1987 (Mabey and Sorensen, 1995). This happened because school counselling was then integrated with the traditional school support profession-pastoral care. Therefore, by the early eighties many schools started to value training teachers in counselling skills, and use them in a pastoral sphere, rather than employing a specialised counsellor.

This transformation from personal counselling into pastoral care systems in the eighties was enhanced by two factors. First, social and economic change that led to the reorganisation of secondary schools. For example, recession and cuts in public spending (Bolger, 1986) led to a decrease in new specialist counsellor appointments. Second, the movement from the open orientation that reflected the individualism of the sixties into an emphasis on the personal development of the individual, which made it necessary to redesign the school curriculum (Mabey and Sorensen, 1995).

5.8.1. Pastoral Care System:

Consideration of the history of the term pastoral care in the British educational system would need an experienced professional historian. However, it is claimed (Lang, 1995) that the early development of pastoral care in British schools could be traced back to the early nineteenth-century. The provision was structured under the

development of the 'house' or 'year' system, and in terms of approaches related to the role of the tutor. However, the concept 'pastoral care' as a distinctive terminology was first used in 1954 in the Educational Yearbook, and by the seventies it was established in all comprehensive schools. From the late 1970s to the early 1980s, pastoral curricular emerged focusing on personal, social and moral development and the acquisition of personal and interpersonal skills. The stress also was on shifting schools from individual to active tutorials or group work in pastoral care, giving considerable attention to the form tutor's caring role.

In general, the pastoral care system is part of the educational process that is concerned with providing assistance in the areas of personal and social development, educational guidance, and vocational guidance. Hamblin (1972, cited in Lowe, 1988) referred to it as an intervention in the learning process that aims to provide young people with support at critical and vulnerable points during their adolescence.

Cowie and Pecherek (1994) stated that schools should facilitate three main qualities: children's self-concept, making and maintaining social relationships and developing a sense of citizenship. To do this, they believed that personal and social development can be enhanced through the whole of school curriculum. First, by creating a positive climate or ethos of school, where caring relationships and

responsibilities between adults and young people are valued and each shows concern for each other. Second, it can be done by Personal and Social Education (P.S.E.) lessons, particularly in secondary school.

5.8.2. The relationship between Pastoral Care and Counselling:

A historical point, which may be mentioned here, is that it is believed that the foundation of counselling practice in UK originated from the pastoral tradition (Williams and Irving, 1996a). Pastoral care in an educational setting also has its roots in the theology and practice of the Christian Church (Best, 1995).

Issues such as social and personal development are an important goal in pastoral care. Both counselling and pastoral care have a common commitment to the welfare or well being of the individual child in the context of her/his personal growth. Best (1995) identified four elements of pastoral tasks: Casework, curriculum, control, and management. In the casework task, there are various activities that can link pastoral care and counselling such as responding to the child in terms of needs for security, support, understanding, warmth and acceptance. Going beyond this point, Cowie and Pecherek (1994: p.19) suggest that "*all members of the school community*" may benefit from counselling skills as a source of support.

The task of counselling is to listen to the client in an atmosphere that encourages him/her to talk openly in order to clarify different aspects of her/his life. In the context of pastoral care curriculum, if teachers are to be effective in their pastoral care role they need to be able to listen, understand and help individuals and groups (Hall and Hall, 1988; Cowie and Pecherek, 1994; McLaughlin, 1995). To achieve this task, teachers must develop good basic counselling skills.

Considering the current complexity of school life, demands for the need of counselling as a service for both staff and young people have grown, (McGuinness, 1989; Bishop, 1990; Cross, 1995; Moore *et al*, 1996; Beynon and Wright, 1997).

5.9. Specific Interventions for Lonely Adolescent:

Counselling interventions refer to a wide range of strategies that rely on various theoretical and philosophical perspectives. Interventions can best be classified in terms of their focus such as individual, group, family, and community approaches. Interventions may also be seen according to their goals, whether they are therapeutic or preventive. Matter and Matter (1985) suggested that in counselling lonely children counsellors should have three goals;

1. Helping them to develop the skills necessary for establishing such relationships.

2. Helping them to identify new opportunities to make social contact.
3. Preventing loneliness from leading to more serious mental health problems.

The principle interventions found in the literature with respect to loneliness can be classified into three main categories: individual counselling, group counselling and community intervention.

5.9.1. Individual Counselling:

In working with adolescents individually, counsellors are found to differ in the frameworks they use. For example, some use psychoanalytic (Noonan, 1983), other may use models such as the five-stage lifeskills helping model-DASIE (Develop relationship-Assess problem-State goal and plan-Intervene-End) (Nelson-Jones, 1993) or Egan's model (Egan, 1990) considering them as problem-solving models. However, counsellors working in school setting are more likely to use a wide range of other methods that may include cognitive and behavioural theories (Mabey and Sorensen, 1995). With respect to loneliness, cognitive-behavioural counselling has been most commonly cited in the literature.

5.9.1.1. Cognitive-behavioural Counselling:

According to cognitive oriented theories, loneliness is assumed to result from negative self-attribution, irrational beliefs and perceived lack of

control. Therefore, cognitive-behavioural therapy applied to loneliness aims to help the lonely person to be aware, and correct self-defeating thought patterns. The counsellor helps the client to identify automatic thoughts and recognise them as hypotheses rather than facts. In their cognitively oriented therapy, Perlman and Peplau (1982) postulated that the client's assessment of his/her loneliness could be altered by restructuring her/his cognitive image of what constitutes a desired relationship.

In the therapy process, lonely persons can learn to gain awareness of their thoughts (Murphy and Kupshik, 1992). Through the process of evaluation, the counsellor teaches the clients how to identify distorted and dysfunctional cognition. Clients learn to discriminate between their own thoughts and reality, and learn the influence that cognition has on their feelings and behaviours. Counsellors use various techniques such as thought catching, reality testing, generating alternative, challenging dysfunctional assumption, re-attribution training, homework, etc.

An example of these methods is thought catching, where the emphasis is on recording automatic thoughts. This helps clients to sense the connection between thoughts, feelings and behaviour. To do this clients are asked to consider a situation in which they felt lonely and upset, then record what their emotional response were, what were their automatic thoughts, and what they were, to themselves. However, the

counsellor needs to be aware that clients may have difficulties identifying the thoughts because they cannot find thoughts, can not catch them as quickly as possible, or have a fear of catching them.

Another method is reality testing, which helps the clients to recognise that the thoughts are not 'real', and that they are subjective interpretations. This process involves homework assignments, gathering data on the assumptions they make, keeping a record of activities, and forming alternative interpretations. As a result clients form hypotheses about their behaviour and eventually learn to use specific problem-solving and coping skills. It should be noted, however, that this method has to follow the process of thought catching.

Challenging dysfunctional assumption is another cognitive method, which involves disputing clients' irrational beliefs and teaching them how to do this challenging on their own. The counsellor shows clients that they are disturbed not because of certain events or situations, but because of their perceptions of these events, and because of their negative self-statements. The counsellor challenges irrational beliefs by asking questions like "where is the evidence for your belief?" "why is it so terrible if?".

Young (1982), who has applied cognitive-behavioural therapy to problems of loneliness, argued that this therapy rests on the premise

that loneliness is in large part a cognitive phenomenon; in that, the way individuals view relationships is perhaps the most important determinant of how satisfying their friendships are and therefore, how lonely they feel. However, social relationships are seen as a special class of reinforcers. Incorporating cognitive, behaviour and emotion in treating loneliness; Young views the particular behaviours and emotions that accompany with loneliness as a function of an individual's thoughts, attribution and assumptions.

In the above intervention, lonely adolescents are generally treated individually. However, many techniques of cognitive-behavioural intervention have also been used with groups (Alladin, 1988; Erwin, 1993). Indeed, the main aim of most cognitive methods are to alter a persons' cognition processes in a way that leads to appropriate functioning in their relationships. This may be more effectively achieved through group contact.

5.9.2. Group Counselling:

“Many of the children, but particularly adolescents, referred for psychotherapeutic help suffer a sense of loneliness and isolation. For them a psychotherapy group offers a safe, supportive, empathic setting where boundaries and limits are determined by the therapist and where there is an opportunity for immediate acceptance (Reid and Kolvin, 1993: 71).

People function as members of groups in their daily activities such as in family, work setting, classroom and peer groups. Today as loneliness and separation from family and friends increase, different types of groups appear to be increasing in popularity (Thompson and Rudolph, 1992). Among counselling groups, there are many structured groups, which work from a specific theme, that appear to be increasingly used in schools and communities. The purposes may be training, therapeutic, offering support, sharing common experiences, or an information peer group.

Group counselling is considered an effective method of counselling as a number of individuals are offered help in an economical way. There is a general agreement that group counselling is an invaluable tool in helping people improve their ability to make decisions for themselves and behave in a meaningful and constructive way. With loneliness, the main aim of groups may be seen as countering the sense of losses of relationship and self, as well as loneliness that may be caused by these two conditions (Romm, 1996).

Group counselling is especially suited for adolescents because it provides them with a feeling of safety and consequently they may be more willing to express freely their own feelings, concerns and beliefs. Adolescents can discuss their perceptions of themselves while at the same time can receive feedback on how the other members perceive

them (Corey, 1990). The environment of a group is extremely powerful particularly because it is made up of peer members, whose feedback is more important to the adolescent than that which comes from adult.

In the group context, adolescents can meet their own psychological needs: to belong, to be accepted, to express freely their feelings and concerns, and to take part in a supportive atmosphere where self-exploration is encouraged (Reid and Kolvin, 1993). Consequently, they may get rid of their defences and start to explore threatening areas further. Therefore, they may feel that they can share their concerns with others while various alternative strategies for a certain problem can be discussed. It is worth saying that adolescents are free to make their own decisions and that leads to the development of a sense of responsibility to self.

Another unique value of group counselling for adolescents is that the group becomes a "microcosm of society" (Trotzer, 1977), where both the members and the facilitator can observe unproductive patterns of behaviour and then work through problems that need to be resolved. These problems which are usually based on social interactions can be solved better in the group context.

One of the greatest contributions to personal growth and development that a group for adolescents offers, is the opportunity for reality testing

and obtaining a greater awareness of the consequences of their behaviour. Consequently, a group can challenge adolescent's values and principles facilitating appropriate behaviour changes.

5.9.3. Other Group Interventions:

5.9.3.1. Social skills training:

Research findings suggest that some lonely people lack the skills needed to initiate and maintain social interaction (Jones, 1982). Therefore, social skills training can be a useful intervention to help individuals overcome loneliness (Blai, 1989). Social skills training is based on Bandura's social learning theory (Bandura, 1977). The main hypothesis underlying this method is skills deficit, in that the socially anxious person may have either never learned appropriate social behaviours or have learned inappropriate ones. Therefore, correcting social problems can be achieved by training, learning appropriate skills through modelling and reinforcement.

Programmes to improve social competency focus on two interventions: training on particular social skills and interpersonal cognitive problem solving. In terms of social skills training the emphasis is on specific behaviour using approaches that focus on learning specific prosocial behaviours, co-operation skills and leadership skills. The assumption underlying this strategy is that unpopular young people have not yet learned certain behaviours that are necessary for positive social

interaction (Oden and Asher, 1977; Asher and Hymel, 1986; Erwin, 1993). Various methods can be utilised such as modelling, role-playing, self-observation, teaching and homework assignments.

Interpersonal cognitive problem solving is concerned with teaching the lonely how to think through and resolve interpersonal conflicts, as such skills are related to better social adjustment and positive behaviour change (Spivak and Shure, 1982; Murphy and Kupshik, 1992). The skills include recognising problems, generating alternative solutions, achieving the desired solution, recognising the consequences of acts and understanding the interaction between interpersonal motives and actions.

However, a combination of social skills training and interpersonal cognitive problem solving interventions has also been suggested to help young people behave more prosocially and increase their acceptance by peers (Spence, 1988; Nelson-Jones, 1989, 1990).

5.9.3.2. Co-operative group works in the classroom:

Another example may be using co-operative group work in the classroom, with the aim of decreasing social isolation. The benefit of this method was demonstrated in an innovative intervention for school children by Cowie and her associates (Cowie et al, 1994). They argued that there are some young people who have difficulties in establishing

and maintaining a healthy integration with their peer in school. They suggest that *"some of the classroom experience in school should provide children with wider opportunities for interaction. In particular, such interaction-under the right condition-may help reduce prejudice and foster trust (and sometimes friendship) across ethnic and gender group, and help integrate neglected or rejected children at least to the extent of increasing their peer acceptance."*, (Cowie et al, 1994: p.193). Co-operation in their study refers to a group of children who are *"working together for a common goal."*, and it *"implies a certain degree of fairness and reciprocity in how the work is done."*, (Cowie et al, 1994: p.191).

5.9.4. Community Intervention:

The overall goal of the community intervention for loneliness is to facilitate social bonding. There are various approaches involved with community intervention, of which the most significant methods are network building and restructuring social settings such as school classroom modification.

5.9.4.1. Network Social Support:

Support is a very important type of help. Support may be informal, which may come from friends, family members, schoolmates, neighbours etc., and operates at all times in people's lives. It may also be formal, that is, *"created to provide a basis for people to make contact with each other, to share ideas and experiences and to give support to*

one another.”, (Murgatroyd, 1985: p. 151). A person who seeks help has often failed to find an adequate support within his or her network. According to Murgatroyd (1985), support provides individuals with a basis to feel and be attached to others as well as to integrate within a community. However, support depends on the quality of the relationship; a person can not turn to a friend for support unless a good relationship already exists.

Evidence suggests that social support may serve an important function in terms of its ability to buffer the effects of both psychological and physiological stressors (Cohen and Wills, 1985). Although inconsistent findings have emerged concerning relationships between social support and a range of mental health problems (Cramer *et al*, 1996), reasonably consistent evidence has been found with loneliness (Rook, 1984; Stoke, 1985; Blai, 1989; McWhirter, 1990).

This intervention provides a lonely person with social support through social networks. It focuses on helping the lonely to improve or increase their social contacts. As a strategy, social support has been found to be an effective way of helping individuals change their actions (Janis, 1983).

Stokes (1985) found that persons who have a dense social network scored lower on a loneliness scale. This is thought to be because a

social network provides people with a sense of community, a sense of belonging to a group, and therefore, feelings of loneliness might be expected to be reduced. Therefore, helping lonely people might be achieved through helping them find a satisfying social network in order to develop their sense of belonging and so alleviate their feelings of loneliness.

5.9.4.2. Restructuring Social Setting:

This method of intervention is based on the hypothesis that the physical environment may also reinforce or inhibit social interaction (Rook, 1984; Matter and Matter, 1985). It involves designing social settings in order to remove or reduce any obstacles to social contacts. In the school context, the counsellor and other school staff can work together to structure classrooms in such way that may enhance students' social interactions.

6.10. Counselling and Cultural Values:

Any counselling intervention should consider the social context and cultural values of the individual. Working with a young client, the counsellor needs to pay serious attention to this issue. The literature (Downey, 1996) suggests that adjustment of young people to any life transition depends, among personal experience, and on the environments or cultures they encounter. Britain, for example, has increasingly become a multicultural society, where information about the

counselling needs of many young people from ethnic minorities or other groups has become necessary (d'Ardenne, 1993). Young people from a migrant generation may see themselves as lonely and deeply alienated by the majority culture if their parents have fully accomplished their culturally specific goals (d'Ardenne and Mahtani, 1989). They also have various needs in relation to the personal crisis of development, vocational choice, dealing with family conflicts and struggle, perhaps painfully, for independence. However, "*many counsellors today are not well equipped to be appropriately sensitive to, or skilful at addressing, this issue*" (dialogue with Whitmore in Horton et al, 1996: 611). This may be for two reasons. The first refers to the ideology of assimilation and its implication to counselling (d'Ardenne, 1993), in that 'ethnic' problems would disappear if black and ethnic people relinquished their own cultures and embraced the dominant one. This may be softened by interdisciplinary collaboration between lay people and professionals (Lokare, 1993). The second refers to the dilemma between counselling as 'value-free' and its contextual location (Williams and Irving, 1996a).

5.10.1. Counselling: Value-free and the Role of Cultural Knowledge, a Dilemma.

Most, even all, theories of counselling are firmly rooted in the cultures and philosophical principles of the Western societies. The basic assumptions of humanistic forms of counselling, such as the Rogerian model, have been influential on the profession of counselling at least in

Britain (Lehain, 1994; Williams and Irving, 1996b). From a humanistic stance, conforming to the societal and other values is the first step on the road to mental health dysfunction (Waalén, 1991: 274). Therefore, the humanistic forms, particularly person-centred, of counselling, place great emphasis on respecting the client's autonomy, which depends on the counsellor's attitude being non-judgmental (Rogers, 1961; Mearns and Thorn, 1988). This view places counselling profession as a value-free. However, counselling within this view does, implicitly, offer a framework for value judgements within its view of how the client should behave to achieve his/her potential of self-growth or self-actualisation. Counselling, thus, is not a value-free. According to Williams and Irving (1996a: 9), to be a counsellor "*is to make a value statement in respect to another person*".

This notion, counselling as a value-free, is reinforced by what so called the "generic model of counselling". According to Rogerian (Humanistic) framework, the client, who brings the issue, controls the content of the process of therapeutic relationship and the counsellor tries to understand it within the client's framework. This implies that counselling is a context-free, which constrains the counsellor from using her/his own knowledge in the counselling process. This assumption is clearly documented in the British Association for Counselling Code of Ethics for Counsellors (BAC, 1995) and the Counselling Psychology Division of the British Psychological Society (BPS, 1995).

The dilemma is that counsellor needs to have some knowledge in relation to the client's culture. Williams and Irving (1995a) argued that counsellors should be equipped with theory in order to understand fully the client's agenda. Counsellor needs knowledge that is related to not only the process or the dynamic of counselling relationship, but also to the content in order to understand the client's issues. One criteria of the BAC for accreditation is to have 250 hours of theory. However, there are no clear guidelines as to which theory.

5.10.2. Transcultural counselling: Issues in the counselling relationship:

Many variables have been identified in the literature of counselling and generally in the mental health services as barriers, which handicap the counselling process with people from different cultures. These refer to both the counsellor and the client (d'Ardenne and Mahtani, 1989). For example, assumption and values, language and communication style, conception of the counselling and the counsellor's role, cultural stereotyping, class and religion.

There are many cultural and class values, which are important factors in the counselling and psychotherapy process. For example, many non-Western cultures do not place much emphasis on the concept of individualism in educating their generations, rather they heavily stress family constellation (Pedersen, 1985); these cultures stress collectivism,

strongly emphasise group views, needs, goals, attitudes, social norms and beliefs rather than those of the self. In extreme collectivism, it is impossible to distinguish between the individual and the group (Triandis, 1988). On the other hand, according to Sue and Sue (1990), counselling and psychotherapy in Western societies emphasise the I-thou relationship, which tends to be individual-centred. Therefore counsellors and psychotherapists need to recognise the importance of these differences.

Language is a very important variable in the counselling process, because building up a therapeutic relationship or a good rapport with the client becomes difficult if there is a low degree of correspondence of meaning (Mortensen, 1997). Ethnic clients' communicative styles may differ in terms of vocal volume, eye contact, turn taking in conversation and degree of directness as well as differing types of persuasive argument (d'Ardenne and Mahtani, 1989; Khoo et al, 1994). There are many significant values that the language connotes. Therefore, the lack of a bilingual counsellor and a client who is unable to communicate in the counsellor's language may prevent the client from benefiting from counselling and psychotherapy as fully as possible (Sue and Sue, 1990). This can become particularly challenging for the mental health professional, who is trained to rely heavily on the verbalisation of the client's feelings in therapy (Oropeza *et al*, 1991).

Counsellors are trained to listen and help clients explore their concerns and feelings. Therefore, the counsellor and the client will seek a solution together. However, a culturally different client may have different expectations. Midgette and Meggert (1991) stressed that the main barriers to counselling a client from an ethnic minority in many institutions are:

- counsellors' expectations about clients, in that they expect them to display a degree of openness and psychological mindedness, which are important factors in counselling and psychotherapy, regardless of the cultural background of the clients.

- Many counsellors stress self-disclosure in the counselling process, whereas many minority clients have different beliefs and values. Clients may find it hard to disclose themselves because of cultural values and beliefs.

According to d'Ardenne and Mahtani (1989), therapists generally prefer clients who are young, attractive, verbal, intelligent, and successful (the YAVIS syndrome). Clients from minority groups are often seen as less attractive, less verbal, unintelligent and less successful. This is also stressed by Sundberg (1981, as cited in Sue and Sue, 1992) who commented that therapy is perceived as not for the quiet, ugly, old, indigent, and dissimilar culturally (the QUOID syndrome). Sue and Sue (1990) identified three possible causes of conflict for third world groups. They are: first, counsellors expect client to be open to a certain degree;

second, counsellors expect client to talk about their personal problems; and third, counselling is seen as ambiguous. Some cultures such as Asian, associate maturity and wisdom with the ability to control emotions and feelings. Counselling is often referred as 'talking therapy', which prefers clients to be verbal, articulate and able to express emotions and feelings clearly. This potentially places the minority client at a disadvantage. According to d'Ardenne and Mahtani (1989), the counsellor and client need to discuss the counselling process and the counsellor's role, as well as the client's responsibility and interaction in the counselling relationship to avoid misunderstandings about their respective roles.

There are also issues related to confidentiality, which may handicap the counselling process with client from minority and black community (Oropeza *et al*, 1991).

5.10.3. Developing competencies for Transcultural counselling:

At present, much emphasis is being directed toward the importance of preparing counsellors for multicultural counselling. The lack of counsellors qualified to provide culturally competent skills and experiences for ethical and professional practice is one of the challenges facing all counselling training institutions that offer counselling programmes (Midgette and Meggert, 1991; Johnson and Nadirshaw, 1993).

d'Ardenne and Mahtani (1989) suggested that transcultural counselling be based on the following components:

- Counsellors' sensitivity to the cultural variations and the cultural bias of their approach;
- Counsellors' increasing understanding of the cultural background of their clients;
- Counsellors' ability and commitment to developing an approach to counselling that meets the cultural needs of their clients;
- Counsellors' ability to respond to the greater complexity of working across cultural;

The first three components are recognised as major competencies that have been found to be extremely important in working with people from diverse cultures (Sue and Sue, 1990; Sue *et al*, 1992). These competencies include specific skills, knowledge and attitudes that counsellors and psychologists need to develop to be successful.

1) Counsellor awareness of own cultural values and biases:

Within counsellors' beliefs and attitudes, they need to explore their own values and respect differences that exist between them and their clients. This is important, because counsellors who are insensitive to their own values may impose them on their minority clients. According to Pedersen *et al* (1989), some studies have found that many minority clients perceive counselling services as insensitive to their health and

welfare. They also fear that their counsellor will try to impose the values of the dominant culture upon them.

Effective multicultural counsellors are conscious of their own racial and cultural heritage. Being knowledgeable of how discrimination, stereotyping and race may affect them personally, counsellors will recognise how these can affect their clients and the counselling process. They need also to be comfortable with differences that exist between them and their clients regarding culture, race and beliefs.

They need to check their communication style when they are dealing with their clients, because any breakdown in communication may be attributed to the dynamic between them and their clients (Lago and Thompson, 1989).

2) Understanding the worldview of culturally different clients:

Sue and Sue (1990) define the concept of worldview as an individual's perception of his or her relationship with the world, for example, nature, people, institutions and things. The purpose of understanding the worldview of culturally different clients is that it provides a mechanism for counsellors and their clients, to understand how culture, ethnicity, socio-political history, and life-style affect their life choices and decision-making ability. Therefore, if the counsellors accept that individual worldviews will differ within the same group, this will make any

intervention in the counselling process more client-specific (Ibrahim, 1991).

Working with minority or culturally different clients requires specific knowledge about these clients in order to facilitate the counselling process and give counsellors an understanding of how such things may affect behaviour (Williams and Irving, 1995a). For example, they need to have knowledge about their clients in terms of family structures, hierarchies, and values, because different cultures have different beliefs. Counsellors also need to have knowledge about the effect of culture and race on the personality and psychological processes. Obviously, counsellors cannot be experts in every culture, but they should acquire minimum knowledge of their clients' cultures. Klineberg (1985) pointed out that *"... cultural factors are important to counsellors, and they have the responsibility of learning all they can about the cultural background of their clients. It is too much to ask that they become specialists on all the cultures of the world; it should not be impossible for them, however, to become aware of the range of values and patterns of behaviour of which human societies and individuals are capable and to learn as much as they can about the particular ethnic groups that constitute their clientele."* (p. 34). Parker (1988) suggests ways to develop sensitivity, knowledge and skills. They include becoming personally involved with minority groups, reading ethnic literature, practising counselling ethnic minorities and exploring personal feelings and beliefs about minorities.

3) Developing appropriate intervention strategies and techniques:

Counsellors need to acquire appropriate cross-cultural intervention strategies and adapt a range of helping responses to the needs of their clients. They should respect indigenous help that can be given to the clients from their own community, because such help may take place in religious contexts (Irving and Williams, 1996a).

Counsellors need to possess a knowledge and understanding of the cultural implications of the techniques of various approaches in counselling in order to avoid any clash with cultural values. Ivey *et al* (1997) states that techniques that work well with one cultural group may not be suitable for another. Pedersen (1985) stressed that intervention is more likely to be effective when it fits the cognitive map, life-style or cultural background of clients.

Counsellors sometime use psychological instruments in the counselling process to help them to achieve the goal. So, they need to be aware that these assessment tests have bias, because many of them are standardised for specific cultures, as no behaviour is deviant in itself, but only in relation to particular social norms.

Counsellors need to be aware of the support system outside the counselling process, because many studies have found that minority

clients turned to their a fellow national to help them with personal problems (Furnham and Alibhai, 1985; Abu-Rasain, 1994). Therefore, counsellors should be aware that such networks constitute a major support system for some clients.

Counsellors need to be able to send and receive both verbal and non-verbal messages as accurately and appropriately as possible. Ivey *et al* (1987, 1997) suggested a model to enable counsellors to be effective in multicultural counselling. This model emphasises careful listening and attending skills.

Effective counsellors need to seek possible resources that can help them in their job, for example, referral to traditional helpers or counsellors of the same race or culture as the clients. According to d'Ardenne and Mahtani (1989), "*every aspects of client's life should be considered as a resource in transcultural counselling.*", (p. 34).

5.11. Conclusion:

This chapter has focused on the unique counselling needs of lonely young people as reflected in a review of counselling theories, issues and interventions. As social factors influence loneliness, the social context of counselling has become a very important and significant issue in professional practice. A reflection of this may be seen in the increasing

interest of acquiring knowledge and skills with respect to cross-cultural counselling. One related, and yet very important, issue that has been raised is the appropriateness of Western approaches to counselling and their applicability in a non-western individuals and societies.

Chapter: Six

Counselling in the context of Saudi Arabia:

6.1. Introduction:

Counselling in different cultures nowadays, has gained the attention of many professional counsellors. The intention of this chapter is to look at counselling in a different society, specifically the Saudi Arabian context. It will provide background in terms of the setting and purpose of the service, together with the current problems and issues.

6.2. Counselling provision and accountability:

There are four professional bodies that are accountable for planning and implementing counselling services in Saudi Arabia. These exist within two contexts: health and education. It is necessary to give a brief account of these organisations, so as to shed the light on the history of counselling in the country where such services can be found and what employment opportunities may be available.

6.2.1. Counselling in the Context of Health:

Counselling in the sphere of health services grew out of what is broadly termed 'mental health'. In 1962, the first mental health hospital, called the '*Shahar Hospital for Mental Illness*', was established in Taif City located in the west of Saudi Arabia. As a result, new employment opportunities were created to those specialised in psychiatry and related

areas. However, the emphasis here was on the medical rather than on the psychotherapeutic.

Alongside this movement, a psychological clinic in the eastern province of the Kingdom was established in 1966 (Dubovsky, 1983). This was opened by the Arabian American Oil Company (ARAMCO), which aimed to provide psychological help for its employees, particularly foreigners, within the company's hospital.

By 1973, the Ministry of Health considered a new department for mental health services. This was as a result of a joint meeting with a team from the World Health Organisation (Ministry of Health, 1982). The aim was to establish mental health institutions throughout the country. And in order to meet the shortage of manpower, the already existing hospital (the Shahar Hospital) became the centre for training Saudi professionals in mental health services.

Today, the General Directory for Mental and Social Health monitors all mental health provisions within the Ministry of Health. A report published in 1991 by this administration indicated that there were sixty mental health institutions in the country (Ministry of Health, 1991). Among these institutions, there are also three hospitals, located in the major cities (Riyadh, Jeddah and Dammam), specialised in Drug Addiction and providing counselling services.

Although counselling services in the context of health may be observed in such preventive activities (e.g. the intervention smoking clinics), counselling, psychotherapy and psychology in this sphere have always been considered to be remedial approach to meeting mental health needs.

One final point with respect to counselling services within the context of health is the liaison between the Ministry of Health and educational authorities, particularly for training and referral.

6.2.2. Counselling and Guidance in educational setting:

Counselling provisions in the educational context are subject to the supervisions of three agencies. These are the Ministry of Education (boys' schools), the General Presidency for Girls' Education-GPGE (girls' schools), and the Ministry of Higher Education (universities). To give a clear picture, brief information is provided regarding the structured of counselling services within each supervisory authorities.

6.2.2.1. Counselling in Higher Education:

The most established counselling work in higher education exists in universities. The primary aim is to provide services that "*facilitate, enhance and encourage development*" (Saleh, 1987: 286). There are seven universities, each of which have various faculties and some with

branches throughout the country. These are: University of King Saud, University of Umm Al-Qura, Imam Mohammed Bin Saud Islamic University, University of King Abdul-Aziz, Islamic University and King Fahd University for Petroleum and Minerals. The first three institutions have been supplying the country with counsellors, particularly in training at diploma and master level (el-Sendiony et al. 1987). These programmes, as Saleh (1987) states, are "*tailored to meet the country's needs and reflect the Kingdom's unique culture and society*" (p. 286).

6.2.2.2. Counselling in Schools:

1. Girls' Schools:

The General Presidency for Girls' Education (GPGE), which was established in 1960, is the supervisory authority for the girls' general education levels of girls' schools (primary, intermediate and secondary). There was a delay in introducing counselling into girls' schools. This was because of the objections from both religious scholars (Ulama) and some parents regarding girls' formal education. As in any life transition, it was claimed that these people feared that sending Saudi girls to modern schools might bring undesirable effects. Lately, the religious scholars has accepted the idea, so allowing the government to establish the schools, but with the condition that they be under their administration. Consequently, education for girls has rapidly increased. Today, there are about half as many girls as boys attending school. The number of girls in the general education levels (primary, intermediate,

and secondary schools) constitutes about 46.74% of the total number of students (Ministry of Planning, 1995).

A Counselling service in girl's schools is introduced to be developmental, preventive and therapeutic. But this is within the social educational provisions. According to GPGE (1995), social and educational provisions include counselling services, psychological services, vocational and career information, school-home relationship, health services, in-service training for counsellors or teachers involved in counselling students, research services and co-operation with outside agencies.

However, and by looking at GPGE plan (1995: p.6), there is no clear concept to reflect such aims in these provisions. For example, providing a psychological service in school is claimed to be through discovering such cases that are in need of specialised services. This may reflect the need for counselling in these schools. Al-Owidha (1996: p. 122) conducted informal interviews with some principals and pointed out that *"counselling is still in its infancy in Saudi girls schools. There is no position in girl's schools called 'counsellor'. To a large extent, the so called 'social supervisor' also carries out the role of student counsellor"*.

2. Boys' Schools:

In order to attempt any analysis of present-day patterns of counselling provision in the context of boys' schools, it is necessary to describe its development. It is useful to consider the counselling movement in Saudi Arabian boys' schools in terms of three developmental stages, with each stage having its tasks, crises and abilities for resolution.

Stage one-infancy and early childhood:

The beginning of guidance and counselling services can be traced to the work of the Division of Social Activities, which was established by the Ministry of Education in 1954 as a new educational administration. In addition to academic learning, emphasis started to be placed on social activities in the schools (Ministry of Education, 1982). The function of this new division was in supervising, planning and evaluating various social activities in the schools. As a result, each educational region started to appoint professionals, who later became known as school social workers, who had a bachelor degrees in the field of sociology and social work.

The function of the school social workers was limited to the organising and implementing of different educational and social activities such as parent-teacher conferences, athletic clubs and environmental services. Later, the role of these professionals expanded to include duties that were considered to be more in line with counselling services in Western

countries (Saleh, 1987). These new duties focused on helping students with academic and personal concerns along with their career plans.

Stage two-Late childhood:

Prompted by the Ministry of Education Order no. 216 in 1981, the Social Educational Administration was replaced by a new one called the General Administration for Guidance and Counselling Students. During the previous period, the Ministry of Education in Saudi Arabia learned, and became aware, that in order to facilitate their academic achievement, students should be given more care, guidance and action to solve their personal problems (Ministry of Education, Educational Documentary, 1982: p. 69). By 1982, most educational regions in the Kingdom had established departments for guidance and counselling students.

Guidance and counselling students: What is it? In order to give a clear picture of the new service, the official professional body provided each local education authority with a copy of the Order that included information related to the new programme. The service was concerned with nine areas: counselling, educational guidance, academic and vocational guidance, social guidance, moral guidance, student record file, tests and measurements, participation in school social activities, and research and evaluation. New professionals called counsellors in the school contexts should provide these activities.

This evolutionary movement created high demands for counsellors and counselling supervisors. To cope with this, the Ministry of Education appointed supervisors from the existed Social Educational Departments to monitor and supervise guidance and counselling in schools. These professionals held a series of meetings with the school social workers to provide them with knowledge in relation to their new roles that they were going to perform (Ministry of Education, 1982). Some teachers were appointed temporarily to function as counsellors. A request to colleges of education in Saudi Arabia was sent to open and offer guidance and counselling courses, on eventually, up to the level of Diploma and Master degrees. Additionally, some teachers of psychology were sent abroad to study guidance and counselling (Saleh, 1987).

Stage three-Adolescence:

The orientation of the past plan has continued to enhance counselling and guidance programmes. Demand for counsellors have also continued. During the period between 1990-1995, about 1098 teachers were appointed as counsellors in public schools for boys (Ministry of Education, 1997: p. 34). Furthermore, a national newspaper (Al-Riyadh, 1996, cited in Al-Owidha, 1996) reported that the Ministry of Education announced that about 552 teachers were appointed to work as counsellors in schools for the academic year 1996-1997. To solve the

problem of their teaching load, these new candidates were to be entitled to reduce their teaching hours.

6. 3. Counselling practice and Islamic religion:

Among the current influence of Western culture, Saudi Arabian society has its roots in the Arabic tribal system and Islamic religion. The influential role of Islamic religion involves all aspects of personal and social life of Saudi people from personal, moral and family, to education, and work. Therefore, the practice of any professional help, as counselling, must be interwoven or designed in accord to the Islamic teaching principles. This is because "*Saudi Arabia is the birthplace of Islam and contains the most sacred cities in the religion.*" (Al-Farsy, 1986: p. 209). These are the cities of Makkah and Al-Madinah.

There are four main source of guidance in Islam as practised in Saudi Arabia. These are:

- a) The *Quran*, which is the holy book of Islamic religion.
- b) The *Sunna*, which includes the statements, as well as the actions recorded about Prophet Mohammed (peace and prayer be upon him).
- c) The *Ijma'a*, which refers to the consensus of the *Ulama* (the most high Islamic scholars). It is the decisions of the *Ulama* that serve as legal precedents. For example, issues related to the fertility treatment.

d) The *Qiyas*, which is the use of analogies in reaching a decision. This is applied when the first three sources offer no guidance.

Implementing these sources in the country is the responsibility of the Ulama. The influential part of these most learned Islamic scholars can be seen throughout the most fields of government (Al-Farsy, 1986: pp. 73-74). The related examples are:

- Religious education, that is Islamic legal education and theology at all levels;
- Guidance and preaching throughout the nation.

In this context, counselling or more precisely a 'counselling service' emphasises the inclusion of Islamic teaching principles. According to Saleh (1987: p. 278), counselling can be seen as the process whereby:

"the counsellor seeks to help the (client) make interpretation of facts relating to choice, plans, and/or adjustment in an Islamic manner by utilisation of Islamic beliefs and thus try to unleash one's potential Islamic motivation in solving problems enabling the client to develop behaviours that would help them deal more effectively with themselves and their environment".

The emphasis in Saudi society nowadays is that a counsellor should be wholly committed to Islamic religion (Al-Owidha, 1996). Counsellor

competence can only be achieved by possessing a knowledge and understanding of the followings:

- 1) Islamic teaching principles. Within this competence, the behaviour practice and the essential characteristics of the counsellor' way of life are the importance of paramount in the selection process of counsellor training.
- 2) Education, particularly its purpose, curriculum and philosophy.
- 3) Professional competence in counselling theories, techniques, methods and individual and group counselling experience (Saleh, 1987: p. 279).

This may reveal implicitly that counselling in this context, an Islamic society can not be as client-centred, since a counsellor will necessarily make interpretations and suggestions. Although without referring to its roots, the counselling supervisory authority (GDGC, 1997: p. 48) highly recommend counsellors to use a client-centred approach in their service. This reference stated that "*the student counsellor is in need to this method (client-centred) in dealing with various students' problems*". Integrating counselling approaches such as client-centred with the Islamic religion may, thus, highlight a dilemma between the two philosophical foundations. The similar dilemma has fully been discussed in the previous chapter. However, brief discussion within the present context may be necessary.

As has been previously discussed (see Chapter Five) counselling generally seeks to enable personal growth or self-actualisation. This view is adopted from the client-centred proposition as a form of humanistic counselling. A distinction can be clearly made between counselling and other ways of helping. (Russell, et al, 1992). Counselling is generally considered as non-directive, but other types of help such as guidance may include giving advice and directing the client to a particular way or choice. Applying counselling in the religious context may not differ from guidance because the religious counsellor looks at the client as having freedom only within a certain limits. The question may be raised here, is how to place the notion of counselling as value-free enterprise in the religious context, specifically in Saudi society.

As we have seen earlier the counsellor, in the person-centred stance should not judge the client' behaviour, rather valuing the client as he/she is. According to Mearns and Thorne (1988: p. 30), the counsellor "*does not profess to know what is 'good for' the client, and is not therefore concerned to exercise manipulatory skills*". This notion of being non-judgmental in Rogerian counselling has been questioned. And led to the conclusion that counselling can never be value-free (Williams and Irving 1996a).

One of the shortcomings of the person-centred approach to counselling is the stress on individualistic psychology, and denying the importance of social relatedness and community that has a positive effect on the individual. People exist as members of a shared language community. In counselling, for example, people "*create meaning and perform, not through the, power of the inner world, but through taking action under the gaze of reflection*" (Peavy, 1996: p. 145). Within the counselling relationship the client is supported by the counsellor, who listens and understands. In a similar way the religion may offer as social support, values and spiritual support which do have a positive effect on mental health (Loewenthal, 1995: p. 155). Some aspects of social support include finding one or more people to talk over problems with and to give practical help when needed.

There are many factors within the social context that have had profound effects on counselling and psychology in general (Richards, 1994). These may include the cultural attitudes towards human nature, the historical events, the shifting preoccupations and problems of society at large. Indeed, Humanistic counselling is socially embedded. Not only this, it is the society that gives counsellors their identity and legitimacy as counselling practitioners.

Accepting that counselling can not be conducted separately from context, counselling training seems to be becoming more and more

specialised. For example, AIDS and HIV counselling, marital counselling, counselling in Drug Abuse, etc. This implies a strong need for skills and knowledge that relate to the client's agenda in the counselling process (Williams and Irving, 1995). Therefore any belief that counselling exists in some kind of cultural vacuum is "a myth" (Strawbridge and Woolfe, 1996: 610).

As counselling has no existence without social context and "*is not and can not be a value-free activity*" (Williams and Irving, 1996a: p. 9), the implication of this is that support counselling can act within a religious framework. Indeed, Williams and Irving (1996a: p. 8) declared that counselling "*values may be compatible with certain religious principles*". Thus, the process and content of a counselling relationship, based on Islamic religious beliefs, should be considered as valid and accepted when applied to the Muslim client. To accurately understand a person, both parties should have some level of cultural similarity (Sue et al, 1992).

There are many Islamic teaching principles that are compatible with counselling stance. For example, helping fellow-creatures is an act of the range of morality in Islam. "*Help ye one another in righteousness and piety*" (The Holy Quran, S5: A2). There are many Islamic teaching principles that based on many Quranic verses and Prophetic statements and actions, which a Muslim counsellor can utilise when working in a

similar faith client. Take, for example, the concept of *tolerance* that could be used as a method of controlling the client's anger. Counsellor may use *fasting* as a technique to enhance self-control.

6.4. Reality of counselling practice:

6.4.1. The work of counsellors in school setting:

In a book called "*The Student Counsellor's guide in public schools*", published in 1417H (1997) by the General Directorate of Guidance and Counselling-Ministry of Education- (GDGC), the term counselling is referred to as a systematic process that is concerned with helping students to understand themselves and their own abilities. Counselling aims to help students to solve their problems within the framework of Islamic teaching principles, in order to achieve personal, psychological, social, educational and vocational adjustment. This goes alongside the general goals of education in Saudi Arabia.

The general objectives of the counselling and guidance programme in school, as set by the Ministry of Education (Ministry of Education, 1982; General Directorate of Guidance and Counselling, 1997: pp. 15-16), include the following:

- Helping students in terms of psychological, moral, social, educational and vocational needs. This process should enable students to live satisfactorily and become effective members in their society.

- Identifying problems that might face students in their educational, personal and social lives. Then, working to find appropriate solutions that enable students to progress better academically and offering them positive mental health.
- Working to strengthen co-operative relationships between school and home. It is held that in order to offer an encouraging atmosphere for students to continue their study, both home and school should participate in the guidance and counselling programme.
- To help students invest in their abilities, interests, and aptitudes so that they benefit personally as well as for society in general. This requires research to identify the abilities, interests and aptitudes of both underachievers and those with high achievement.
- Helping students to adjust to the school's environment and be aware of the school system, in order to best benefit from all educational and learning resources that are available.
- Helping student to choose subjects and careers that are appropriate to their abilities and interests. It also includes providing students with information related to the various educational and vocational opportunities that are available to them.

- Participating in research in relation to the educational problems in the Kingdom such as truancy, absenteeism etc.
- An important objective of the programme is to enhance the awareness of school community's members (teachers, head-teacher, and students) about counselling and its function in the educational setting.

In order to achieve these general objectives, the counsellor working in a school has major role. Therefore, according to the General Directorate of Guidance and Counselling (1997), the person who is employed as a counsellor has various accountabilities. These may be classified in terms of general and specific tasks. With reference to the general ones, the counsellor has to perform the following:

1. Prepare an annual plan of the counselling programme, within the instructions of the General Directorate of Guidance and Counselling.
2. To enlighten the school community about the aims of the counselling programme, and the plan for the service.
3. Prepare the necessary instruments for counselling work, such as records and files.
4. Forming different committees of guidance and counselling programme in schools, such as with teaching staff. The counsellor has the responsibility to monitor these groups, and introduce any recommendations and evaluation their results.

5. Carrying out counselling, which include three major areas: developmental, preventive and therapeutic.
6. Counsellor should develop their knowledge and experiences in the field of education in general and counselling in particular.
7. Build productive working relationships with teaching staff, students and parents.
8. Conduct educational research that is required for their work. Counsellors also should co-operate with the research carried out by their supervisors and counsellors in other schools.
9. The final general task is to write a final report of these activities saying what has been achieved within the original guidance and counselling plan. This includes providing an evaluation of all the services offered.

In addition to the above, counsellors have the responsibility for carrying out an additional set of specific tasks, which are necessary to establish and maintain the viability of their work in school. These may be called professional tasks. There are five basic components of the programme, which are:

- (a) Personal counselling
- (b) Educational guidance
- (c) Vocational guidance
- (d) Social guidance
- (e) Moral and religious guidance

Within these components of the guidance and counselling programme, there are many administrative tasks that a counsellor must accomplish to deliver the service as satisfactorily as possible. It is not appropriate to probe into the details of all these duties. However, take for example the counsellor's role in relation to educational guidance, which is the most frequently called upon. The aspired aim is helping students to put as much energy into their academic achievement as possible (GDGC, 1997: p. 75), thus a sound and reliable basis for guiding students should be considered. Here, counsellors must spend a fairly long time completing the relevant records; there is a comprehensive information record for every student in school, which may have over four hundred students. There is the counsellor's record (part one) which includes statistical information about the school, times related to the guidance plan, and reported guidance meeting. In addition, there are records for individual cases, underachievers, high achievers, daily situational problems, absentees, etc. The list can be countless. Careful attention this area is seen as important for the counsellor to gain a high grade in the annual proficiency report, which is carried out by the counselling supervisors (Informal discussion between the researcher and school counsellors).

Faced with these diverse duties, counsellors ultimately face an identity crisis. This identity problem is not dissimilar to the public image of Saudi society regarding the different types of professional help. The following

discussions are intended to provide a research based context for these concerns.

6.4.2. Role ambiguity:

Counsellors in the school context have always been faced with a set of expectations in terms of how they are to function. They may find themselves in a state of confusion regarding which areas and activities should be considered of high priority. Counsellors may spend most of the time in educational guidance, on the expense of counselling and other guidance services. Al-Shennawi (1990) conducted study of the work of fifty counsellors in schools. One aim of this study was to look at their various tasks. He found that activities related to educational guidance took most of the time. Some of the difficulties encountered in their job, are listed here according to their importance:

- Engaging counsellors with other duties in the school.
- Misunderstanding of the nature of counsellor's role by some head-teachers.
- Density of records and paper works required.
- Teachers being none co-operative.

Supporting this finding Al-Trarei and Al-Sayagh (1990) came to the same result. In particular they reported that the administration of students' records took most of a counsellor's time. Recognising this confusion in the counsellor's role, the Saudi Society for Educational and

Psychological Sciences (SSEPS) in its second annual meeting (1990) recommended that the supervisory authority should take into account the problem relating to the student comprehensive information record.

Role ambiguity of a school counsellor may be reinforced by misconceptions about the function of counselling and counsellor' role.

6.4.3. Perceptions of the counselling and counsellor's role:

Counselling, like other professions, depends on society's willingness to accept it and provide such careers. Perception of counselling and the counsellor' task has been one of professional issues and the concern of various researches in the West (Murgatroyd, 1977; Hooper, 1978; Siann et al, 1982; Fretz and Simon, 1992; Williams, 1994). With reference to the Saudi context, the public image of counselling in general has been found to be mixed (Abo-Abah, 1996; Al-Owidha, 1996), but can be classified into three main views. The first and second views constitute an extreme polarity. On the one hand, there are those group who totally believe that counselling and psychological theories and concepts, although they are a Western product, can be applied as they are in Saudi culture. Supporters of this view are those who either welcome any Western idea or who had their early training in counselling and psychology mainly in the United States, and were impressed with the idea.

On the other hand, there is a view that there is no need for counselling and psychology, not only in Saudi society, but also in all Muslim countries. Their argument is that there are Islamic teaching principles, which are the best sources in solving one's personal problems in life. In an extreme case of this view, they see that reading the Quran can solve all psychological concerns, "*even if one (is) suffering from the serious disorders*" (Al-Owidha, 1996: p. 252).

The medium of this polarity considers that a useful knowledge can be utilised whenever it is filtered and does not conflict with religious beliefs. They see that counselling can be appropriate to the society if it is modified to suit the traditional support system. Therefore, learning from counselling and psychology can be beneficial. However, this should be consistent with Islamic context. A radio cassette or CD (are of many Western products) can be used to record the Quranic reading and recitation instead of recording music.

The essence of guidance and counselling programmes for students is that they should fulfil their needs. Counsellors or teachers with counselling positions in school may not be considered by students as approachable due to the counsellors' own perceptions of their roles. An investigation of the counselling needs of students in secondary schools was carried out by Al-Zahrani (1992) looking at students, counsellors, teachers and head-teachers' perceptions of school counsellor in

meeting students' needs. The seven hundred and fourteen students found that counsellors did not meet their counselling needs. On the other hand, the academic staff and counsellors confirmed that students' needs were met by the counselling services that were offered by the counsellors. Al-Trarei and Al-Sayagh (1990) also found that students reported that the counsellors did not run the counselling service appropriately.

Amongst the recommendations of the above two investigations, was that the current counselling programmes should be seriously reviewed. Al-Trarei and Al-Sayagh (1990) called for a diagnosis of the service to find why students had such negative views about counsellors.

Therefore, despite the caring image counsellors may wish to portray, they are not being so viewed, and on the contrary, are seen as part of the school's authority structure.

Thus, if counsellors or teachers with counselling positions are to be effective in their counselling role they need to develop open, constructive and productive relationships with students. They need to listen, understand and help. In order to accomplish this, persons in counselling positions have to develop good counselling skills. Unfortunately, the so-called counsellors in most of Saudi schools are not properly equipped with adequate counselling training. Evidence can

easily be identified from the book "*The Student Counsellor's guide in public schools*". This book was written and published by the General Directorate of Guidance and Counselling (1997), and is the first published source describing the structure of counselling services as they exist in this supervisory authority. The book is also an attempt to provide professionals in schools with counselling skills. According to the author (p.11), the main aims of the book are:

- to provide those who are carrying out the counselling and guidance services in school with basis of the profession (aim no. 1);
- to help counsellors gain counselling skills that will help them perform their roles clearly and accurately (aim no. 6).

Not only this, but the supervisory authority stated that:

"In view of what the Ministry found regarding the need of many students counsellors for learning such skills and techniques of different counselling theories, the Ministry prepared this guide in order to help them in their field-work. And to provide them with knowledge and experiences, as well as promoting the work in their schools.", (p.14).

However, making-believe that one can learn how to counsel from a book is a naive and really dangerous thing. This is serious issue. It may be

that workers in school would gain awareness from this book, but this is no basis for proper training.

At present, counsellors working in the school context face a wide range of issues they have to deal with, which may reinforce the negative attitude toward their roles. One of these may be what Hughes (1989) identified as contradictory philosophies and methods. One such apparent contradictory is between the identity of counselling and the training programmes. Contemporary training programmes make no differentiation between concepts such as 'guidance' and 'counselling'. Counselling and related training areas in the context of Saudi schools can be characterised in Connor's (1994: p. 3) term as they are keen to claim the notion of counselling instead of terms such as guidance, advice and information giving. In Saudi school setting (Gerner, 1985) there are various titles that exist such as 'counsellor', 'school counsellor', 'student counsellor', 'guidance counsellor' and even psychologist and psychotherapist. All of these are used interchangeably and reflect no dissimilarity in role and function.

Another issue may be related to the various types of students' problems that counsellors face in their daily work.

"During their daily practice with students in schools, counsellors encounter various types of behaviour that perplex them and find it difficult to understand and handle

them. They feel that they are unable to offer appropriate help to students who suffer from such problems. This is because working with these types of behaviour requires experience and specialised knowledge" (GDGC, 1997: p. 14).

Throughout this text, great emphasis has been given to the complexity of challenges facing counsellors in schools. One important point in it is the emphasis on counselling as a way of helping students to cope with various concerns in their personal and social lives.

The findings in Chapter four confirm that such emotional distress as loneliness, is an evident problem that adolescents in secondary school encounter. The need for help, thus, becomes of paramount importance; but the existent counselling service does not meet the need of young people for support.

6.5. Implication: an alternative counselling strategies

Despite more than fifteen years of the development of guidance and counselling programme in Saudi public schools, there are many limitations upon its efficacy. The above revision of guidance and counselling services has pointed out the following:

- There is a growing awareness of the necessity for professionals to serve the developmental needs of young people.
- Counselling has been proposed to help young people in their development.
- There is a high demand for professionals to serve these needs.
- There is discrepancy between the reality of this service and the expectation. The misconception regarding counselling and counsellor's task reflected this. First, consumers are not satisfied with the counselling service. Second, principals considered the counsellor's role differently, in that there is a disparity between actual and proposed roles.

Assuming that employees in the position of counselling young people were properly trained and equipped with knowledge of counselling techniques, constraints would be exercised on them by other functions. The dilemma is that if counsellors need to offer personal counselling they may not always have the time to do so. Many principals of public schools view them as clerks working with student's records and other administrative tasks. Their other roles as seen by teachers and even themselves, either intentionally or unintentionally are authority figures within the disciplinary school system. This, of course, will reduce their caring and supporting functions in the view of students.

If we claim that we are accountable for the welfare of our young people, we need to contemplate the current programme seriously with its aims that are assumed to assist those young generations in their psychological maturity and development. Unfortunately, the principals of public schools are more impressed by educational development among students than by psychological growth. This can be seen in the explicit high interest in the educational part of the programme. Literature evidence however, supports the importance and value of counsellors' efforts in the emotional, social and interpersonal aspects of students' lives and in educational success.

The literature has emphasised the importance of informal counselling as a helpful resource. Any type of help can not usefully be understood and fully utilised in isolation from the cultural background of its existence (Hughes, 1989; Strawbridge and Woolfe, 1996). If Saudi professionals seek to translate counselling to the populations in any setting, they will need to understand the relative importance of each formal or informal combination of helping alternatives. Such things do not need much thought. In reality, Saudi people prefer indigenous help such as from family and friends, and research has supported this (Abo-Abah, 1996; Al-Owidha, 1996). The question in Hughes' (1989: 149) term, is that "*how to make maximum use of the resources currently available*". Community in a school is not so much a place to be in, as a feeling of belonging among other members. Community is not a "*geographic*

location, but also a network of interaction between people” (Falvey et al, 1990: p. 231).

It is one general objective of the current study to set up a peer counselling programme, which aims to provide adolescents in secondary school with a helping resource. Literature has supported the idea of training young people in basic counselling skills, and use them to help their peers in the community.

Figure 6.1. Integrating Endogenous Help with Counselling Service

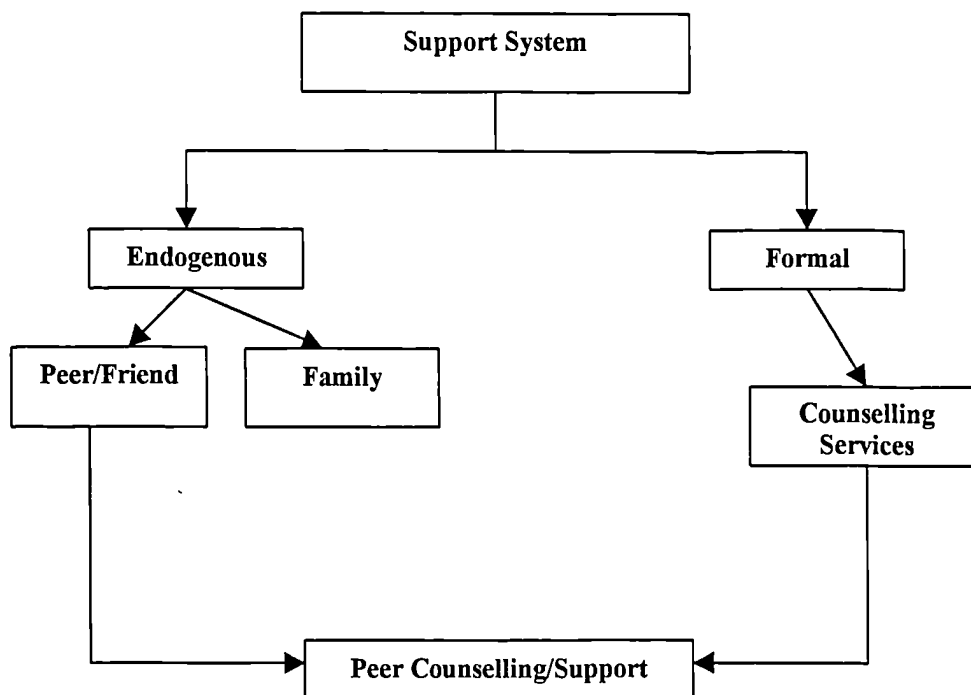


Figure 6.1 shows a way to integrate a counselling service with informal support. If people in Saudi Arabia are not benefiting from the available counselling services, then the delivery of service should be done through endogenous sources. Some students have the ability to act as voluntary helpers to provide support to their peers in the school. They may only need to organise their helping skills and knowledge to offer their support. And they will gain confidence through helping other schoolmates.

6.6. Conclusion:

The present chapter has examined the growth and efficacy of counselling provision in Saudi Arabia. Attention has been given to the service that is offered to young people. Although approaching its second decade, the counselling service for this population has been found inadequate in meeting adolescents' needs. The Saudi culture has been found to overstrain the development of the current model of counselling service. This is affected by several issues such as sources of help in Saudi society, and the negative image of counselling and counsellors who have been struggling to attain their identity.

The review has suggested that a counselling service, to be effective, should be compatible with Saudi culture. It is well known, and

supported by research, that Saudi people prefer indigenous help. Therefore, delivering the service by adolescents has been proposed, hoping that this idea would strengthen the indigenous sources.

Chapter Seven: Literature Review in relation to Peer Counselling

7.1. Introduction:

Professional counsellors have observed that helping young people cope with developmental issues can be successful through utilising peers. There is evidence to show that many peer counselling or support programmes are highly effective in helping adolescents.

7.2. Paraprofessional Movement:

Within the helping professions, para-professional helping has been identified as one important structured helping process that may lead to significant change in individual's coping behaviour. Brammer (1993) pointed out that it is beneficial for society as a whole to utilise the resources of all those people who have the intellectual and critical abilities; their skills could be used in para-professional work. These people have often been found to be more help in achieving a therapeutic goal than a professional counsellor or psychotherapist, especially, if they are significant to the client (Tindall, 1995). Additionally, a professionals' time is limited and they cannot spend all of their time, or as much time as they would like, compared with those people who live and work on a day-to-day basis with the 'client'.

Therefore, training non-professionals in basic helping skills could have a greater impact on clients than the whole clinical profession.

This movement of helping has started in early 1970s as a result of change in the field of mental health in the United States. This revolution arose from trying to solve the problem of workforce shortages because the number of people seeking help was beyond the capacity of existing services to cope (Larson, 1984). The movement was also sustained by data from earlier studies which found that lay people or para-professionals can bring about a greater effect in the client than professional help if they are trained in counselling skills and implement these skills in helping other people (Carkhuff and Truax, 1965).

Following this initial work, studies evaluating the effectiveness of para-professional helpers have continued to emerge in the literature. For example, Durlak (1979) evaluated 42 published studies that were conducted in various helping services included group psychotherapy, crisis counselling, social and vocational rehabilitation programmes, behaviour modification, and academic adjustment and mental health related services. He found that para-professional helping is effective and desirable, and in some cases is similar to or even better to that obtained by professionals. Durlak concluded that:

" Although the findings and conclusions must be offered tentatively due to deficiencies and limitations in the methodology of many studies, the consistency of positive findings supports the potential value of para-professional helpers " (p. 89).

Supporting Durlak's finding, Hattie *et al* (1984) found that para-professionals were as effective as professionals. However, their evaluation excluded the type of counselling or psychotherapy that was evaluated by Durlak. They pointed out that *"there appears to be evidence demonstrating that para-professionals must be considered as an effective addition to the helping service and in many cases they are more effective than professional counsellors"* (p.540).

Consequently, many models and programmes in the helping process have been developed to train para-professional helpers (Larson, 1984). In Britain many of the models published in the 1980s designed to train paraprofessional were based on Egan's model of the skilled helper (Dryden, 1985).

Within this revolution of a para-professional movement in the field of mental health, peer counselling has been one of the most important to emerge; help from peers is found to be particularly advantageous in the mental health sphere with young people. Ivey *et al* (1987) concluded that peer counselling is one of the most valuable resources available in

the delivery of helping services. This is based on evidence that peers may be perceived as being more understanding and approachable than adults are (Cowie and Pecherek, 1994: p. 95).

7.3. Peer Counselling: Aim and Structure

Peer helping or peer support is a general term that has been used in the literature to refer to the functions that persons might perform for their peers. Various terms have been used within the category of 'peer helping' (Lawson, 1989; Carr, 1994). For example, peer tutor, peer adviser, peer learning assistant, peer support worker, peer aid, buddy, mentor, orientation guide, student helper, peer counsellor, counsellor aid, health advocate, etc. The term peer counsellor, thus, is one of these various terms for individuals who offer help to their similar age fellows.

There have been a number of definitions of peer counselling which have emerged. One of these definitions is offered by Varenhorst (1984) who defined peer counselling as *"a process in which trained and supervised students perform interpersonal helping tasks that qualify as counselling functions with similar-aged clients who either have referred themselves, or have been referred by others"* (p. 717). Carr (1984) provided a definition that is widely used in the literature, of a peer counsellor as a person who is *"trained and supervised to provide*

practical assistance and personal support to persons of similar age or experience". Providing practical assistance includes listening, mutual sharing, problem-solving, action planning, and other social support activities.

In a similar vein to Carr's definition, Cowie and Sharp (1995), who are a leaders in the development of peer counselling programmes in Britain, have defined peer counsellors as,

"Volunteers whose natural capacity and willingness to help others has been developed through appropriate training and supervision to provide listening skills and practical support to their peers in school settings" (p. 2).

It is apparent that all the above definitions emphasis specific training which the peer counsellor should undergo, as a critical ingredient. Additionally, supervision needs to be maintained in any training programme. An important point, which emerged in Cowie and Sharp's definition, is the emphasis on the personal characteristics of those who want to be considered as peer counsellors. They suggest that not everyone can provide this kind of assistance, particularly listening, unless they have an inclination to help others.

7.3.1. Peer Counselling: Differentiation of the Terms

Cowie and Sharp (1996a) distinguished between peer counselling and other peer helping activities. The following differentiation is based on their work.

7.3.1.1. Conflict resolution and mediation:

It is a process of peer helping, which peer mediators are trained to resolve conflict in a positive and constructive manner. The general background of this type of peer helping is that conflict is a natural part of human life. Therefore, it is a problem-solving procedure in which helpers use between disagreed individuals. The process is based on a win-win philosophy. Instead of a negative attitude toward a dispute, both sides benefit and feel satisfied about the conclusion. Peer mediators are trained in active listening and communication skills as well as specific skills to process the mediation. The general aims of programmes of peer mediation (p. 24) include the following:

- Developing awareness of the positive nature of conflict;
- Learning ways for handling conflict;
- Applying the skills for a particular situation;
- Developing long-term approaches to conflict resolution.

7.3.1.2. Befriending:

The befriending relationship is based on skilled peer helpers who offer support to peers during their daily interaction. Befriending may be practised in different stages and by various roles. For example, by buddy systems that provides opportunities for isolated students to get to know classmates during transition to a new school. The main training issues include building relationships, and increasing trust and enhancing communication. In general, befriending programmes have the following aims:

- Peer helpers serve as a caring support for their peers;
- Promoting personal growth of the helpers;
- Increasing a positive emotional climate of the school;
- Linking the needy friend in peer group to professional counselling services.

7.3.1.3. Counselling approaches:

The structure of peer counselling is based on a counselling approach, such as one-to-one, group, and telephone counselling. Peer helpers are provided with a solid foundation in counselling skills and essential supervision. Such training should include active listening, reflecting feeling, paraphrasing, showing empathy for the client's problem, and ways of developing feeling vocabulary. Peer counsellors are also provided with theoretical knowledge regarding the specific needs of

their peers in the institution. There are certain rationales that peer counselling programmes should be encouraged with young people.

7.3.2. Rationale for Peer Counselling Programmes:

Implementation of a programme of peer counselling in any area of mental health or of human development needs to be supported by social justification and evidence of effectiveness. With regard to peer counselling, the literature provides some rationale to support implementing a peer counselling programme whether for young people in general or for particular populations. deRosenroll (1989) reported four main reasons for undertaking a peer counselling programme:

1) Peer counselling can lead to the expansion of mental health services. This is because of both the direct value that peer helping would have for the institution and its indirect benefit outside the programme setting (Carr, 1988). Lawson (1989) pointed out that peer counselling has been found to augment existing services, reduce attrition, and increase retention of students. Researchers have found that effective peer counselling in school can minimise the necessity for involvement of outside mental health professionals (Varenhorst, 1984; Hamburg and Varenhorst, 1972). If so, it can help bridge the gap between professional helping agents and their target population, in that, peer counsellors could help the clients to move to the most appropriate

agency, in order to be matched most appropriately and comprehensively with the right intervention and service (Goad and Gredler, 1984; Tindall, 1995).

2) Support that is provided by peers may be most valuable in dealing with developmental and personal issues, as the many studies of the effectiveness of peer support show. It has been found that on peer helping programmes, particularly in colleges and schools, students prefer to talk to each other on an informal basis and that students perceive needs in their fellows which are not being met by existing services (Carr, 1988; Lawson, 1989). In addition to this, peers model each other's behaviour and establish norms and standards of conduct which may have a beneficial effect on other peers (Goad and Gredler, 1984).

3) Peer counselling addresses the psychosocial needs of the peer group. Lawson (1989) pointed out that a major reason to introduce a peer counselling programme is that it helps young people to deal with stress, and provides them with social, emotional, and academic support. It also helps students to cope with a variety of personal and relationship issues.

4) Peer counselling can create a positive community environment as well as improve and enhance the social atmosphere of the setting as a whole. Introducing a peer counselling programme means that the settings trust and value the abilities of their members (Cowie and Sharp, 1996). In their evaluation of one programme, for example, Hamburg and Varenhorst (1972) found that a group of peer counsellors at one high school decided by themselves, after their training, to organise a programme to make their school more friendly.

5) In addition to the above, a number of studies report the benefits of peer counselling in facilitating the personal growth of the peer counsellors themselves, and the cost benefit of implementing such an effective programme (Goad and Gredler, 1984; Cowie and Sharp, 1995).

7.4. Programmes of Peer Counselling:

Currently, there is a plethora of diverse field programmes that are grouped under the heading of peer helping. In Canada, for instance, the number of peer helping programmes throughout the country has jumped from less than a dozen in 1978 to over 2000 in 1987 (Carr, 1988); this number reached over 3400 in 1993/94 (Carr, 1994).

In the United States, the first comprehensive peer counselling programme that aimed to utilise adolescents to assist peers with social and developmental problems was in the Palo Alto, California School District. Following this attempt, many peer counselling programmes were subsequently started throughout the 1970s, involving diverse programme designs with varied age groups and settings (Varenhorst, 1984).

In Britain, an attempt to give consideration to the importance of peer counselling programme was briefly proposed by Hamblin (1974) who argued that it is insufficient to plan a counselling system without considering young people in school as a valuable resource that can lead to positive results. Therefore, peer counselling could be an important resource in vocational counselling as well as helping with examination anxiety and preparation strategies. However, Hamblin did not discuss in detail how such a programme could be applied, and he stated that:

"Peer counselling is not a venture into which we rush lightly, for it needs to be based upon a well-developed system of counselling. It represents the final step in making counselling part of the everyday life of the school. A carefully phased way of introducing it should be developed" (p. 326).

Following this initiative, very few studies have been published. Although, Murfitt and Thomas (1983) tried to train older secondary school students in Rogerian principles of counselling in order to help their younger peers overcome their academic problems, particularly, reading problems. And Pearce (1989) argued that the need for counselling skills is important for young people in school who are facing various hazards in their contemporary society, such as AIDS, drug taking, anorexia, and crime. Therefore, she recommended that a minimum level of counselling skills should be taught to this population, in order to help them to be good listeners and to understand and practice the concepts of respect, empathy, and genuineness which contribute toward building effective relationships. Today, there are paramount numbers of peer counselling programmes in UK. The Roehampton Institute London has played vital role in the emergence of these programmes.

Peer helping is an overall term that may take different titles depending upon applied programmes. The term peer counselling will be used in the following review of studies to refer to personal support that is offered by trained peers.

7.4.1. Studies related to the relevance of peer counselling programmes:

Ayal and Bekerman (1978) argued that such phenomena as school drop-out, drug-abuse, and feelings of alienation and isolation are important indicators to which schools should pay attention. Therefore, schools should focus on the enhancement of children's mental health needs. They attempted, as a result, to train 50 male and female adolescent students, who were aged 14-17, in a peer counselling programme. The programme included structured learning units in the following areas:

- Interpersonal and helping skills;
- Critical incidents relevant to adolescent school life;
- Supervised fieldwork.

The researchers evaluated the programme at the end of the course by asking the participants about their experiences. The participants referred to developing self-awareness, trust, intimacy and a desire to help others. However, the study did not have a control group or relevant measures to evaluate the programme.

Goad and Gredler (1984) reviewed eight studies of peer counselling that were undertaken with young people from both secondary and elementary schools. These studies were interested in assessing the impact of peer counselling on different variables such as self-concept,

problem-solving ability, communication skills, academic performance, personal problems, and social and behavioural problems. However, the majority of these studies, were based on participants' reports and did not employ control groups or objective measures; in addition, most of them considered only the short-term effect of peer counselling programmes.

Although those programmes can be criticised and have severe limitations, the benefits of these unique interventions were seen on adolescents and the general atmosphere of school setting. Goad and Gredler concluded from their evaluation that "*..the reports of the research suggest some beneficial uses of peer counselling in the educational setting. In particular, peer counselling appears to be useful in the areas of academic and social adjustment. It also provides valuable insights about the children in the group. Additionally, positive effects have been noted in both counselees and peer counsellors.*" (p. 147).

Unlike previous researchers, McCann (1984) included 38 adolescents to act as a control group to 39 volunteers who participated in a study which aimed to investigate the effectiveness of peer counselling training upon facilitating psychological and communication skill development of adolescents. The experimental group received practical training in

communication and group leadership skills. The result indicated that adolescents who received training showed improvement in the post-measures of ego-development but no significant changes in terms of communication skills.

Talbert (1984) trained and supervised 20 volunteer students to be peer counsellors in a programme which ran for eight weeks, consisting of two fifty minutes sessions per week. The participants were taught basic interpersonal and relations skills, the Reality Therapy model of problem-solving and some group dynamic exercises. Following this training, peer counsellors had another eight weeks in-service training or fieldwork. Comparing with the control group, peer counsellors showed positive change in their self-concept as measured by the Tennessee Self-concept Scale. Additionally, the researcher reported that effectiveness of peer counsellors created a supportive atmosphere in school, as assessed by professional counsellors involved in the programme.

Hahn and LeCapitaine (1990) carried out an evaluation of the impact of high school peer counselling training programme upon the effective development, ego development and self-concepts. The study included 22 participants who served as a control group and other 22 secondary school students who had training on psycho-educational curriculum that

emphasising human growth and understanding self and others. The result found that unlike students in the control group, those who were on the treatment group showed high increase on a measure of ego development (using Wilcoxon test: $T=28$, $p < .001$) and on a scale of emotional development ($T=55$, $p < .03$). In addition, data from interviews revealed positive impacts on peer counsellors in the areas related to interpersonal relationships-with family, friends and staff-, personal development, and self-awareness and self-perceptions.

Peer helping programmes have been utilised in various areas of young people's problems (Tindall, 1995). To provide support for using peer helping programme, studies related to some of these areas will be briefly discussed.

7.4.2. Specific areas utilising peer counselling/support programme:

7.4.2.1. Learning difficulties:

The Peer helper has also been found to play an important role in the learning process. There has been much research in the area of peer helping or tutoring related to learning difficulties, e.g. for low achievers in reading and poorly motivated students. These populations have been shown to benefit academically, socially and cognitively from participation in peer helping programmes, as either helpers or clients (Allen, 1979; Topping, 1988). Taking the role of peer helper appears to

increase self-esteem, promote positive social behaviour, and produce positive attitudes towards school (Allen, 1979).

In applying peer counselling, as a peer helping programme, for those with learning difficulties, Murfitt and Thomas (1983) investigated the progress achieved in reading attainment by older slow learning secondary school students. The programme was based on Rogerian principles of non-directive counselling. Comparing with a control group who received classroom education but without peer counselling, it was found that those secondary school students who were counselled by peers showed positive progress in reading and gained high scores in a self-concept measure. Supporting this finding, James et al (1991) found that students who were involved in peer counselling increased their ability in spelling and reading. Their training involved 12 pupils who were selected from secondary special needs classes. These participants received three 1-hour training sessions in counselling skills which consisted of providing empathic listening, attending skills, encouraging expressing feeling and opinion, and showing interest in their peers' opinions, with no criticism. After the participants have completed the training, they were paired as befrienders to their peer clients in a weekly meeting for a period of 20 weeks. Result revealed significant differences in the spelling and reading tests between the treatment and control groups, with the participants who had received

counselling from their peers improving more than the control group; although the 12 participants in the control group received an additional one hour's tuition in the participants of English every week during the 20 weeks of the treatment, no improvement was reported in their spelling and reading ability. This result, thus, suggested that peer counselling can be an effective intervention with students having learning difficulties.

7.4.2.2. Health problems:

The link between peer counselling skills training and mental health effects has been investigated by some researchers who claim that training in such programmes can be beneficial for adolescent health, increasing both psychological maturity and decreasing psychiatric symptoms. A peer support programme has been part of health promotion service that was launched at Surrey NHS for several years (Parkhill, 1997). Recently, setting up a project that aims to help young people to be aware about social and health issues utilising peer education has developed this idea. The service includes training young people age 16-25 in topics such as HIV/AIDS, relationships, youth crime and sexual health. Parkhill (1997) quoted an independent evaluation of this peer educating service that "*offers on innovative way of communication with young people.*", (p. 4).

With the goal of examining the mental health effects of a peer counselling training intervention that was designed to enhance psychological development and prevent emotional problems among the participants, Silver *et al* (1992), trained 32 adolescents age 14-17 for a period of three months in a peer counselling programme. Eighteen of the participants in the programme were chronically ill, suffering from variety of serious and ongoing health conditions such as asthma, heart disease, epilepsy, and diabetes. Using rehearsal techniques such as role-play, modelling, coaching and feedback, the training included topics such as asking open versus closed-ended questions, use of reflective questions and clarification responses, listening to others, and non-verbal communication. Post-training comparisons revealed that participants showed increased ego development as well as reduction in psychiatric symptoms as measured by the Loevinger Sentence Completion Test and SCL-90-R, respectively. It should be noted that these significant changes did not occur in all participants in the treatment group. However, a second analysis, which the researchers conducted, revealed these positive changes; this was conducted with 14 students who agreed to practice as peer counsellors after participating in the training.

In another investigation, Mangine (1993) examined the psychological effect of a peer support training programme on 45 chronically mentally

ill outpatients. The study aimed to discover any changes appearing in the psychosocial function of the trainees as a result of training. The results were not encouraging because many of the participants suffered deleterious effects. Although members of the treatment group improved on the scale measuring productive activity at home, the majority of participants suffered from negative effects, in that they reported deterioration on the measures of mental health such as SCL-90-R Global Severity Index; this result could reflect the use of self report data, insufficient information has prevented the report to provide a full assessment.

7.4.2.3. Stress and support:

Young people, like adults, are exposed in varying degrees and in different ways to a wide range of stressful situations that require them to cope and adapt (Poole and Evans, 1988; Robson *et al*, 1995). Events such as death of a close family members, illness of family members, poor relationship with teachers, arguing with friends, facing exam, etc.; are a common sources of stress that British children experience (Sharp and Thompson, 1992: as cited in Cowie and Pecherek, 1994). Teachers, however, are found to be unaware of these stressors (Cowie and Pecherek, 1994). If so, they may not have the necessary skills to deal effectively with such stressors (Bullivant and Williams, 1997).

The task of coping is very difficult in contemporary societies which differ preceding ones that used to provide young people with strong support networks and cultural stability, offer help in time of stress and teach necessary coping skills (Hamburg, 1989; Robson *et al*, 1995). Therefore, social support has been viewed as an important theme in coping with stressful situations. A person may seek assistance from friends, whether by asking for advice or expressing one's feeling to and receiving empathy from another (Stone *et al*, 1988).

To provide adolescents with this support, some researchers have regarded peer counselling as a useful tool to fill this resource gap (Corty, 1989; Pereira, 1997). Pereira (1997) argued that peer counselling can be the main source of youth social support during their stressful lives. Corty (1989) tried to discover the link between experiencing peer counselling, stress and social support. 102 adolescents age 15-18 participated in the study as a treatment group. These participants and two other control groups ($N_1=134$ and $N_2=104$) were administered self report instruments measuring different patterns of stress and social support. The investigation assumed that those adolescents who participated in long-term counselling would differ from those who did not in terms of having different stress patterns as well as having greater social support. Accordingly, the treatment group did show greater social support ($F=14.50$, $p < .001$) and less stressful life

events ($t=2.06$, $p < .05$) than students in the control group. However, the study did not provide sufficient information about what particular type of life events were experienced by the participants. In addition to this, it should be noted that individual counselling was available for those who felt in need of it. Therefore, one might assume that participants who were in the peer counselling programme could avail themselves of individual counselling, especially as their training has alerted them to this provision.

7.4.2.4. Bullying problem:

The problem of bullying is a widely presented phenomenon, and has attracted several researchers not only in UK, but also across international context (Smith, 1998). Simply, bullying happens when another individual or group targets a person to a repeated unpleasant act over a period of time. This may take form of verbal, physical or psychological acts. Researchers agree that bullying is an anti-social phenomenon that can be described as a systematic abuse of power (Olweus, 1993; Smith, 1998). The long term concern of the problem has appeared to be quite extensive. Children who are bullied at school are found to suffer physically and psychologically (Tattum and Herbert, 1992; Smith and Sharp, 1994). They were found to experience a loss of self-esteem, increased feelings of loneliness and isolation, level of depression, and being truant from school. And in the long term those

who are bullies are more likely to be convicted of criminal offences (Smith, 1998). Public and media attention in the UK, has become particularly focussed on the issue because the effect of bullying can reach the whole community (Smith and Sharp, 1994). As a result, various strategies were proposed to reduce its incidence (Lane, 1992; Olweus, 1993; Smith, 1994). One of these strategies was involving children in combating the problem through curriculum based work. Cowie and Sharp (1992) introduced the idea of a "*Quality-Circle*", where the problem of bullying takes the focus of small group discussion to find the best solution.

An outcome of involving young people in tackling the problem was the emergence of the peer counselling service as a complementary method to the anti-bullying strategies (Sharp et al, 1994). Therefore, 38 pupils from years seven, nine, ten and eleven were trained in two half-day training sessions on basic active listening skills. Some of trainees functioned as peer counsellor while other served as receptionists. The main function of the programme was to provide a listening service where pupils can be helped by their peers to talk freely and explore possible solutions for their bullying and interpersonal difficulties. Evaluation of the programme (Sharp *et al*, 1994; Sellors, 1996) found positive impact on the behaviour of peer counsellors, the media, and school environment. For example, younger pupils and those with

special needs found a safety network over lunchtimes; peer counsellors developed maturity and confidence and they gained self-esteem.

7.4.2.5. Eating disorder problems:

The feasibility of using peer counselling with eating disorders has been investigated by some researchers. Lenihan and Kirk (1990) argued that using students as para-professionals could be a very helpful resource in reducing negative eating behaviour. This is because the peer counsellor or "companion therapist" can provide continuing support, especially in crisis, within any framework of intervention. This will also help the counsellor or psychotherapist, saving time and energy. Researcher suggests that the main function of the peer counsellor is to support the person with negative eating behaviour in terms of assessing him/her in activities such as monitoring nutrition and helping with meal planning. Foster et al (1985) designed a 12 weeks programme for 89 children from grades 2-5 who were characterised as obese or overweight. The programme consisted of counselling and social support provided primarily by 16 peers from grade eight whose main tasks were to weigh the children, check lunch boxes for nutritious foods, recommend changes in eating and exercise habits, and review available behavioural techniques. The peer counsellors were also trained to give reinforcement to their clients such as giving stickers and verbal praise for positive eating behaviour. The major finding was that

those children who were led by their peers showed positive changes compared with the control group in terms of weight, self-concept, and food selection. However, the change was short term, an 18 weeks follow-up revealed that children in the treatment group had gained more weight than the controls. It should be noted that the tasks of the peer counsellors were more technical than supportive.

7.4.2.6. Alcohol and drug abuse:

Some researchers have tried to explore the viability of peer counselling with alcohol and other drug prevention programmes. Their argument comes from the idea that peers can offer listening and supporting services to a range of social and interpersonal problems with which addiction to alcohol and other substances misuse are associated (Botvin *et al*, 1983 and Molloy, 1989). In a state-wide programme called Virginia International Education Weekend (V.I.E.W.), Grossman *et al* (1994) tried to find out the effect of peer-based alcohol and other drug prevention programmes in colleges and universities in Virginia. The main aim of the programme was to train students who would return to their institutions and act as a peer network for prevention of alcohol and other drugs. 149 students were given training in group dynamics, team building, listening, communication and leadership skills, creative thinking and problem-solving, referral, and concepts about alcohol and other drugs and negative behaviour associated with them. The

outcome of their programme was encouraging, especially in terms of the climate of the institutions, in that, colleges reported many activities which took place as a result of the peer network. They had a week for drug awareness, drug abuse orientation for new students, development of anti-drug campaigns on the campus, and increases in referral to the campus counselling centres.

7.4.2.7. Leading small groups:

Peer adolescents have also been utilised as group facilitators who could provide support and act as a model for group members. Guttman (1989) compared a group led by peers, who had specific training, and another led by professional counsellors. She found that the group members who were led by peer counsellors were more socially oriented in their content and work styles.

Maskell (1996) reported a project of peer group counselling at *Hinchingbrooke school*, Huntingdon, where a group of sixth form students were trained in counselling skills, group work and fed with information related to clients' issues. The aim was to offer support to younger age peers from years 7-11 in small group activities. Evaluation of the programme found positive points in several ways. For example, climate where value of counselling was developed, increasing peer

counsellors' self-esteem, and the increased confidence of those supported.

7.4.2.8. Social isolation:

Peer support strategies have been used with those who are socially isolated because of disability (Haring and Breen, 1992) or lack of social skills and being shy (Both, 1990). Taylor (1996) argued that children with behavioural difficulties can become lonely and socially rejected from their peer group. Consequently, creating a circle of friends can be an approach to help these individuals to cope with their isolation and develop a social network. The idea is based on a group of children who are in the client's (child) class or tutor group to have a weekly meeting with the client, and supported by a member of staff. Some aims of this programme as Taylor (p. 74) stated are to create a support network for the child, to reduce undesirable behaviour, to increase the child's awareness about his/her behaviour, and to help the client to make friends. Evaluating of this strategy in a case study, Taylor (1996) found positive improvement in the child's and peer helpers' behaviours. For example, the child had an increase in self-image, completed junior school successfully, and developed healthy friendships. Peer helpers developed their skills of empathy, problem solving and ability to express thoughts and feelings. Furthermore, teachers were found to be less frequently shouting at the pupils!

7.5. Conclusion:

The literature has clearly addressed the various benefits that young people can deliver in support service to their peers. Types of support, however, differ in terms of purpose and the functions that peer helpers offer. It appeared a preference among many researchers to use the term peer counselling, even though, some help may not include working in a counselling way (Cowie and Sharp, 1996).

However, most, if not all, of these programmes have been developed and applied in Western context. Therefore, one may contemplate whether or not similar programme would be possible to apply in other cultures such as Saudi Arabia. Although cultural differences would hinder importing peer counselling programme, possible modifications could be made. Further points can be considered in relation to some aspects of social meanings amongst young people. In at least most societies, peer groups are the milieu into which adolescents withdraw (Coleman, 1992). This issue was also supported by research finding carried out with Saudi young people (Almofadda, 1993; Simmons and Simmons, 1994).

Chapter Eight: Pilot Study for Training Saudi Adolescents in Active Listening Skills

8.1. Introduction:

The culture of Saudi Arabia is so different from that of the UK that it was not considered sensible or practical to simply transpose a UK training course in basic counselling skills (active listening skills) for use with Saudi adolescents. It was therefore necessary to pilot the training programme with concomitant evaluation. The aims of training were:

- 1) to teach basic counselling skills - active listening skills - to Saudi adolescents;
- 2) to assess the feasibility of such training in the Saudi culture (as far as can be ascertained, most, if not all, peer counselling training programmes to date have been within a Western culture);
- 3) to identify any specific training problems so that the main training programme can be designed appropriately to meet them.

It has to be noted that such a study cannot be carried out in Saudi Arabia schools without the specific permission of the Ministry of Education. This was obtained and as a result, a named Secondary School was identified for the project, which was conducted mid November 1995.

8.2. Procedure:

8.2.1. Selection of participants:

Initial discussions took place with the Deputy Head of School and the Students' Counsellor. It was necessary first to outline the aims of the project and give exact details of the time demands, which would be placed on students. Negotiation was not straightforward; the meeting lasted for over an hour. It was apparent that the researcher would not have a free hand in the choice of participants. The Deputy Head suggested that the Student Counsellor chose students such that time would not be taken away from any of their lessons, or at least only physical education classes. The Student Counsellor who had a psychology degree, was enthusiastic about the project and keen to help. He accepted the need to recruit students who were interested in helping others and so more likely to be committed to the training. As a result, thirty students were identified to participate in the training programme; these were in the age range of sixteen to twenty years old and represented Years 1, 2 and 3 of the Secondary School.

Participants were allocated to two groups, fifteen to the control and fifteen to the experimental group, matched for age, grade and school environment.

8.2.2. Pre-training Assessment

Three days before training commenced each group was asked separately to individually complete the Arabic version of Offer Self-image Questionnaire-OSIQ (see Chapter Nine).

8.2.3. Training

The training programme consisted of nine, forty-five minute sessions conducted over two weeks. A full timetable for the programme is given in Appendix (B). The sessions covered the following areas:

- getting to know each other
- ways of helping
- giving an awareness of counselling as a type of helping
- introducing the concept of peer counselling
- consideration of the qualities of a peer counsellor
- awareness of feelings of not being listened to
- introduction to attending skills; verbal and non-verbal
- introduction to listening skills with emphasis on feeling
- focussed responses; reflection and paraphrase
- to enhance feelings vocabulary (in order better to label emotions)
- to give an awareness of non-verbal behaviour
- awareness of feelings associated with silence

Session One:

The first session was structured to give participants a brief introduction to counselling as a form of helping with specific reference to Arabic culture and to contrast it with others ways of helping, such as guidance, friendship and parenting. This was followed by an introduction of peer counselling, including the definition of a "peer", and how training may allow them to help others in problematic situations in everyday life.

At the outset a discussion was initiated as to what were the participants' expectations of the group. The facilitator asked, "When you join any type of group, such as a football team, what are your expectations about other members of the group?" - "And what are your expectations of this training group?" The atmosphere was very formal and no-one wanted to speak until one boy said, "I expect that in this group, that no-one will laugh at me if I say something wrong or do an exercise incorrectly. This led to a lively discussion about:

- being a co-operative group
- helping each other
- acceptance
- confidentiality
- commitment
- honesty
- shyness
- being absent without a very good reason.

This provided a very good platform from which to discuss confidentiality.

Session Two:

Two participants withdrew because of other school commitments. Session Two was planned to create a relaxed atmosphere and to encourage participants to get to know one another. The agenda was the qualities required of a peer counsellor. The followings were suggested: honesty, respectfulness, caring, tolerant, faithfulness, conscientious (religious), nonarrogant, motivating, co-operative, modest.

Session Three:

Different ways of helping were explored with considerable time being spent in considering how advice giving sometime might be ineffective and not helpful to client or counsellor.

Session Four:

The idea of active listening skills was introduced with an exercise on feelings associated with not being listened to.

Session Five:

Session five was structured to introduce participants to the use of reflecting feeling and content or paraphrasing. An important issue that was brought up to the discussion was the differences between reflecting

of content and judging or interpreting what the interviewee or speaker has said.

Session Six:

This session was concerned to introduce trainees to label emotions and to practice what they have learnt so far about positive listening skills. At the beginning, participants were given a short talk about the process of "brainstorming". This process, as they remarked, was totally new idea to them. Therefore, the rules of how the process of brainstorming should be done was explained. The facilitator wrote on chalkboard the rules of this process, according to (D'Zurilla and Goldfried, 1971) as:

- concentrate on the qualitative not quantitative,
- no criticism or evaluation of any idea, and
- invent different ideas from an idea related to particular topic.

An example of the feeling words that participants mentioned in describing their emotion states were:

Positive words:	Negative words:
Glad, delight, pleasure, happy, fortunate, secure, reassurance, safe, satisfied, healthy, respectful, active, successful, calm, in tune with, comfortable, natural	Sad, bored, feeling down, disgust, tired, displeased, afflicted, distressed, annoy, fatigue, agony, anguish, troubled, despair, hopeless, shocked, ill

It should be noted that the above words were excerpts from what participants wrote on the *feeling word worksheet*. Nevertheless, many words were written in slang.

Session Seven:

Trainees were introduced to two objectives. The first was becoming alert to non-verbal behaviour, and the second was exploring feelings associated with silence and learning to be comfortable with it. In the non-verbal behaviour participants were given a described role-play scenarios to perform with each other and to the whole group.

Session Eight:

The intention was to give trainees time to reflect on all skills they learnt, by doing this each pair constituting counsellor and client were given written role-play situations.

Session Nine:

The last session was aimed to end the training programme. Therefore, the evaluation sheets and the OSIQ test were administered. Then, a party took place with attendance of the school counsellor and principal of social activity. All participants received a gift of a set of pens as a reward for their participating.

8.3. Evaluation of Training

8.3.1. Results of self-concept questionnaire

The nature of the data is such that the parametric assumptions cannot be taken to hold, therefore a non-parametric analysis is used.

Table 8.1 shows the results of the OSIQ test given before and after the training course. Pre/post test differences are shown to be significant (Wilcoxon Matched Pairs Signed-Rank Test) for social relationships ($p < 0.05$), family relationships ($p < 0.05$) and on the total OSIQ score ($p < 0.05$).

Table 8.1. Result of Wilcoxon Matched-Pairs Signed-Ranks Test for Experimental group on OSIQ:
N=13

Scale	Z	2 Tailed P
1. Impulse control.	-1.172	.241
2. Emotional tone.	-1.121	.262
3. Body and self-image.	-.944	.345
4. Social relationships.	-1.960	.050*
5. Morals.	-1.890	.059
6. Vocational and educational goals.	-1.778	.075
7. Family relationship.	-1.956	.050*
8. Mastery of the external world.	-1.538	.124
9. Psychopathology.	-1.120	.263
10. Superior adjustment.	-.524	.600
Total scale.	-1.960	.050*

Footnote:

N: total number of trainees.

Z: critical value of z. **P:** probability.

Table 8.2 gives pre/post test training analysis for the OSIQ of the control group and shows significant change for body/self image ($p = 0.042$), mastery of the external world ($p < 0.004$) and psychopathology ($p = 0.038$) but with no overall difference in the total scale score ($p = 0.463$).

Table 8.2. Result of Wilcoxon Matched-Pairs Signed-Ranks Test for Control group on OSIQ:

N=14

Scale	Z	2 Tailed P
1. Impulse control.	-1.647	.099
2. Emotional tone.	-1.294	.196
3. Body and Self-image.	-2.037	.042*
4. Social relationships.	-.445	.657
5. Morals.	-.622	.534
6. Vocational and educational goals.	-.978	.328
7. Family relationships.	-1.255	.260
8. Mastery of the external world.	-2.863	.004**
9. Psychopathology.	-2.079	.038*
10. Superior adjustment.	-.944	.345
Total scale.	-.734	.463

Footnote:

N: total number of participant.

Z: critical value of z. **P:** probability.

8.3.1.1. Discussion

8.3.1.1.1. The experimental group:

The result indicated significant overall change in scores in the self-image questionnaire and significant change in the individual factors of social and family relationships. It is difficult to draw a conclusion at this stage regarding the relationship between the training and change in self-concept. However, the result may suggest that training these skills to the participants may be a useful way on enhancing their self-concept, particularly components related to family and social relationships. A growing body of research contains knowledge to indicate that teaching helping skills can be a useful intervention (Varenhorst, 1984; Vijayalakshui, 1986; Henrikson, 1991; Tindall, 1995).

8.3.1.1.2. The control group:

The study followed a traditional design of a treated group and a control group with the usual rationale that treatment would affect the experimental group but not the control. The control is in place to allow a comparison to ensure that any observed changes in the experimental condition did not arise for extraneous reasons reflecting other changes in the population that occurred over time.

There are in the literature many studies pointing to the deficiencies of this method of control (see Happner *et al*, 1992; Robson, 1993; McLeod, 1994). The choice of a relevant control is a delicate matter. For if the control activity is very similar to the treatment, then similar effects might be recorded. However, if it is very dissimilar than the control may be considered inappropriate. If, then, the answer is for them both to follow a similar programme with one essential key ingredient present in one but not the other, then this comparison might indeed indicate the effect of a specific treatment. But this presupposes that the researchers do know what the key ingredient is. In the case of a drug trial this would be very clear; in the case of looking at the effect of something like "social support" it is much less clear. So, in simple terms, the more similar to the experimental activity the control activity is, the more useful and relevant the control group - but this is only possible if the "treatment" can

be very precisely specified. The more different the control activity is, the less relevant is the control.

Whatever the control activity is, it has to be made clear that the control group can never be doing nothing! Doing nothing is inevitably to be doing something. Care therefore needs to be taken that the activity engaged in by the control group does not itself constitute a "treatment" and moreover, that it does not constitute a treatment that might effect the measured experimental variable.

From a traditional, logical positivist experimental paradigm, controlling the control group activity is problem enough. But looked at from a phenomenological prospective, problems are exacerbated. First, it has to be acknowledged that participants are not passive receivers of experimental treatments (Moustakas, 1994; Van Langenhove, 1995); each person will inevitably be trying to understand "what is this about?"! That is, meanings will be ascribed to the various tasks they are asked to perform.

In the case of a drug trial where the participant is given a placebo there may be few problems. For the "real" drug will look exactly like the placebo. However, if the placebo has no obvious effect the intelligent participant might think, "I didn't get the real drug" and may feel cheated and react accordingly. Similarly, in a medical trial participants may

become aware that other patients are being treated differently, again affecting their perception of the trial. Added to this is the general desire of participants to be helpful! So if they have any insight at all into what is happening they may connive with the expected outcome. Good experimental work is not simply a matter of specifying the appropriate control condition; care has to be taken to present information in such a way that participants cannot guess at procedures or put some maladaptive understanding on the process.

Where the treatment/control conditions represent social manipulation the difficulties are made worse. Events for the control do not exist in a vacuum and participants may interpret and seek meaning in what they have been asked to do. This has an influence on both how experimental and control groups react. For example, in a before/after test of an experimental treatment the experimental group will be able to interpret the "after" measures in the light of that treatment. What they are asked to do may make sense to them in the light of what has happened to them previously. If they have a positive attitude to the project and to the experimenter, this could be a source of positive bias in the results. It has to be admitted that this could be the case in the present study. The "before" measure will be the same for experimental and control groups; neither will have any understanding of what this is really about. However, for the experimental participants the "after" measure will almost certainly be seen to relate in some way to the

“treatment” activity; their response might thus be affected not simply by the treatment but by the expectations and meanings put upon it. Here they will become aware that the group sessions were designed to get them to think and become more aware of their personal behaviour and relationships with others. If this was irrelevant to them, then they have been wasting their time and so this might bias the “after” assessment to indicate to themselves that it had not been such a waste. Caution must therefore accompany interpretation of the experimental group results. They may indicate that the “treatment” worked but, alternatively, they may merely show that the participants wanted “to feel” it had worked.

The situation with the control group will be mediated by similar expectations and interpretations, by the general search for meaning. They were given an initial questionnaire. Perhaps they did not really understand why, and have little data to go on to offer an explanation. But then some time later they are given the questionnaire again! What could this be about? An obvious explanation is that someone is looking for change. But change in what? Why should change be expected? Someone is obviously “checking upon them”. But for what purpose? In the present study there may be a rather obvious explanation that came to the participants’ minds.

This arises because the post-test was administered by the students’ counsellor. Why, from the participant’s view, should he be involved?

Surely he will be aware of their results? What will he then think of me? How will it affect my career? In these circumstances there may be considerable motivation to "fake good". A point in favour of this argument is the degree of change shown in certain dimensions for the control group in "mastery of the external world", for example. Secondly, the significant changes are in those issues which, in the experimental group, might not have been expected to change, whereas on a "faking good" strategy they would - namely, self image, psychopathology and mastery of the external world.

To summarise this argument, the control group has considerable face validity in providing an apparently unambiguous base line against which changes induced by treatment might be compared. But they always need to be interpreted in context. In retrospect, it is apparent that the control group used here, particularly considering how the assessments were administered is probably not completely appropriate.

8.3.2. Trainees' feelings of being in the group:

The comparisons of pre-imposed training in relation to feelings by experimental group are shown in Table 8.3. According to the table, participants had significant change in the composite means of three statements rating from the second session to the last session. Referring to statement one, which was related to getting on with the group,

participants scored high on the last session than on the second session ($p < .003$).

In terms of statements two and four, participants indicated that they felt more comfortable ($p < .05$) and cared for ($P < .027$) in the last session comparing with session two.

With regard to statement number three, the result did not show statistical significance of change. This might be related to the fact that more than fifty percent of participants claimed that they felt accepted by group mates at session two so as to be difficult to improve upon.

Table 8.3. Results of Wilcoxon Matched-Pairs Signed-Ranks Test for trainees' feelings of being in the group in session two and last session:

N=13

Statement	Z	2 Tailed P
1. I got on very well with the other group members.	-2.934	.003 **
2. How comfortable did you feel when you have been with the group?	-1.956	.050 *
3. How accepted did you feel when you have been with the group?	-1.050	.293
4. How cared for did you feel when you have been with the group?	-2.201	.027 *

Footnote:

N: total number of trainee.

Z: critical value of z. **P:** probability.

8.3.3. Trainees' ratings of the helpfulness of active listening skills:

Table 8.4 shows list of the twelve active listening skills that taught to adolescents. Participants' ratings on the helpfulness of skills are divided into two categories. The first is related to whether the skills are helpful or unhelpful. The second refers to the degrees of helpfulness.

Table 8.4. List of Active listening skills

N=13

Skills
1. Facing the other person.
2 Using good eye contact.
3. Maintaining open posture.
4. Appearing relaxed.
5. Using gestures.
6. Using vocal expressions.
7. Focusing on the words describing the other feelings.
8. Showing attention and interest in the conversation with others.
9. Replying to the meaning of what other say.
10. Listening to other point of views without criticism.
11. Understanding non-verbal behaviour.
12. Understanding my own feelings.

Figures 8.1 and 8.2 show the trainees' ratings on the helpfulness of active listening skills. All skills were regarded as helpful; the only that was not almost completely so was "Replying to the meaning of what the other had said", which nearly a quarter of trainees rated as of little help. Interestingly, the physical aspects relating to posture and how one person presented to the other were rated as more helpful than the cognitive aspects of the tasks.

Figure 8.1. Active Listening Skills: helpful vs. unhelpful

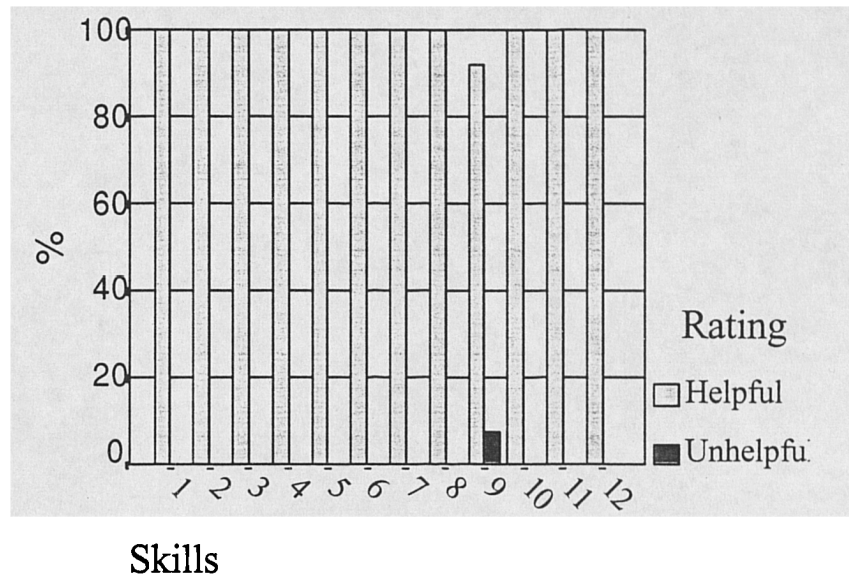
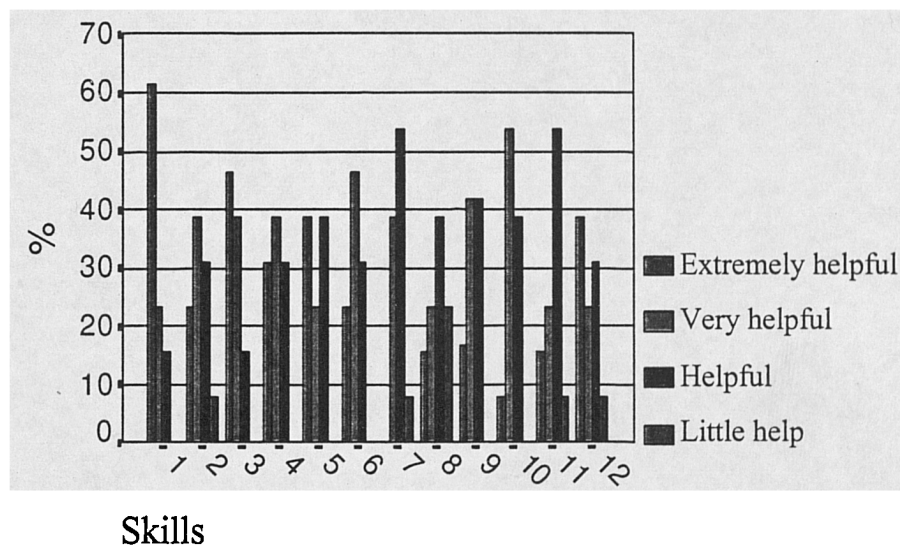


Figure 8.2. Active listening Skills: degree of helpfulness



8.3.4. General Benefits of the course:

Table 8.5 shows trainees' ratings of how the course had affected their own lives. The results show an overwhelming impression by trainees that the course had had positive effects on their lives particularly as it

related to their abilities to understand others - everyone was agreed on this. Only in the area of getting on better with classmates and parents was there any degree of disagreement. But then only to the degree of fifteen per cent of participants finding it not useful.

Table 8.5. Trainees' Rating on the General Benefit of the Course

N=13

Statement	SD %	D %	SU %	SA %	A %	SU %
1. I feel the course helped me to understand other people better.	0.00	0.00	0.00	15.4	84.6	100
2. I feel the course helped me to get along better with my classmates and friends.	0.00	15.4	15.4	15.4	69.2	84.6
3. I feel the course helped me to communicate better with my teachers.	7.7	0.00	7.7	38.5	53.8	92.3
4. I feel the course helped me to communicate better with my parents.	0.00	15.4	15.4	15.4	69.2	84.6
5. The course helped me to understand more about myself.	0.00	0.00	0.00	46.2	53.8	100
6. The course helped me to appreciate others feelings.	0.00	7.7	7.7	46.2	46.2	92.4
7. The course helped me to appreciate others point of view without criticism.	0.00	0.00	0.00	23.1	76.9	100
8. The course helped me to make a conversation between me and another more serious.	0.00	0.00	0.00	76.9	23.1	100
9. I now show more interest on what people say to me.	0.00	7.7	7.7	30.8	61.5	92.3
10. I now listen properly to what it is said before I give any replies.	0.00	0.00	0.00	23.1	76.9	100

Footnote:

N: total number of participant.

DS: strongly disagree.

D: disagree.

SU: sub-total.

SA: strongly agree.

A: agree.

8.3.4. Organisation of the Training:

Participants were asked about their opinions with reference to the organisation of training. Five areas were included: length of the training, place, method, preparation and the general organisation of the training.

An important point that should be noticed is related to the length of the training; in that the majority of the trainees said that two weeks were all right. Only one participant indicated that the training was long, but no one regarded it as too long. Trainees also commented on the experiential method of the training as very friendly way.

8.4. Conclusion:

Peer support has traditionally functioned in Saudi culture as an informal source of help. The main aim of this pilot training was to sense the visibility of such training that could be applied to the peer helpers. The data above suggests the possibility of training Saudi adolescents in active listening skills. Therefore, it was decided to begin a peer counselling programme that would emphasise traditional methods and cultural values in the helping process.

As a result of piloting the training package, it was considered necessary to redesign the main training programme. Therefore, the following points were made:

1. One session that related to self-centred problem solving was included.
2. Two sessions regarding loneliness and social relationships in adolescence were given.
3. . Evaluation of the training was given more thought in terms of the tools to measure and observe the sessions.

4. Trainees were asked to comment on the items of training evaluation Forms whether or not they were understandable. Suggestions were made for some items to be culturally suitable. Changes were also made to the type of response in order to make it easier to answer (see Chapter Nine for the description of the training evaluation Form).

Chapter Nine: Developing a Peer Counselling Programme in Saudi Context: Methodology

9.1. Introduction:

This chapter is mainly concerned with the methodology of the peer counselling programme divided into two sections. Section one will discuss the procedures of the peer counselling programme in terms of selection of school, peer counsellors, and the training with its characteristics. It will also describe the materials of evaluation the training. Section two will explain the procedures of setting up the programme in relation to its aims, hypotheses, and how the peer counselling was conducted and supervised. It will also present the materials of evaluation (quantitative and qualitative) together with details of their instruments, which were developed, and assessment procedures.

Section One: The Training

9.2. Hypothesis:

The main aim of the training was to prepare those involved to work as peer counsellors in the school. However, one objective of this investigation was to explore the training efficacy. In general, it was

considered that the training could be beneficial for those who were involved in it and could also bring about short term change, and this change would be in a positive direction. Therefore, the following hypothesis were formulated:

1. As a result of participation in the training, the participants would:

- a). show positive enhanced self-concept.
- b). show positive increase in the ten areas of self-concept as measured by OSIQ.
- c). recognise the utility of basic counselling skills.
- d). find the training course beneficial to their general lives.

2. The feeling of being with the group would be higher at a later rather than at the early stage of training.

3. As the training goes on, positive change would appear in relation to the:

- a). atmosphere of the group.
- b). participation of the group members.

9.3. Level of Significance:

According to McLeod (1994), researchers in the field of counselling and psychotherapy face a number of issues and dilemmas that need to be considered. The most two important issues include misuse of statistics and interpretation of certain type of quantitative data. The latest issue

was, thoroughly, examined in the literature by Dar *et al* (1994) who found that misinterpretation of the concept of significant level or p value was the most criticised one to limit the findings. Bearing this in mind, level of significance of 5% ($\alpha = .05$) was set as the rejection region in the present study.

Since the direction of the hypotheses has been predicted a one-tailed test is appropriate. Nevertheless, for information results of two-tailed tests are also presented.

9.4. Procedure:

9.4.1. *Selection of school and peer counsellors:*

The procedure of obtaining permission for the programme was as in the pilot study. As a result, a named Secondary School was identified for the programme. The main rationale for selecting the school were firstly the large number of students enrolled in the school (531). Secondly, those who were enrolled came from a variety of locations both city and rural.

With reference to the selection of participants for training, a discussion took place with the Head of School, one of the Deputy Heads and the two Student Counsellors. It was necessary to enlighten these people about the programme, outlining its aims and giving exact details of the

time demands which would be placed on both students and staff who would monitor the programme. Time demands, which would be placed on students, was the crucial issue that concerned the committee. The Head of School suggested that the process of recruiting students would be controlled by the Students Counsellors. His concern was to save time in interviewing many students, and to exclude third grade students from the Science Section as they have very demanding timetable. Therefore, the suggestion was made to the Student Counsellor to recruit students who have:

- high commitment in school activities;
- ability to listen to other;
- ability to interact with other;
- interest in helping others.

A list of thirty five names of candidates was submitted by the school counsellor. However, it was felt necessary to test their appetites and to assess their willingness as well as to give them choice of participation. Therefore, in a group interview, a brief description of the plan was given, including details of the training and project. As a result of this second recruitment, twenty students were identified to participate in the training; these were in the age range of sixteen to twenty years old and represented Grades 1,2 and three (Art Section) of the Secondary School.

One could speculate that this was a large pool of students to be trained, considering the size of school. But, it is evident from the literature that the number of trained peer counsellors could drop after period of time. Additionally, a large pool of trainees peer counsellors may avoid overburdening individual volunteers (Paterson *et al*, 1996).

9.4.2.The Training:

Training is extremely important stage in preparing peer counsellors. The professional literature contains a number of training manuals that are designed to be used in peer helping programmes (Carr, 1984; Tindall, 1995; Cowie and Sharp, 1996c). The training may range from a short crash programme of two or three sessions to a series of weekly training session. Components of most training manuals of peer counsellors focus on providing skills of listening, communication, clarifying, problem-solving, and 'special' issues relating to the particular context.

9.4.2.1. Training Content:

The work of Roehampton Institute London has its influence on the present method of training. The training model assumes that the peer counsellors use basic listening skills to help their peers. The emphasis is on peer helpers use of verbal and non-verbal skills to encourage self-focused solutions. The training has its basis in the work of Egan's

(1977, 1990) model of counselling and basic counselling skills, which was used as the main basis for training with considerable emphasis on the importance of active listening.

Therefore, the content of the training programme consisted of twelve sessions, which covered the following areas:

- getting to know each other
- ways of helping
- giving an awareness of counselling as a type of helping
- introducing the concept of peer counselling
- consideration of the qualities of a peer counsellor
- introduction to confidentiality and its limitations
- awareness of feelings of not being listened to
- introduction to attending skills; verbal and non-verbal
- introduction to listening skills with emphasis on feeling focused responses; reflection and paraphrasing
- to enhance feelings vocabulary (in order better to label emotions)
- to give an awareness of non-verbal behaviour
- awareness of feelings associated with silence
- introduction to self-focused problem solving
- to give a knowledge of social relationships in adolescence
- giving a knowledge of loneliness.

9.4.2.2. Training Method:

Dryden and Feltham (1994) suggested that various methods should be considered in relation to training counsellors. With reference to peer counsellors a variety of activities should be used to create the most effective sessions (Gougeon, 1989; deRosenroll, 1989). Therefore, the training approach of the course encompassed both traditional and non-traditional learning strategies (as experiential and group learning exercises). This approach is considered as a psycho-educational one with the stress on trainees directing their own learning rather than being passive receivers. Considerations of planning and applying the training course took into account the Code of Ethics and Practice for Trainers in Counselling Skills of the British Association for Counselling (BAC, 1995).

Lectures were used to present knowledge and to introduce some skills. Modelling was also used, in that the facilitator wherever possible demonstrated such skills. As role-play provides a useful training tool (Bolger, 1985), trainees were given case cards and from these enacted the roles of peer counsellor and clients in simulated interviews. Brainstorming technique was used as a useful method of experiential learning (Kolb, 1984 and Burnard, 1989), and trainees were given the rules of this technique in a handout (Osborn, 1963; D'Zurilla and Goldfried, 1971). Most of the sessions used exercises that were

performed in pairs, triads, and small sub-groups. Finally, group discussion took place in both sub-groups and the whole group. These methods were devised and tailored from various text books in counselling and related areas (Egan, 1977; Drum and Knott, 1977; Spence, 1980; Priestly and MaGuire, 1983; Nelson-Jones, 1986; Brandes and Phillips, 1990; Egan; 1990b; Brandes, 1993; Sanders, 1994; Cowie and Sharp, 1995; Frankland; 1995).

9.4.2,3. The Trainer:

According to Cowie and Sharp (1996c), an experienced counsellor should carry out training of peer counsellors. Others could also involve in the training, by means of helping such as staff within the institution who have an appropriate training, and other support agencies teams. Varenhorst (1984) stressed that the trainer, among other commitments, should be able to model what is being taught, as well as to have the necessary skills to teach the content effectively. Tindall (1995: p. 111) stressed characteristics that should be identified in the person doing the training. For example, willingness to accept responsibilities, understanding of trainees and their needs, capacity to motivate, adaptability, confidence, ability to be a good model, knowing self, and understanding values. However, co-operation with the teaching staff at the setting is very important for the trainers (Cowie and Sharp, 1996c).

The training was facilitated by the researcher who has extensive training and experience in counselling. The Teacher of Psychology at the school was also involved in some sessions. Additionally, two Student Counsellors were involved in supervision and monitoring.

9.4.2.4. Outline of Training Sessions:

The twelve sessions of training were conducted over two weeks, and below is an outline of these sessions. A full timetable for the training programme is given in Appendix (B).

Session One:

The first task was to greet group members, then to introduce counselling as a form of helping with specific reference to Arabic culture and contrast it with other ways of helping, such as guidance, friendship, parenting and neighbouring. This was followed by an introduction to peer counselling including the definition of "peer" and how they could be good helpers in different situations if they acquired, by training, such helping skills.

Following this, discussion of the participants' expectations of the group was introduced by the facilitator, asking the group members: "When you join any type of group, such as a football team, what are your expectations about other members of the group?". The general atmosphere was very formal and group members sat looking at each

other for some time. Then one member started to voice his concern as to whether they have to sit an examination at the end of training. This participant just broke the ice, then an interesting discussion started about: being a co-operative group, helping each other, what kind of behaviour is acceptable in the group and to which extent tolerance should be given by group members, commitment and high performance, respect each other, honesty. Confidentiality was introduced by asking participants "What is confidentiality?" Participants gave some meanings as privacy, and a shared secret. Then limitations of confidentiality were introduced.

Session Two:

With permission of group members, the psychology teacher in the school was invited as group observer. The session was planned to create a relaxed atmosphere and to encourage participants to know each other. The agenda was the qualities required of peer counsellor.

The suggested were:

sincerity, respectfulness, caring, nonarrogant, interest in helping other, modest, trustfulness, unselfish.

The observer was given a time to reflect on what he saw in the group.

Session Three:

Different ways of helping were explored with considerable time being spent in relation to advice giving, and how advice in some situations

might be ineffective and not helpful to both client and counsellor. This was the most difficult issue to understand and learn as the concept of advice and counselling are similarly used and practised in Arabic culture.

Session Four:

The idea of active listening skills was introduced with an exercise on feelings associated with not being listened to. The group seemed very interested and a high level of participation was observed.

Session Five:

Differentiation between two types of reflecting responses, feeling and thought, was introduced with discussion of differences between reflecting content and interpreting or judging what it is said.

Session Six:

Concern of the session was in enhancing feeling vocabularies, with encouragement to use slang words. Rules of the process of brainstorming were given, and different feelings were experienced in the group.

Session Seven:

The session was structured to encourage participants to be aware of non-verbal cues and feelings associated with silence. Misleading body language was explored and being alert to the fact that such cues could

give much more information than many words. Group members seemed to identify their needs; one said "I find it difficult to understand facial expressions".

Session Eight:

In order to make a move, the idea of finding solution by oneself was introduced in different activities.

Session Nine:

Time to reflect on all previous skills was given with opportunity to give each other feedback.

Session Ten:

The session was planned to provide participants with such knowledge in relation to their work and lives. This included friendship and relationships with peers and family. The psychology teacher in the school was invited to participate by giving a lecture.

Session Eleven:

Experientially, the session was structured to enhance participants' knowledge of social isolation and loneliness. Exercises were suggested to explore feelings and thoughts of being socially rejected and isolated.

Session Twelve:

This session was oriented toward terminating the training. Therefore, members were asked to evaluate the training course. The training closed with a tea party attended by the student counsellors and a School Deputy. All participants received gifts of a key ring and a set of pens as reward for their attendance and to encourage them to do their new work as a peer counsellors.

9.5. Materials of Evaluation the Training:

9.5.1. The Offer Self-image Questionnaire for Adolescents (OSIQ):

The Arabic version of OSIQ was used to assess trainees' self-concept before and after training. The instrument was originally developed in 1962 as a means of gathering data from a large group of American high school students about their phenomenal selves. It is a self-administered instrument consists of 130 positively and negatively worded items about the individual's' feelings and attitudes about the self in a number of important areas. Items use a Likert format for a numerical response ranging from one to six, where one corresponds to "Describes me very well" and six corresponds to "Does not describe me at all". The measure utilises the multidimensional construct of the self-concept using eleven areas: impulse control, emotional tone, body-image, social relationships, morals, sexual attitudes, family relationships, mastery of the external world, vocational and educational

goals, emotional health or psychopathology, and superior adjustment (Offer *et al*, 1981).

With relation to the Arabic Version of OSIQ, The Crime Prevention Research Centre (CPRC), Interior Ministry in Saudi Arabia has translated the instrument into Arabic on a sample of 650 Saudi male students aged between thirteen to twenty years old (Al-Sairfi, 1988). Taking into account the cultural variances between West and Arab, the measure consists of only 90 items related to ten areas of adolescents' self-concept. For example, the sub-scale related to sexual attitudes has been excluded from the Arabic version for two reasons. The first was that sexual affairs are regarded by Saudi as very personal issues that individuals may talk about only in a very limited way as in materials concerning religious laws, or with distinguished close friends. The second was that its relationship with the other sub-scales was found to be negative.

The sub-scales and the number of items included in The Arabic version of the measure are shown in Table 2 Appendix (E). The range of possible raw scores varies from a minimum of 90 to 540 on the total self. To obtain scores for the sub-scales and the measure as a whole, the weighted scores are added. Therefore, the lower the score the healthier the self-concept.

In terms of the *reliability* of the measures, the *internal consistency* was found to be 0.93 for the whole scales, and alpha for the sub-scales ranged between 0.51 to 0.82. Al-Sairfi (1988) also conducted *test-retest* on 140 participants on a period of two months in order to ensure the *stability* of the measure. The correlations ranged between 0.60 to 0.81 for the sub-scales and 0.89 for the whole measure (see Appendix E).

Validity of the test was applied by first, committee of three researchers from CPRC was asked to translate the English items into Arabic one. Then, panel of six psychology researchers was asked to give their opinions on the *content* of the Arabic items. Their responses were quantified and analysed in order to insure culturally suitable items. The result indicated that there was a significant correlation between five of these judges (ranged from 0.22 to 0.39, with $P < .05$). And alpha coefficient for the judges' opinions was calculated as 0.59. Another step was obtaining *correlation* between the sub-scales and with the total measure. These correlations were shown in Appendix (E).

Contrasted groups analysis was conducted as a mean of *concurrent validity* of the test. Therefore, two groups with age ranked between 13 to 19 years old (normal group =401, and delinquents group =60), t-test showed significant differences between the two groups ($t = -3.04$, $df = 459$, $p < .002$).

9.5. 2. Instruments Developed for Evaluation of Training:

Unlike various programmes related to training adults in counselling and basic counselling skills (Dryden, 1985; Hargie, 1988; Gallagher and Hargie, 1989; Multon and Dickson, 1991; Sharpley and Ridgway, 1991; Rushton and Davis, 1992), programmes of training young people as peer counsellors have been a new growing area of professional interest. Therefore, standardised tools used in the evaluation of training or "the process" are limited. Cowie and Sharp (1996d, 1996e: p.139) pointed out that "*standardised instruments are often appropriate*" in evaluation a peer counselling programme, but "*it may be necessary to devise new ones*" that can be used for an ongoing monitoring of progress or for overall evaluation of the group performance at a set times. McLeod (1994) stated that in many counselling studies, such questionnaires or scales could be designed for a specific purpose of such investigation. For example, asking trainees about their views on aspects of training or attitudes of counsellors towards their clients.

Taking the above into consideration, purposive Evaluation Forms were built upon previous researches, and made as concise and appropriate as possible. For example, items were obtained and devised from Douglas (1976); Mucchielli (1983); Priestley and McGuire (1983);

deRosenroll (1989); Skavholt and Ronnestad (1992); Counsellor Training Unit (1994-95).

To ensure the face validity of these Forms, translation into Arabic language was made by the author and researcher in the area of Teaching English Language as a Foreign Language. Then, a Clinical Psychologist and Student Counsellor from the Ministry of Education read and commented on the items. Some items of these Forms were also piloted, and trainees were asked to comment on them as to their being understandable. Suggestions were made for some items to be culturally suitable. Because there were no reliable or tested measures regarding peer counselling, it was impossible to conduct such validity concerning criterion-based validity or concurrent validity.

9.5.2.1. The Session Evaluation Form:

This Form consisted of fifteen questions in five parts. The first, the fourth and the fifth parts aimed to find out general information related to each session, for example; the quantity and the content of work, the practical exercises, general opinion of the session, usefulness of the session, personal gain, suggestion, and comments (Appendix C).

Parts two and three were designed to focus on what happened in the training session or "the process". While Four questions related to part

two of the Form were structured to measure the atmosphere of the group in the session, part three consisted of three items concerning the participation of the group members. Trainees had to indicate their responses in a five points Likert-type response format (Appendix C). Alpha Reliability of these two parts was calculated and found for the atmosphere = .67 and the participation = .71 and for both = .603. Internal consistency of each part and both, using alpha if item is deleted, was used to validate the instrument. Results encouraged the use of these two Forms as valid instruments because the items were found to be homogeneous and sufficient (Appendix E).

9.5.2.2. Group Observer Form:

This Form included two sections. The first was concerned with observing the interaction of the group in the session. The second section was related to the general group climate with space for any other comments that the observer would like to add (see Appendix C).

9.5.2.3. The Peer Counsellor Training Questionnaire:

One aim of piloting the training package in 1995 was to test the applicability of the questions that would evaluate the participants' performance in training. This questionnaire was applied in the pilot training. The items were checked by the participants in terms of their clarity and understandable as a face validity of this questionnaire. The

content validity was checked by matching the items with the instructional objectives of the training.

The questionnaire (Appendix C) consists of four parts:

The first section aimed to collect general information about organisation of the training such as the length, the venue, the method being used in the training ..etc. Part two was concerned with measuring the Feeling of Trainees in the Group at the beginning and later stage of the training. Four questions were included; and participants were asked to rate their feelings of getting on with the group members, being comfortable, accepted and cared for, in four points responses where; 4: all the time, 3: most of the time, 2: some of the time, and 1: not at all. Reliability of coefficient alpha was = 0.53 and internal-consistency was found by alpha if item is deleted (see Appendix E).

The third part included thirteen items addressing the counselling skills that were identified in the objectives of training sessions. At the end of the training, participants were asked to rate their responses related to the helpfulness of these skills in five points Likert-type form ranging from 5: extremely helpful to 1: not helpful at all. In terms of reliability of this instrument, coefficient alpha was found =0.88. Internal consistency

of this instrument was measured and items were found to be homogenous (see Appendix E).

Part four consisted of eleven statements concerning the effectiveness of the training in relation to participants' lives. The participants were asked to rate their responses on four points where: 4. strongly agree, 3. agree, 2. disagree, and 1. strongly disagree. Reliability of this instrument was established by finding coefficient alpha =0.65. And alpha if item is deleted was conducted to establish internal-consistency of the instrument (see Appendix E).

Section Two: The Programme

9.6. Setting up the Peer Counselling Programme:

9.6.1. Aims of the Programme:

Having trained the peer counsellors, peer counselling was set up as a new service to provide listening support to students who were in need of help. However, a crucial step is the evaluation process in clarifying and formulating aims and objectives of the service (Rossi and Freeman, 1989; Smyer and Intrieri, 1990). In order to address such aims, objectives need to be set up which specify how these aims are going to be achieved (Barkham and Barker, 1996). Therefore, the aims of the programme were as follows:

- To expand the counselling services available to adolescents. Providing different resources of helping in the school community would do this.
- To create a supportive social context in the school community. Support that comes from peer is very significant for young people.
- To prevent or ameliorate the experience of loneliness among adolescents in the school. This could be achieved by fostering a positive age related social support system.
- To promote and increase communication and active listening skills for those who participate as peer counsellors.
- To enhance the self-concept of peer counsellors.

- To increase responsibility of adolescents toward their society in general, and school community in particular.
- To assess the feasibility and applicability of peer counselling in an Arabic cultural, particularly, and specifically in Saudi Arabia.

There are a number of rationales for setting up the peer counselling programme. Throughout this study particularly in Chapter 6, it has been argued that the structure and function of current counselling services in Saudi school settings fail to meet the psychological needs of students. However, the following provides full discussion of these rationales.

9.6.2. Rationale for Peer Counselling in Saudi Arabia:

It has been mentioned elsewhere in the context of this present study that Saudi Arabia, as a developing country, is at present experiencing an era of rapid change. The rate of social change has produced a growth in a different environment. Researches (Damenhory and abd-Allateef, 1990; Ibrahim and Alnafie; 1991) that have been carried out in Saudi context have identified several psychological problems facing the young generation. Zakar (1993) pointed out that Saudi people have found themselves lonely and alienated from the traditional way of living, which used to give them a sense of belonging to an extended community.

The problem of loneliness (as found in part of the present research) is a daily reality of large number of adolescents. It is a paramount importance to provide those who find it difficult to cope with this transitional concern. The challenging future may suggest that young people need to be well prepared in order to cope with all the demands made upon them, and to develop appropriate coping behaviour. The ability of young people to new challenges depends on their personal capacities coming into the transition and the degree to which they are supported by a network of caring relationships (Jackson and Hornbeck, 1989).

Ibrahim and Ibrahim (1993) have drawn attention to the need of different mental health services within Saudi culture. They identified the young people in Saudi Arabia as a population at risk; yet the mental health services have failed to meet their needs. Consequently, they strongly recommended research into relevant kinds of counselling and psychotherapy services.

At present, there is great attention and emphasis on the need to expand mental health services in Saudi Arabia. For example, the Ministry of Health is trying to augment its mental health services by establishing primary psychological care to go alongside with primary health care system (Ministry of Health, 1991). The provision of workforce for this project will, of course, create considerable financial demands.

Counselling and psychological services in general are rapidly expanding. In the school setting as we have seen in Chapter Six there is high demand for professional counsellors. Recently, the Ministry of Education has sent a letter to the authority of Saudi Universities asking for the provision of a graduate student with training in counselling at diploma level (Al-Marifah, 1997: p. 42). However, aims related to 'counselling' service appeared to be words rather than application. This can be easily identified in a contrasting role that is performed by the school counsellor. To further support this argument, the Ministry of Education recently sent an Order no. 46/568 in 8.7.1417H (1997) to the Local Educational Authorities asking them to establish new Guidance and Counselling Centres that aim to enhance the already established service in schools.

Another reason supporting the proposed programme of peer counselling in the Saudi cultural setting is the criticism levelled by West (1987), who argued that psychotherapy in Saudi Arabia does not represent "*a formal set of therapeutic procedures and activities*"(p.105). This is because people perceive counsellors and psychotherapists as authoritarian figures, and lack of an awareness of the various functions and benefits of counselling. This was supported by Abo-Abah (1996) and Al-Owidha (1996).

It is important not to look at the question of psychological support in a social vacuum. Therefore, it is important to think of supportive interaction as an ecological asset (Mortensen, 1997: p. 210). Context of this research does not accept professional assistance to alleviate personal and psychological problems. Rather community acceptance of interventions is preferred.

A further reason to pursue this programme to provide adolescents with the skills they need in order to help each other, is the existence of stigmatisation of psychological problems in Saudi culture. People may refuse to seek any type of help from a counsellor in any setting because of such stigma. The family has traditionally been seen as the provider of psychological health and support, although in part the family has been found to be one of the major stressors to children (Chaleby, 1986). Nevertheless Saudi people are not encouraged to seek psychological help, outside the family because of the stigma (Farah and Kaberah, 1993).

A preventive programme in counselling has been strongly recommended by Saudi researchers (Al-Ahmady, 1989; Al-Owidha, 1996). This study is the first attempt in Saudi Arabia to provide preventive measures to reduce the problem of loneliness in adolescents.

9.6.2.1. The intervention: Primary Prevention of loneliness

Recent finding on social skills training and other cognitive-behavioural therapy to treatment of lonely and isolated young people may be perhaps encouraging. However, it is clear that therapeutic counselling may not be the most effective or efficient method for managing adolescents' psychological problems (Sander et al, 1995). Preventive programmes have many advantages over remedial ones. They can be seen as a mental health promotion, which is part of health education (Freedman, 1995). They also aim at a larger population via community settings, and are far more cost effective in reducing the overall incidence.

There are three prevention methods: primary, secondary and tertiary prevention. This study considers the primary prevention that applies to those who are at high risk and most vulnerable to loneliness and other mental health problems (Rook, 1984; Cox, 1993). This prevention should make maximum use of existing natural, community and voluntary support networks.

Based on the finding in Chapter Four, that loneliness can have profound effects in later life stages, the present study attempts to prevent the onset of loneliness among adolescents in Saudi secondary schools.

9.6.3. Hypotheses related to the programme:

Having specified the objectives of the intervention of peer counselling, the following hypotheses were formulated for testing:

Hypothesis One:

Students in the school would report feeling less loneliness at later stages of the peer counselling programme.

Hypothesis Two:

Students in the school would report high levels of social support at later stage of the peer counselling programme.

Hypothesis Three:

Peer Clients would report satisfaction with the peer counselling programme.

Hypothesis Four:

As a result of participation in peer counselling programme, the peer counsellors would:

- a) Show positive increase in the ten areas of self-concept as measured by OSIQ.
- b) Show positive enhanced self-concept.

Hypothesis Five:

The peer counsellors would find the peer counselling programme beneficial to their general lives.

9.6.4. Procedure:

The second part of the programme was setting up the peer counselling service in the school. It was believed that those participants who were trained as peer counsellors would be able to provide support to their

peers who were in need of help. This was characterised as an intervention which could foster a positive social support system and consequently, to prevent or reduce loneliness in secondary school students.

Thus, the first step was providing peer counsellors with physical space to perform their work. At the beginning, the room of Student Counsellor located at the third floor was available for them, particularly during break-time on the school timetable. However, peer counsellors suggested that this space be used only to keep their records, and to do the sessions throughout the school space such as the corridors, classrooms, and praying area.

The second step was related to informing students at school about the peer counselling service and makes them aware of it. This was done by advertising the service throughout the school, particularly, the School's Notice Board, praying area, library, School buffet.

Names, grades and classes of peer counsellors were advertised as well. This process was thought to be helpful for those who sought help to identify their peer helpers.

The idea of having a name tags was rejected by peer counsellors because they feared that this could lead them to be victim of bullying from other students.

9.6.5. Support and Supervision:

Supervision is considered as the heart of helping process, particularly counselling (Murgatroyd, 1985; Williams, 1992; Dryden and Feltham; Page and Wosket, 1994). There are different approaches of supervision of which it may be seen as educational, managerial and supportive. Yet variables such as counselling theory and practice and characteristics of individuals being in the process, support adoption the appropriate models. However, the process of supervision is a dynamic one that can be considered in a two way interactive process between supervisor and supervisee (Page and Wosket, 1994).

Supervision is an essential component of any peer counselling programme (deRosenroll, 1989; Cowie and Sharp, 1996b). In the school context, it can take place during or after school day (Cowie and Sharp, 1996b).

Therefore, in this exploratory study the researcher adopted a cyclical model of supervision that is similar to Page and Wosket (1994). This took place in-group and as a one-to-one process. The Code of Ethics and Practice for the Supervision was applied (BAC, 1988; Bond, 1990).

The peer counsellors were divided into three groups to discuss their work. Each group met four times in two months (November and December 1996). Additionally, the programme's co-ordinators (the researcher and two student counsellors) were always available, during the school time, to any peer counsellor who wanted to discuss any personal concern. Two further group meetings were held in February and April 1997. The aim of these meetings was to give support and feedback on how well the peer counsellors were integrating their skills and handling the cases. During group meetings, peer counsellors were encouraged to speak freely on the topics and materials that were being discussed.

One week after advertising the service, some peer counsellors came and reported their concerns as they were teased by their peers. For example, one reported that, "When I was walking, a group were hanging around in the corridor and one said:" "Ya. you are psychotherapist now ... we have a crazy one here and we want you to see what is wrong with him." .."this was very upsetting because they were laughing. I felt that I did not want to carry on". These boys were given support and reassurance by reflecting and understanding their feelings. Then, the issue took a brief discussion until they came to understand that voluntarily work often brings a lot of personal pressure.

The first experiences were reported as fearful and challenging, and some were very anxious e.g. “..I felt he was testing me” “...then he said I could advise him whether or not to go with them in the same school activity”.

Peer counsellors, at the beginning, were overwhelmingly concerned with information seeking about such behaviour and advice giving e.g. “ why he was unable to talk to me.”, “He asked me how I do my homework.”

In the supporting session, the group was encouraged to share their ideas in the cases being discussed. The purpose was to give feedback to one another. Page and Wosket (1994) pointed out that feedback in supporting sessions should be a mutual process. The agenda was acting on the behalf of client such as talking with teacher or friend about the concern. The referral issue emerged as an important issue. For example, one case was referred to the Student Counsellor because it involved long-term conflict with a teacher.

One important issue raised in the supporting meeting was the value of peer counselling. An example of this emerged in a supporting session with one group, the case that was brought related to a client who liked to be with one of his classmates. The group discussed this case and two point of views were raised. While the first was supportive, the

another was discouraging, taking into account their values and the societal values. Some adolescents are involve, nowadays, with a so called the 'admired friend'. The concern of this phenomenon is that this kind of friendship relationship could end up with an abused relationship that is not tolerated by the cultural values.

9.6.6. Materials of Evaluation the Peer Counselling Programme:

9.6.6.1. The UCLA Loneliness Scale:

The original version of the UCLA Loneliness scale and its Arabic validation has been discussed in Chapter Three.

9.6.6.2. Social Provisions Scale:

Russell and Cutrona's Social Provisions Scale (1984) is comprised of six dimensions of social supports. It is based on Weiss's (1974) theoretical model of social functions or "provisions" which may be obtained from relationships with others. These dimensions are:

1. *Guidance*: provided by relationships with trustworthy individuals who can provide assistance, advice, and information.
2. *Reassurance of Worth*: provided by relationships in which the person's skills and abilities are recognised and acknowledged.
3. *Social Integration*: a sense of belonging to a group that shares similar interests, concerns, and recreational activities.

4. *Attachment*: emotional closeness from which the person receives a sense of safety and security.
5. *Opportunity for nurturance*: a sense that the individual feels others rely upon for their well-being.
6. *Reliable alliance*: driven from relationships in which the person can count on assistance under any circumstances.

The instrument consists of 24 statements, which assess the above social provisions. Each of the six sub-scales has four items, with two positively worded and two negatively worded. Respondents are asked to indicate, in four Likert type scales, the extent to which each statement described their current social relationships. Higher scores indicate to that individual feels adequately supported.

Reliability of this measure was obtained from a sample of 1792 respondents of which 1183 were college students. Coefficient alpha of the sub-scales ranged from 0.653 to 0.760 with total social provisions scores of 0.915. Cutrona and Russell (1987) reported that the discriminative *validity* was assessed by examining its relationship with other scales of social support and other relevant measures. Initially, they evaluated convergent and divergent validity. It was expected that scores on the Social Provisions Scale would be more highly correlated with other measures of social support (convergent validity) than they would with measures of conceptually distinct constructs (divergent

validity). It was found that Social Provisions Scale correlated more highly (all $P < .001$) with the Social Support Questionnaire (satisfaction with support: $r = .352$, and number of supportive person: $r = .400$), the Index of Socially Supportive Behaviours ($r = .350$), and Attitudes toward use of Social Support ($r = .458$). The correlation's with the other measures were: the Marlowe-Crowne Social Desirability Inventory ($r = .124$), the BDI ($r = -.278$), introversion-extraversion ($r = .289$), neuroticism ($r = -.199$), and number of stressful life events which students had experienced during the previous six months ($r = .030$).

9.6.6.2.1. The Arabic Version of Social Provisions Scale:

Procedure of translation the Social Provisions Scale into Arabic was similar to that which was applied to the UCLA Loneliness Scale (see Chapter Three). In relation to the reliability and validity of this version, Khadr and Al-Shennawi (1988) re-administered the scale a one month later, and test-retest correlation was found to be = 0.820. Comparing this value with the one obtained for the English version, it seems that both versions are counted to have high alpha reliability. The validity of the Arabic version was achieved by two methods. Firstly, a panel of seven psychologists examined content validity of the scale. Items were scrutinised in relation to their cultural suitability to measure the purpose. Some items were totally revised, and all members agreed on the final version. Secondly, the relationships between scores on the

Arabic versions of Loneliness and Social Provisions scales were used as concurrent validity (see Chapter Three, p. 84). In contrast to the English version, it seems that the Arabic version has similar validity that reflected on both versions to be negatively correlated with measures of conceptually distinct constructs (divergent validity).

9.6.6.3. Instruments Developed for Evaluation the Programme:

9.6.6.3.1. The Peer Client Satisfaction Form:

This Form consisted of ten questions with further space for any others comments that the peer client would like to add. The peer clients were asked in the first two questions to indicate their concerns as well as the frequency of seeing the peer counsellor. Questions three through to eight were concerned with the clients' views of how the peer counsellor was helpful to them. Respondents were required to answer these questions in a five points Likert-type form ranging from 1: strongly disagree to 5: strongly agree. The peer clients were asked in question nine to indicate their overall satisfaction regarding the session in scale ranging from 1: low to 5: high. Finally, they were asked in the last question to choose "yes" or "no" to indicate their desire of re-contacting the peer counsellor for future personal help.

The Form achieved high reliability obtained by coefficient alpha =.915. The internal-consistency of the scale was performed using scale alpha

if item is deleted, and all questions were found to be consistent and homogenous (see Appendix E).

9.6.6.3.2. *The Peer Counselling Impact Form:*

Fifteen items were constructed in relation to the impact of participation in the programme on the peer counsellors' general lives. The statements in this Form were concerned with different aspects to participants' lives such as communication with various people, self-confidence, awareness, etc. The participants had to indicate their responses on four points where: (1) never, (2) rarely, (3) sometimes and (4) often. Reliability of this Form was obtained by finding coefficient Alpha = .855, and internal-consistency was conducted by using Alpha if item deleted. The statistic results found that all items were related and consistent (see Appendix E).

9.6.6.3.3. *The Peer Counsellor Log:*

During their work, peer counsellors were each given a log to record the clients' background. To maintain confidentiality no peer client's name was required, rather information such as age, grade, source of referral, type of presented problem was recorded.

9.6.6.3.4. *The Semi-structured Interview: (Peer Client Form)*

The aim of interviewing the peer clients was to explore their thoughts, feelings, and expectations of the programme in general. It also

considered their particular views toward the peer counsellor. Therefore, the schedule for the interview comprised eight open-ended questions, which were prepared to serve as a guide. According to Patton (1990), a prepared guide in open-ended interviews is usually helpful because it makes sure that basically the same information is obtained from a number of people covering the same material. See Appendix (D) for the questions of this interview.

9.6.6.3.5. The Semi-structured Interview: (Staff Form)

In order to capture the perspectives of the school's teachers with the peer counselling programme, an interview schedule that consisted of ten open-ended questions was carried out. The major advantages of open-ended questions are their flexibility and depth. They allow probing into respondents' attitudes and knowledge that may help to explain the response. However, coding and categorising the data may serve as a disadvantage (Mark, 1996; Robson, 1993).

9.6.6.3.6. Focus Group: (with peer counsellors)

In order to get in touch with what the peer counsellors really experienced during their involvement with the programme, a focus group was suggested and carried out. Focus groups have been used in the literature as either a main research method or in conjunction with other methods such as surveys and experiments (Morgan, 1988). It is a method that produces qualitative data that provides insight about why

people think or feel the way they do. Krueger (1994) defined a focus group as a "*carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. The discussion is comfortable and often enjoyable for participants as they share their ideas and perceptions. Group members influence each other by responding to idea and comment in the discussion*" (p.6).

This method of data collection was conducted on May, 1997 with 18 peer counsellors, who participated in two focus interviews: (focus group one)=10 participants and (focus group two)=8 participants. Each group interview took 45 and 50 minutes respectively. Notes of both focus groups were taken by the researcher and a peer counsellor (as an assistant) in each group.

The main issue that was investigated was "The experiences of Peer Counselling Programme". Participants were asked: "What did you learn from the peer counselling programme?"

Topic guide included:

1. What did you gain from the peer counselling programme?
2. What difficulties did you experience?
3. What are your criticisms and suggestions?

9.7. Assessment Procedures:

Table 9.13 summarises all the assessments points that were carried out to evaluate the peer counselling programme.

Table 9.13 Assessment Procedures of the Programme

Procedure	Point Scale
Training	15 th – 28 th October 1996
Evaluation the training	28 th October 1996
UCLA-Loneliness Scale	
<i>Pre-assessment</i>	22 nd October 1996
<i>Post-assessment 1</i>	26 th November 1996
<i>Post-assessment 2</i>	24 th December 1996
<i>Post-assessment 3</i>	10 th May 1997
Social provisions Scale	
<i>Pre-assessment</i>	22 nd October 1996
<i>Post-assessment 1</i>	26 th November 1996
<i>Post-assessment 2</i>	24 th December 1996
<i>Post-assessment 3</i>	10 th May 1997
Self-concept Scale	
<i>Pre-training assessment</i>	12 th October 1996
<i>Post-training assessment 1</i>	28 th October 1996
<i>Post-assessment 2</i>	14 th May 1997
Peer Client Satisfaction Form	10 th May 1997
Peer Counselling Impact Form	14 th May 1997
Interview (the peer client)	
<i>First interview</i>	21 st –23 rd December 1996
<i>Second interview</i>	10 th -17 th May 1997
Interview (the teachers)	10 th -17 th May 1997
Focus Group	11 th and 12 th May 1997

9.8. Conclusion:

This study is an exploratory of setting a peer counselling in Saudi Arabia. The present chapter has considered the methodological issues that of the programme in terms of training and implementation. Results of the evaluation are presents in the next two chapters.

Chapter Ten: Evaluation of Training the Peer Counsellor

10.1. Introduction:

An aim of this study was to evaluate the effectiveness of training peer counsellors. This chapter is concerned with the results of evaluation of the training peer counsellors. While part one will present the analysis of the data, the second part includes discussion of the results.

Part One:

10.2. Self-concept:

Table 10.1 shows the result of the OSIQ test given before and after the training period. Pre and post-test differences are shown to be significant with a one tailed test (Wilcoxon Matched Pairs Test) for two areas; social relationships ($P < 0.05$) and vocational and education goals ($P < 0.05$).

Table 10.1. Result of Wilcoxon Matched-Pairs Test for Trainees on OSIQ:

$N=20$

Scale	Z	1 Tailed P	2 Tailed P
1. Impulse control.	-1.619	.053	.106
2. Emotional tone.	-.207	.418	.836
3. Body and self-image.	-.751	.226	.453
4. Social relationships.	-2.036	.021*	.042 *
5. Morals.	-1.396	.082	.163
6. Vocational and educational goals.	-1.681	.047*	.093
7. Family relationship.	-.853	.197	.394
8. Mastery of the external world.	-.479	.316	.632
9. Psychopathology.	-.256	.399	.798
10. Superior adjustment.	-.757	.224	.449
Total scale.	-.166	.434	.868

Footnote:

Z: critical value of z. P: probability.

10.3. Trainees' feeling of being in the group:

Comparison of preimposed training in relation to feelings by trainees is shown in Table 10.2. According to the table, participants had significant change in the composite feelings of the four statements ratings from the second session to the session eleven. Referring to statements, participants scores were higher on session eleven, which was before the last session, than on the second session on getting on with the group ($p<0.001$), feeling comfortable ($p<0.001$), accepted by the group ($p<0.001$) and feeling cared for by the group ($p<0.001$).

Table 10.2. Results of Wilcoxon Matched-Pairs Test for trainees' feeling of being in the group in session two and session eleven:

N=20

Statement	Z	1 Tailed P	2 Tailed P
1. I got on very well with the other group members.	-3.623	.000	.000
2. How comfortable did you feel when you have been with the group?	-3.921	.000	.000
3. How accepted did you feel when you have been with the group?	-3.921	.000	.000
4. How cared for did you feel when you have been with the group?	-3.921	.000	.000

Footnote:

Z: critical value of z.

P: probability.

10.4. Group Climate:

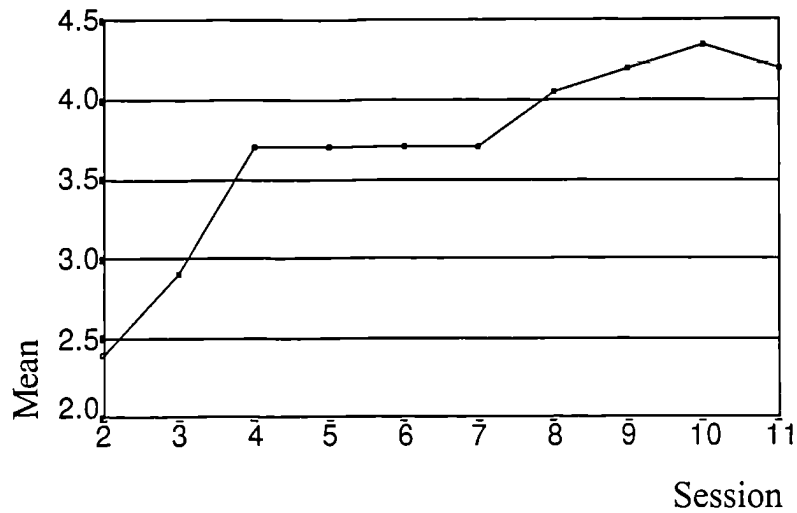
10.4.1. Reaction of Participants to the training Sessions:

During the training period, participants were given a question form to evaluate each session separately. Although trainees completed this evaluation Form, the facilitator observed that the majority of participants were, somehow, reluctant to complete the form. At the end of session four, one participant asked: "Do we have to answer this questions today?" This triggered more than 50% of trainees to voice their concerns in relation to this form. And the second observation was after session's seven which some of the trainees asked to take them home and bring them the next session.

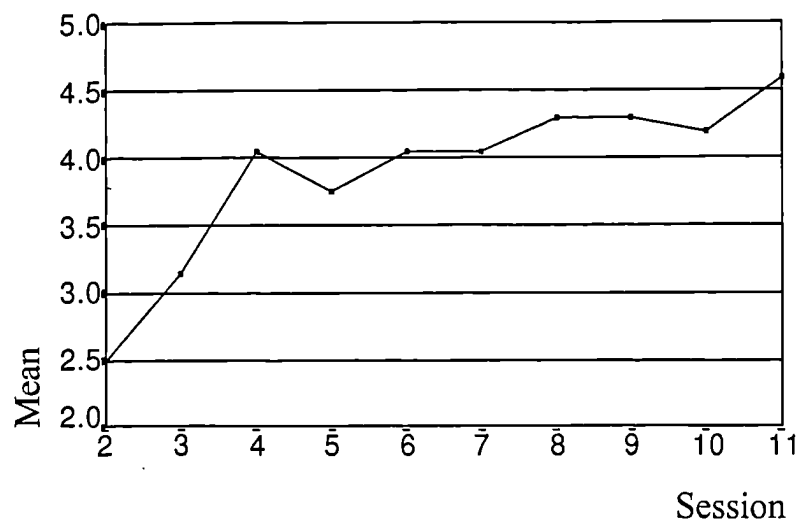
It is evidence that the process of evaluation the session created boredom in the participants. Therefore, the results of this evaluation are questionable. Barring this in mind, figures 10.1 through 10.7 represent the evaluation of trainees in terms of group atmosphere and participation of group members. With regard to the group atmosphere, it may be seen from figures 10.1, 10.2, 10.3 and 10.4 that the training environment had been developed. Friedman two-way analysis of variance tests were also performed, and overall differences were found to be significant among the sessions for each characteristics of the group climate. Participants perceived the atmosphere in the group as informal ($F_r = 66.614$, $df. = 9$, $p < .000$), co-operative ($F_r = 58.628$, $df. = 9$,

$p < .000$), supportive ($F_r = 73.812$, $df. = 9$, $p < .000$), and permissive ($F_r = 86.656$, $df. = 9$, $p < .000$).

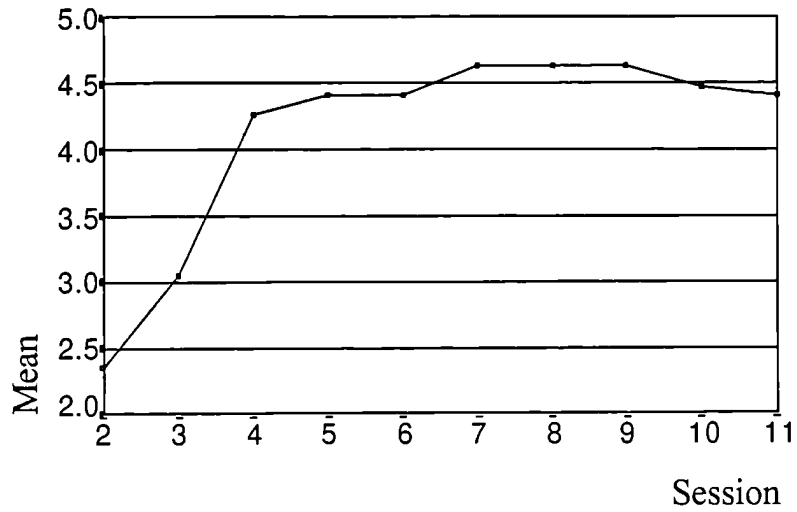
**Figure 10.1. Atmosphere of the Training:
Formal vs. Informal**



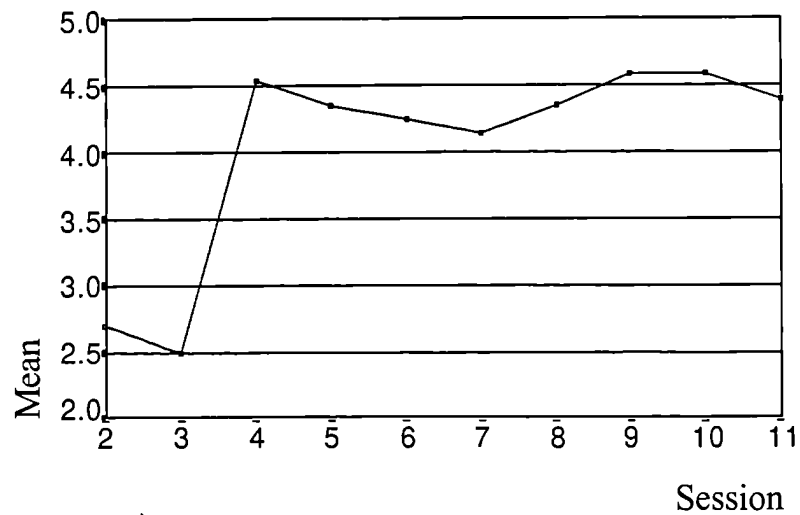
**Figure 10.2. Atmosphere of the Training:
Competitive vs. Co-operative**



**Figure 10.3. Atmosphere of the Training:
Hostile vs. Supportive**

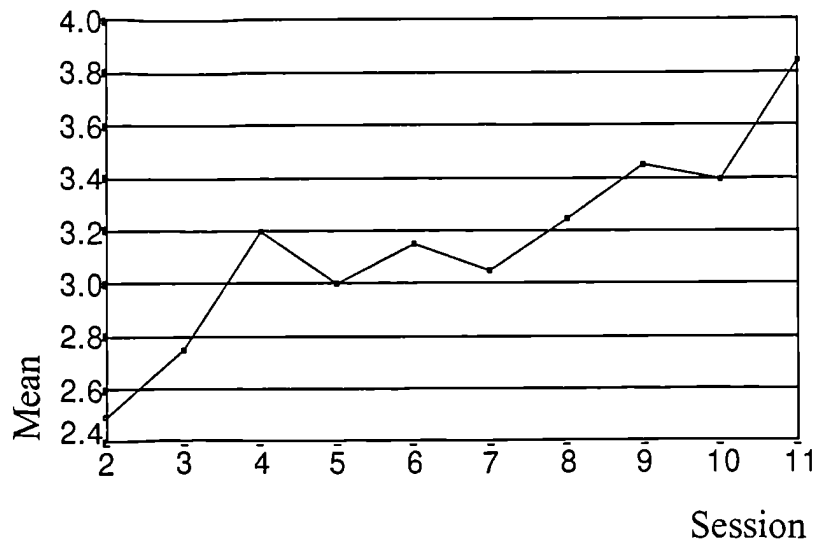


**Figure 10.4. Atmosphere of the Training:
Inhibited vs. Permissive**

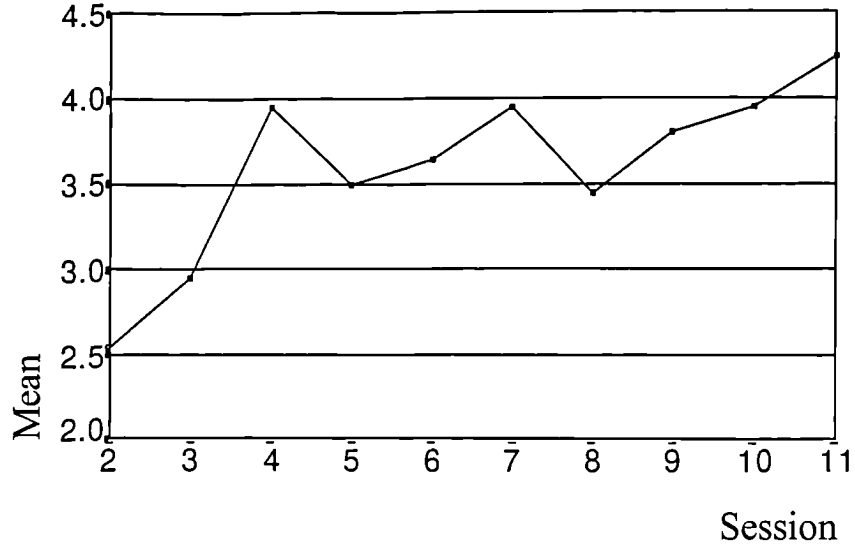


In terms of participation of the group members, overall differences among the sessions were found to be positively significant. In that and as the training went on, most group participants talked ($F_r=28.560$, $df.=9$, $p< .000$), with high involvement ($F_r=50.763$, $df.=9$, $p< .000$), and the group was perceived to be united ($F_r=60.687$, $df.=9$, $p< .000$). Figures 10.5, 10.6 and 10.7 depict the mean ranks with respect to participation of members from early to late stage of training.

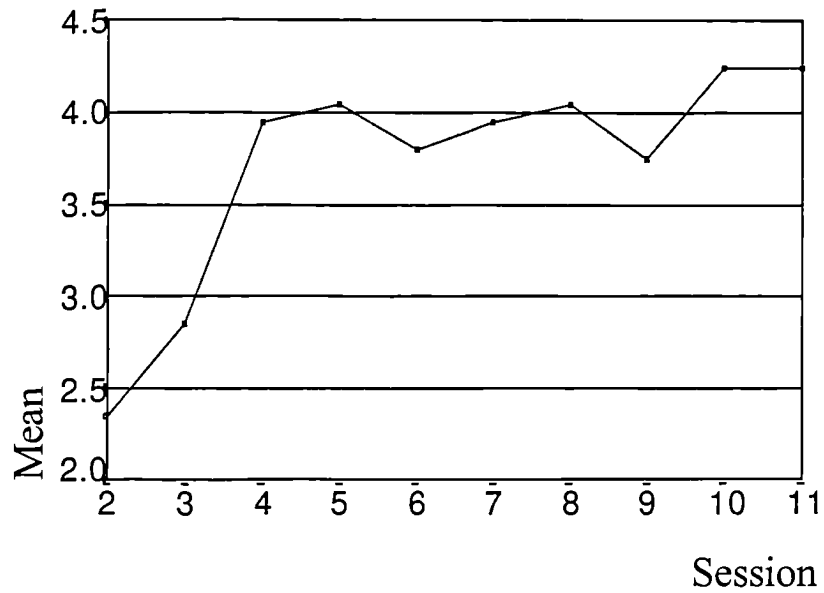
**Figure 10.5. Participation of group members in the Training
Few vs. Most members Talked**



**Figure 10.6. Participation of group members in the Training
Apathetic vs. Involved**



**Figure 10.7. Participation of group members in the Training
Group Divided vs. United**



10.4.2. View of the External Observer:

Results of the group observer Form are presented in figures 10.8 and 10.9. In comparison with session two, the atmosphere of the group was higher and was characterised as informal, co-operative, supportive, and permissive. Furthermore, in the late stage of training, participation of group members was perceived higher than session two. The observer also wrote comments in the Form as: First visit:

Some members did not take the exercise seriously, and other were throwing the ball aggressively to their peers. As a result, some members seemed to be left out in the group.

Second visit:

Members were seriously engaged in the activity and discussions. They shared ideas, and those participants who were quiet seemed to gain some confidence as they were involving and interacting with their peers. In fact, the atmosphere was very friendly, as the members were relaxed, smiling, and jockeying with each other.

Figure 10.8. Rating of the Observer on the Atmosphere of Training Group:

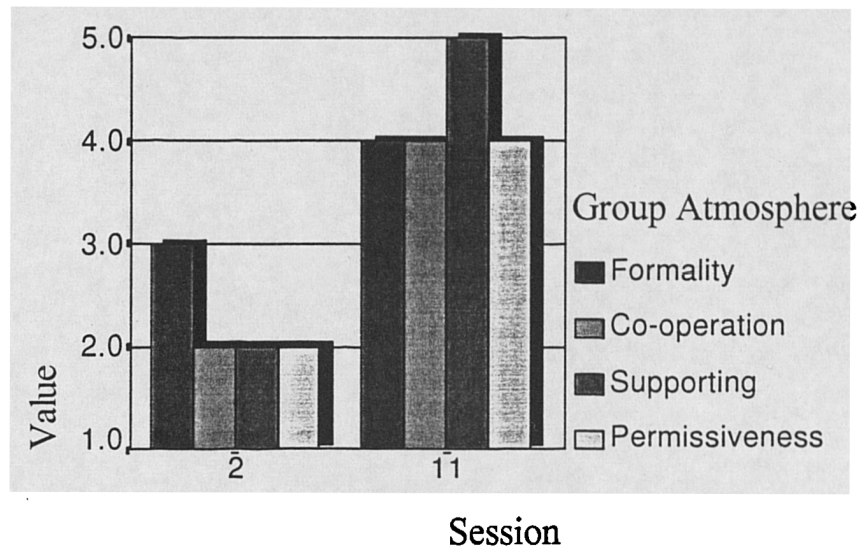
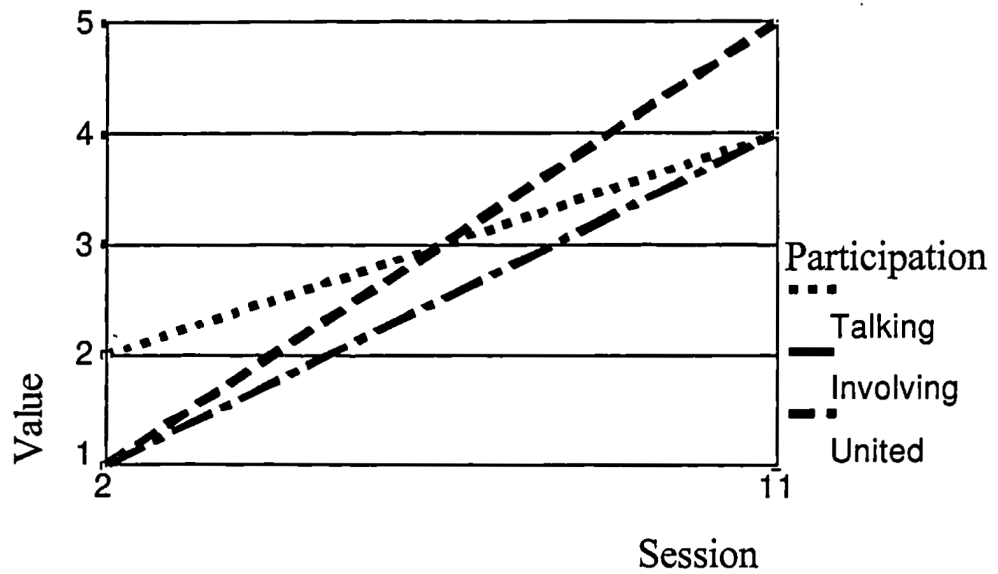


Figure 10.9. Rating of the Observer on the Participation of Group Members:



10.5. Utility of Basic Counselling Skills:

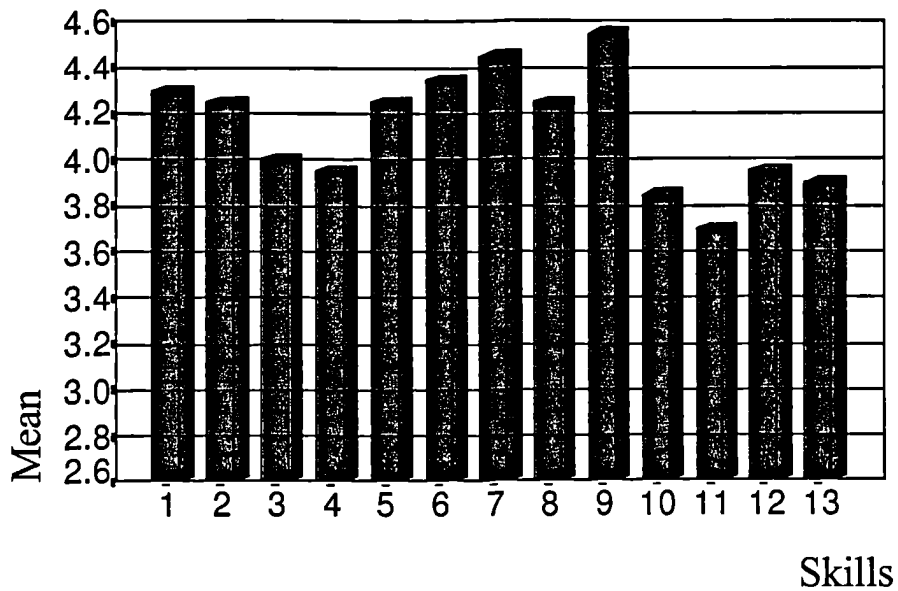
The results of the means and standard deviations of the scores on utility of the basic counselling skills (active listening skills) as were perceived by the participants are shown in table 10.3 and figure 10.10. The trainees had to indicate their responses on scale from 1: not helpful at all to 5: extremely helpful. As it can be seen, all skills were regarded as helpful; and the one only that were not (almost completely so) were skills 10 and 11, which approximately a third of trainees rated as moderate or less. Interestingly, the physical aspects relating to posture and how one person presented to the other were perceived as more helpful than the cognitive aspects of the skills.

Table 10.3. Means and Standard deviations of Trainees' scores on the Utility of Basic Counselling Skills

N=20

Skill	Mean	Sd.	Min.	Max.
1. Facing the other person.	4.30	.923	3	5
2. Using good eye contact.	4.25	.851	3	5
3. Maintaining open posture.	4.00	.858	3	5
4. Appearing relaxed.	3.95	1.146	1	5
5. Using gestures.	4.25	.851	3	5
6. Using vocal expressions.	4.35	.745	3	5
7. Focusing on the words describing the other feelings.	4.45	.759	3	5
8. Replying to the meaning of what other say.	4.25	.716	3	5
9. Showing attention and interest in the conversation with others.	4.55	.686	3	5
10. Listening to other point of views without criticism.	3.85	.745	3	5
11. Understanding non-verbal behaviour.	3.70	.801	2	5
12. Using self-focused solution.	3.95	.887	2	5
13. Understanding my own feelings.	3.90	1.210	2	5

Figure 10.10. Utility of the Skills



10.6. General Benefits of the Training:

Table 10.4 shows the means and standard deviation of the score made on each item in relation to how the course had affected trainees' own lives. Effect scores shown on the table are weighted mean scores based on: (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. The results indicate to that participants shared disagreement, but not great, on two items: 3 and 7. Nearly a third of the participants regarded the training as less effective "to communicate better with their teachers". Although the mean of score of appreciating others point of view without criticism was lowest, the disagreement of participants in this area was not more than fifteen percent.

Table 10.4. Means and Standard deviation of the scores on each item on the General Benefits of the Training:

N=20

Item.	Mean*	Sd.	Min.	Max.
1. I feel the course helped me to understand other people better.	3.30	.470	3	4
2. I feel the course helped me to get along better with my classmates and friends.	3.10	.447	2	4
3. I feel the course helped me to communicate better with my teachers.	2.95	.759	2	4
4. I feel the course helped me to communicate better with my parents.	3.05	.759	1	4
5. The course helped me to understand more about myself.	3.30	.801	2	4
6. The course helped me to appreciate others feelings.	3.45	.510	3	4
7. The course helped me to appreciate others point of view without criticism.	2.95	.686	1	4
8. The course helped me to make a conversation between me and another more serious.	3.60	.598	2	4
9. The course helped me to decide things in my life.	3.05	.686	2	4
10. I now show more interest on what people say to me.	3.10	.641	1	4
11. I now listen properly to what it is said before I give any replies.	3.20	.410	3	4

10.7. Organisation of the Training:

The data in Table 10.5 show the frequencies of trainees' ratings on each question of how the training was run. The majority of the trainees rated the length of the training as appropriate. Not surprisingly the method, which was experiential, was very interesting to the trainees. This may reflect the unwelcome traditional learning method that the participants have experienced in their classroom.

Table 10.5. Participants' Rating on Organisation of the Training

N=20

Question	Rate Frequency				
	1	2	3	4	5
Length	0	0	15	5	0
Venue	0	0	4	5	11
Method	0	0	0	11	9
Preparation	0	0	0	6	14
General	0	0	1	10	9

10.8. Summary of the results:

The training was mainly concerned to prepare peer counsellors to work with students in the school. Evaluation of the training was considered an important stage in the overall evaluation of peer helping programmes. The present evaluation has been focused on the analysis of the peer counsellors' responses regarding five areas. These were process of the training that included feeling in the training group and group climate, utility of the skills, self-concept, general benefit of the training, and organisation of the training. Discussion of these results is presented in the following section.

Part Two:

10.9. Discussion:

Having in the previous section presented an analysis of the data, we shall in this section discuss the findings. In particular, the aim is to answer the hypotheses in relation to the training. It should be remembered that the explanation and interpretation of the results should be taken tentatively because of the cultural differences that have, inevitably, to be considered.

10.9.1. Self-concept: Discussion

The finding revealed significant positive change for those who participated in the training. However, this change was not reflected in global self-concept but rather in the individual domains of social relationships and vocational and educational goals. There are several possible explanations for this result. One is that change could be linked to the component of training course. Literature in peer counselling has linked skills in training programme to those necessary in acquiring and maintaining social and friendship relationships (Barkley *et al*, 1984; Tindall, 1995). Research findings have suggested that important aspects of social relationships are listening, understanding feelings and thoughts, sharing activities etc. Training in these skills has found to facilitate general relationship-building skills with adolescents' population (Mann & Borduin, 1991). This is because adolescents were found to

look more for sophisticated conversation skills in their friends, in themselves and others. It was also cited that shared activities, helping and sharing thoughts and feelings as important dimensions of friendships, and these activities require more advanced communication abilities (Pope *et al*, 1988). Professional writers (Erwin, 1993; Cowie *et al*, 1994) also reported earlier studies which found that young people who lack these communication skills tend to be less welcome or less liked by their peers. And that training in communication skills can improve social standing with peers (see also Chapter Five). Therefore, one important task for young people is learning to form positive relationships with other people. Skills such as attending and active listening, which are basic of communication skills, were found to contribute to these positive social relations (Pope *et al*, 1988).

It is also possible to explain the result in terms of the relationship between method of learning and cognitive skills. Involvement in discussion groups, experiential learning, and problem-solving sessions are approaches in Piaget's cognitive developmental theory that encourage the development of formal thinking and problem-solving ability (Rice, 1992). These could lead adolescents to have good and appropriate thoughts for planning and developing educational and vocational goals.

Another possible explanation is that trainees had to report their self-concept in a pre-imposed test. True expression of the self can be through meaning even if the structure itself is a social creature (Williams and Irving, 1995b). The appropriate and most common ways of knowing the adolescent self is through self-description, which appear in what adolescents express in ordinary conversation or they reveal themselves in their own words (Jersild *et al*, 1978; Burns, 1982).

Finally it should be born in mind that peer counsellors had to complete the training in a period of two-week. This may suggest that the duration of training may have not been long enough to bring about change in the global self-concept. A considerable implication may be drawn from this point, in that any training in future should give more time to allow any change to take place.

10.9.2. The process of training: Discussion

1. Feeling in the group:

Growing bodies of evidence indicate that exploring interactions in a small training group can be productive and enlightening. In training professional counsellors and peer helpers, knowledge about group process could augment understanding self and others (Luft, 1984; Irving and Williams, 1995; Cowie and Sharp, 1996d). In the group, learning should take place not only about self and others but about group process as well.

With regard to the participants' feelings in the training group, the result found positive significant change that was reflected in all related statements. At later stages of training, group members reported a high level of getting on with the group, feeling comfortable, acceptance, and cared for by the group. It may be evidence; therefore, that the process of training may have allowed participants to recognise themselves as individuals, and valuing each other as unique in the group. One fundamental aim beneath the training sessions was building a working relationship between trainees that was characterised by trust, support, and respect. Consequently, trainees would feel secure enough to participate and accept each other (Rogers, 1961; Mearns and Thorne, 1988; Brammer, 1993;).

Finding from this evaluation of training is supported by the literature suggesting that a sense of belonging and support from one's training group have a powerful influence on group members. Heron (1992) stated that members of group feel cared for if the training group is characterised as *"the whole group is within each other person, and each person pervades the whole group. The group manifests the integration of personal distinction with collective compenetration. Thus it is so often that the destiny of the whole group manifests at a given time through the individual concerns of one person. The ground of all this is feeling. This ocean of shared feeling is the place where we become one with one"*

another" (p. 98). Corey (1990) and Corey and Corey (1987) reported that a review of the literature revealed some outcomes that were found as a result of successful group experience. These included the finding that members feel increasingly understood, accepted, trust themselves to a greater extent, feel trusted by others in turn. It was also found that within the group there was more understanding and acceptance regarding who others are.

Thus, the result of the present evaluation provided a support to the hypothesis related to **"the feeling of being with group would be higher at later rather than at the early stage of training"**. Connor (1994) reported that at the beginning of group development major concerns appear with respect to acceptance, trust, and personal safety. However, tension starts to reduce at later stage, and trainees start to respect differences and limitations and express feelings constructively, and thus, they become a powerful and effective working group.

2. Group climate:

Evaluation of the process of training revealed positive changes in relation to the atmosphere of the group. At the later stages of group development, participants felt that the group was characterised as informal, co-operative, supportive, and permissive. Another positive change was also observed related to involvement of the group members. These results supported the study hypothesis that said: **"as**

the training goes on, positive change would appear in relation to a) atmosphere of the group, and b) participation of the group members”.

Several writers and researchers documented similar outcomes that support our finding. According to Shaw (1976), the environments of the group play a highly significant role in group process. Luft (1984) reported that in a permissive climate, members feel encouraged to interact with each other, and collaboration and co-operation grow and become important as members share tasks. This comes because the group and individuals are part of a common system. It was also found that in the supportive atmosphere of a learning laboratory, one might discover that different ways of being with other is possible, and thus, such awareness may be the beginning of change.

According to Connor (1994), the environment of training aims to facilitate learning, change and growth. With regard to adolescents, the climate of a group is extremely powerful because it is made up of peer members, whose support and feedback is more important to the adolescent than is that which comes from adults (Rose and Eledson, 1987).

Adolescence is a period of which both home and peer relationships are often characterised by conflict and anxiety. As a result, they need relationships that provide a sense of significance and belonging (Haviland and Scrabough, 1981; Nielsen, 1987; Rice, 1992; Bee, 1994).

It is worth saying that in a group context they can experience that feeling which provides them with the support they need to work on improving themselves (Wright, 1989; Cory, 1990; Quarmby, 1993).

In the group context, adolescents can meet their own psychological needs that are: to belong, to be accepted, to express freely their feelings and thoughts, and to take part in a supportive atmosphere where learning and self-exploration is encouraged (Trotezer, 1977).

Utilising the data from the external group observer may perhaps reinforce this finding, especially, if we take into consideration both the similarities of the Session Evaluation Forms and the comments made by the observer. The group observer reported significant change between the first and second visits regarding group climate and participation of group members.

10.9.3. The Peer Counselling Training Questionnaire: Discussion

1. Skills

The results showed that trainees recognised the utility of the basic counselling skills that may enable them to make significant contributions to their work as well as to the development of their lives. Although these skills could be difficult to acquire in a short time, the participants seemed to recognise and appreciate them as helpful. They provided evidence related to acquiring these skills by implementing them in the group.

Referring to the comments that were written by the observer, participants seemed to come to appreciate and, thus, apply these skills at least in that setting.

Many skills training programmes in counselling and peer support stress the need for basic listening skills for helpers (Egan, 1990; Tindall, 1995; Cowie and Sharp, 1996c). These skills were found to be helpful and facilitative in helping process (Hill and Corbett, 1993). Blumberg et al (1986) stated that one implication for active listening skills is the apparent need for trainees to accept and to be in tune with each other. This was found in the results of present study related to training process.

2. Benefit for Trainees:

Findings from the Peer Counselling Training Questionnaire revealed that the training experience had a positive effect on some aspects of trainees' own lives. There are several points that may perhaps lead to explain why trainees regarded the training course as beneficial to their own lives.

The impact of the skills training programmes on the field of counselling in general has been documented elsewhere in the literature (Mann and Borduin, 1991; Hill and Corbett, 1993). With respect to peer

counselling, several studies were found to attribute considerable benefits that were observed in trainees (see Chapter Seven).

Referring to the earlier discussion of training, it was evident that the training group demonstrated the development of group cohesion. Finding from the research literature suggested that group coherence plays an important role in the positive outcome of a group. For example, Yalom (1985) stated that if members experienced a sense of belonging, trust, acceptance, and caring, they would benefit highly. Taking this point into consideration, one might explain that the present result might have been come from the positive climate of group and positive feeling of its members.

It was also found that high levels of participation were correlated with positive outcome in groupwork with adolescents (Rose and Edelson, 1987; Craig, 1988).

To the best of the researcher's knowledge no attempt has been made in previous studies to train Saudi adolescents in active listening or basic counselling skills. Additionally, such training courses in social and communication skills have not existed in the school curriculum. Saudi youth have been found to lack such important skills to their lives in communicating and interacting with other. The media recently highlighted and considered this issue as a vital reason in preventing our

youth from finding jobs in the public sector (Okaz newspaper, 1997). One implication of this is to design courses on social skills within the curriculum (McGuire and Priestley, 1981) in order to help our youth in their lives after school.

Another possible reason for this result could be related to the method of training, taking into consideration the traditional methods of learning, by means of lectures that the participants have always been exposed to in their classroom.

10.10.Conclusion:

This chapter has been concerned with evaluation of training peer counsellors. The findings gained support from the literature in that training itself in peer counselling or support programmes could be beneficial to participants. Training is a very important stage in setting up any peer support programme. However, without appropriate evaluation it is difficult to decide on the readiness of peer counsellors to pursue their work. The next chapter is concerned with the outcome of the programme.

Chapter Eleven: Evaluation of the Peer Counselling Programme

11.1. Overview:

This chapter will focus on the results of the analysis of the data gathered of the exploratory investigation of the peer counselling programme. It is divided into five sections. Section one presents the background or characteristic of students in the school including their age and grade. Section two will present an analysis of the main hypotheses for the exploratory study. Section three will be concerned with analysis from the peer counsellors' logs and the school report. Section four will present results of the subjective or qualitative data, which includes focus group and interviews with both the peer clients as well as school staff. The last section includes discussion of the results.

11.2. Section One:

11.2.1. Sample selection and Characteristic:

The total number of students, who were enrolled in the school, was 531. These students were divided into three grades. While grade one constituted six classes, grades two and three consisted of four and five classes, respectively.

In selecting the sample, it was decided to select respondents that represented all three grades. To achieve the purpose of this evaluation study, and because the investigation is limited to a particular place and time, a simple random sample was considered as an appropriate method of sample selection. Therefore, three classes of each grade were randomly selected. Of these six classes, 278 were the total number of students who participated in the assessment. This sample represents approximately fifty percent (50%) of the school population.

With reference to the participants' age and grade, data was obtained at the pre-assessment. Accordingly, the majority of the participants fell in the age range from sixteen to nineteen years old, with a lesser concentration of twenty two year olds, which had only two participants.

Almost an equal distribution of the participants existed regarding grade. To confirm this equal distribution, chi-square test was used to find out if there are any significant differences between these three groups. The result did not find any significant differences ($\chi^2 = .201, df=2, p = .904$).

11.3. Section Two: Analysis related to the Hypotheses

11.3.1. Loneliness and Social Support:

Table 11.1 shows the means and standard deviations of the participants' scores on the UCLA-Loneliness and Social Provisions on four stages of the assessment: one week before the programme launched, after one month, two months and six months later.

Table 11.1. Means and Standard deviations of the students' scores on the Revised UCLA-Loneliness and Social Provisions Scales:

N=278 ^ϕ

Assessment Points	Measures			
	Loneliness		Social Provisions	
	<i>Mean</i>	<i>Sd.</i>	<i>Mean</i>	<i>Sd.</i>
Pre-test	41.326	9.350	73.498	8.982
First Post-test	40.724	9.808	74.004	10.222
Second Post-test	40.668	10.234	74.329	10.484
Third Post-test	40.222	9.856	74.938	9.709

Footnote:

^ϕ: Number of participants in the means vary due to missing data.

11.3.1.1. Level of Loneliness:

Hypothesis (1): It was predicted that students in the school would report feeling less loneliness at the later stage of the peer counselling programme.

The result of Friedman's two-way Anova, as shown in Table 11.2, did not support this hypothesis because there was no statistical significant

differences between scores of the participants in four periods of assessment ($p > .05$).

Additional analysis of One-way Anova was also made to compare the participants' scores on the loneliness measure in each individual period of observation with their grades as independent variable. However, the results did not show any significant differences.

Table 11.2. Results of Friedman's Two-way Anova of the participants' scores on the UCLA-Loneliness and Social Provisions Scales

$N=278$ ☞

Measures	D.F.	Fr(χ^2)	Significance
Loneliness.	3	6.1890	.1028
Social Provision.	3	6.2270	.1011

Footnote:

☞: Number of participants varies due to missing data.

11.3.1.2. Level of Social Support:

Hypothesis (2): *It was predicted that students in the school would report high levels of social support at the later stage of the peer counselling programme.*

Table 11.2 shows also the result of Friedman's two-way Anova of the participants' scores on the Social Provisions Scale under four observations. The obtained value of the test did not sustain this hypothesis ($p > .05$).

However, when the six areas of the scale were analysed separately significant difference of results occurred for two sub-scales, namely Guidance ($p < .05$) and Reliable Alliance ($p < .01$). These results are presented in table 11.3. Therefore, these results could be seen as partially supporting the above hypothesis.

Table 11.3. Results of Friedman's Two-way Anova of the participants' scores on the six areas of Social Provisions Scale:

$N=278$

Sub-scale	D.F.	$F_r(\chi^2)$	Significance
1.Guidance.	3	8.9911	.0294*
2. Reassurance of worth.	3	0.9898	.8037
3. Social integration.	3	4.0439	.2568
4. Attachment.	3	5.3949	.1451
5. Nurturance.	3	6.0399	.1097
6. Reliable alliance.	3	15.4552	.0015**

Footnote:

☞: Number of participants varies due to missing data.

*: $P < .05$

** : $P < .01$

Additional analysis, using Kruskal-Wallis one-way Anova, was conducted to compare the participants' scores on Social Provisions Scale in each period of assessment with their grades as independent variable. Significant differences were found between the three groups before the peer counselling programme. Students from grade one scored less than those who were in grades two and three ($KW (\chi^2) = 10.553$, d.f. =2, $p < .01$). However, no significant differences were found at the fourth stage of assessment ($KW (\chi^2) = 1.413$, d.f. =2, $p > .05$). This result indicates to that those students from grade one

reported a high level of social support at later stage rather than before the period of the programme.

11.3.2. Satisfaction of the Clients with the Service:

Hypothesis (3): Clients would report satisfaction with the peer counselling programme.

Table 11.4 presents the results of chi-square tests (χ^2) in relation to the eight items that were designed to measure clients satisfaction. The participants' responses on items one through to six, which related to their views of how the peer counsellor was helpful to them, were re-categorised in the analysis into: (1) disagreement, (2) neutral and (3) agreement. While the results of analysis of item seven based upon the respondents' scores: 1= low through 5= high, on item eight were: 1= no and 2= yes.

As it can be seen from the table, the results were statistically significant on all the items of perceiving the peer counsellor as helpful ($p < .001$ and $.05$). The clients also indicated high degrees of overall satisfaction regarding the meeting with peer counsellor ($p < .01$ and $.001$). The clients who said they would go back to the peer counsellor for help had more observed number of frequencies than those whom said no ($p < .001$).

Table 11.4. Results of Chi-square Tests in relation to the Clients' scores on Satisfaction with the service:

N=26

Item	D.F.	χ^2	P
1) I felt the peer counsellor listened to me accurately.	2	18.539	.0001
2) I felt the peer counsellor accepted everything I said.	2	15.308	.0005
3) I felt the peer counsellor was interested in me.	2	19.923	.0000
4) I felt safe when talking with the peer counsellor.	2	16.000	.0003
5) Talking with the peer counsellor helped me to decide things for myself.	2	7.692	.0214
6) As a result of talking with the peer counsellor, I feel better about myself.	2	7.462	.0240
7) The degree of your satisfaction with the meeting.	4	13.615	.0086
8) Would you go back to the peer counsellor if you wanted help.	1	15.385	.0001

Footnote:

☞: Number of participants who responded.

P: Probability.

11.3.3. Self-concept of the Peer Counsellors:

Hypothesis (4): It was predicted that as a result of participation in peer counselling programme, the peer counsellors would:

- a) show positive increase in the ten areas of self-concept as measured by OSIQ.
- b) show positive enhanced self-concept.

Table 11.5 shows the results of the OSIQ test given before the peer counselling programme and after six months period. Pre and post-test differences are shown to be significant (Wilcoxon Matched Pairs Test)

for the ten areas and the total scores, with both 1-tailed and 2-tailed probability. These results support both hypotheses a and b.

Table 11.5. Results of Wilcoxon Matched-Pairs Test for Peer Counsellors on OSIQ before and after six months of the peer counselling programme:

N=18

Scale	Z	1.Tailed P	2.Tailed P
1. Impulse control.	-1.988	.023	.047
2. Emotional tone.	-2.604	.004	.009
3. Body and self-image.	-2.722	.003	.007
4. Social relationships.	-3.484	.000	.001
5. Morals.	-2.627	.004	.009
6. Vocational and educational goals.	-2.746	.003	.006
7. Family relationship.	-3.516	.000	.000
8. Mastery of the external world.	-2.352	.009	.019
9. Psychopathology.	-2.591	.005	.010
10. Superior adjustment.	-2.112	.017	.035
Total scale.	-3.549	.000	.000

Footnote:

Z: critical value of z.

P: probability.

11.3.4. General Effects of the Programme on Peer counsellors:

Hypothesis (5): The peer counsellors would find the peer counselling programme beneficial to their general lives.

Table 11.6 shows the means and standard deviations of the scores made on each item concerned with how the programme had affected the peer counsellors' own lives. The scores show on the table are weighted means based upon: (1) never, (2) rarely, (3) sometimes and (4) often. The results indicate that peer counsellors differ on their views, but with no great variance, on four questions: 5,8,12 and 14. Less than one-quarter of the participants found the programme rarely

affected them to feel less nervous than before (Q5), and be aware about their styles of doing things (Q14). Even though the means of scores of questions 8 and 12 were low, more than two-third of the peer counsellors regarded the programme as sometimes and often to be effective in having positive views of their futures and to decide things for themselves.

Table 11.6. Means and Standard deviations of the scores on each item on the Effect of the programme on Peer Counsellors:

N=18

Statement: <i>How often do you think the programme has:</i>	Mean	S.D.	Min.	Max.
1. Helped you to understand other people better.	3.44	.616	2	4
2. Helped you to feel more confident about your self.	3.44	.705	2	4
3. Helped you to understand more about your self.	3.56	.616	2	4
4. Helped you to get along better with your classmates and friends.	3.67	.485	3	4
5. Helped you to feel less nervous than before.	3.00	.686	2	4
6. Helped you to know your strengths as well as your weaknesses.	3.56	.616	2	4
7. Helped you to communicate better with your teachers.	3.33	.594	2	4
8. Helped you to have a positive view of your future.	3.06	.802	2	4
9. Helped you to understand your feelings.	3.33	.767	2	4
10. Helped you to recognise that students need caring to help each other	3.78	.428	3	4
11. Helped you to communicate better with your parents.	3.61	.698	2	4
12. Helped you to decide things for your self.	3.11	.832	2	4
13. Helped you to be aware of your appearance.	3.33	.907	1	4
14. Helped you to be aware about your style of doing things.	3.06	.725	2	4
15. Helped you to care more for those who are in need for help.	3.89	.323	3	4

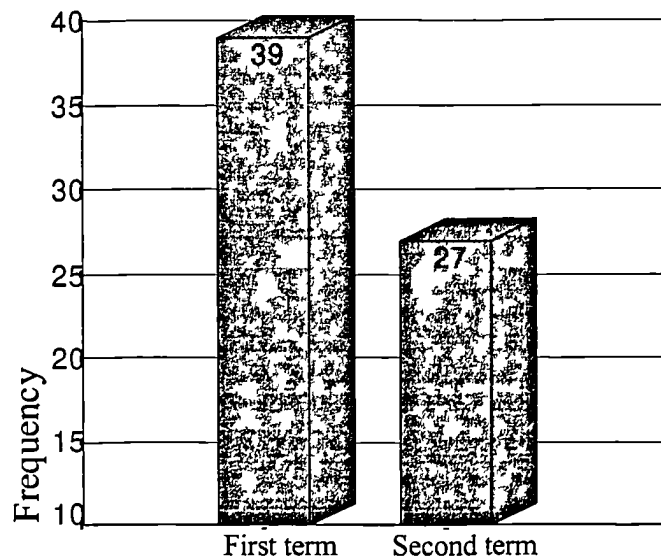
11.4. Section Three: Further Analysis

11.4.1. Analysis of the peer counsellor's log:

The following analysis is based on the peer counsellors' logs that were given to them to record information related to their peer clients such as grade, age, and type of problem.

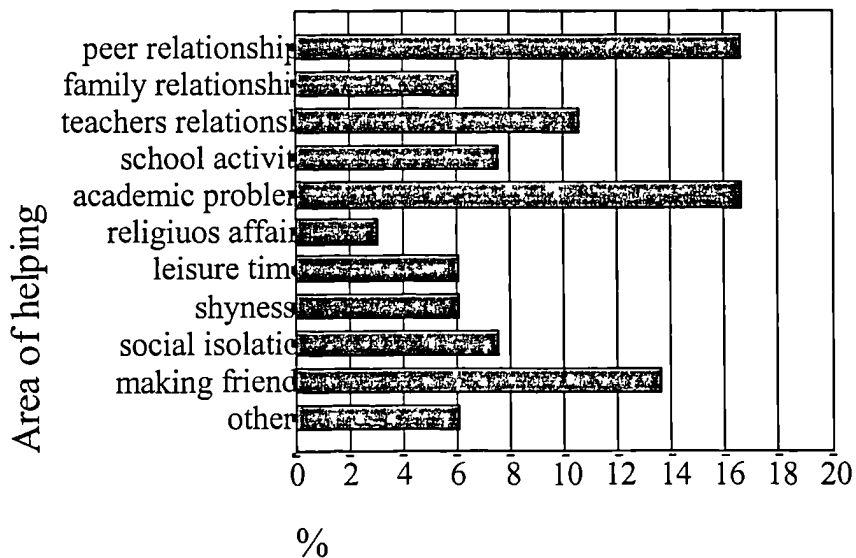
The number of peer clients was 66, which represented about 12.43% of the total number of students in the school. Figure 11.1 shows the number of peer clients who were seen by the peer counsellors during the first and second terms of the programme time. In comparison in the second term, the numbers dropped down. However, when the chi-square test was performed, no significant differences were found between first and second term ($\chi^2=2.182$, $df=1$, $p= .1396 > .05$).

Figure 11.1. Number of peer clients in the first and second terms



In terms of the areas that concerned the peer clients, figure 11.2 shows the categories of problems that were presented to the peer counsellors. As can be seen, the most frequent areas that concerned students were peer relationships, academic problems, making friend, and relationships with teachers.

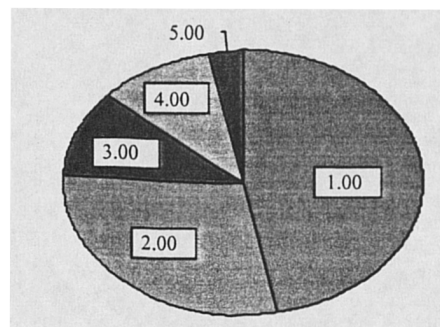
Figure 11.2. Type of Problem presented to peer counsellors



Age of the peer clients ranged between fifteen and twenty, with 17.288 mean. The differences between their ages were found to be significant ($\chi^2=30.182$, $df=5$, $p=.000$). In that, most of the observed frequencies of age was seventeen years old.

With regard to the number of sessions that were taken by peer clients, figure 11.3 shows these categories. Accordingly, the majority of students had either one or two sessions, and these two categories were found to statistically significant ($\chi^2=41.879$, $df=4$, $p= .000$)

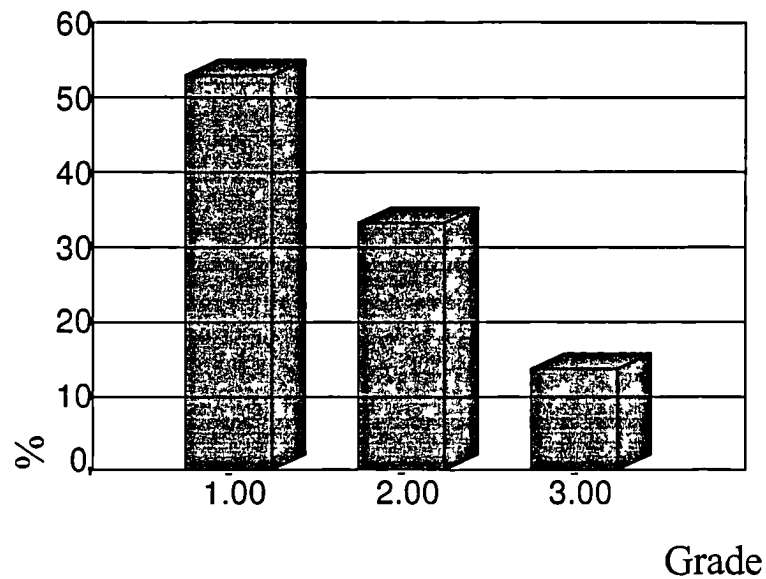
Figure 11.3. Number of Sessions



The largest proportion of peer clients came from first year or grade of their secondary school. Summating this to statistical analysis by using chi-square test, significant differences were found between peer clients' grades. In that, students from first grade had higher observed frequency than those who were in second and third grades ($\chi^2=15.364$, $df=2$, $p= .0005$). Distribution of peer clients regarding their grades is presented in figure 11.4.

These existed differences could be related to adjustment mechanism, in that first year students were seeking support in the new environment.

Figure 11.4. Peer clients by Grade

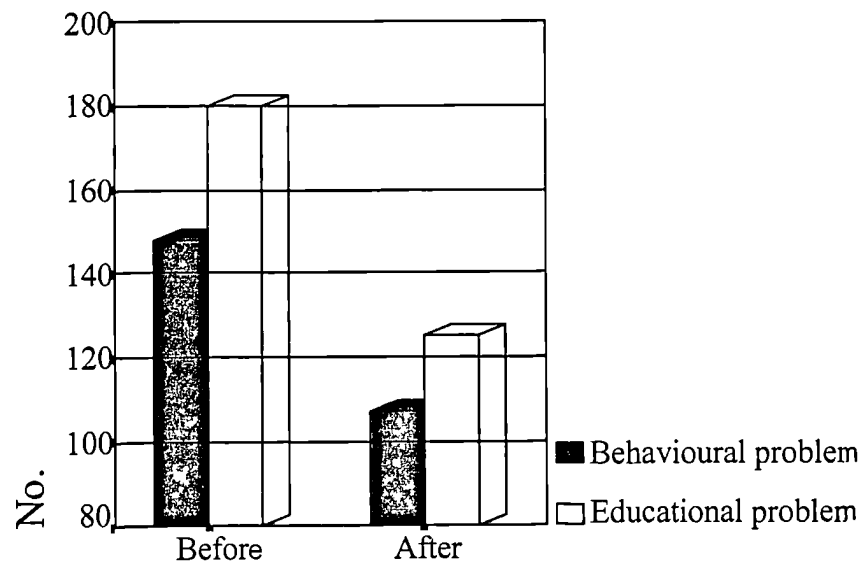


11.4.2. Analysis from the school report (problems reported this year and last year):

Figure 11.5 shows the number of problems that were dealt by student counsellor the year before applying the peer counselling programme and after one academic year of the programme. According to the figure, there is significant decrease in the behavioural ($\chi^2=6.592$, $df.=1$, $p=.0102$) and educational problems ($\chi^2=9.918$, $df.=1$, $p=.0016$) before and after the programme. It should be noticed that there are only two general categories with respect to these problems. However, and according to the student counsellor report, each category includes different problems. For example, the behavioural problems include

relationships with teachers and peers, adjustment, smoking, writing on the walls and destroying school property. The educational problems involve frequent absence from school, absence from lessons, coming late to school and not doing homework.

Figure 11.5. Problems reported by Student Counsellor before and after the programme



11.5. Section Four: Subjective Data

11.5.1. Focus Group with Peer Counsellors:

This focus group was conducted with 18 peer counsellors, who participated in two focus interviews. With each focus group notes were taken by the researcher and a peer counsellor (as assistant) in each group. Immediately after the group interviews, the researcher collated the notes and debriefed the assistants on the most important of the ideas expressed. The data were categorised into themes using content analysis.

Results:

Members of the focus group were invited to discuss their experiences of participation in the peer counselling programme. The discussion was mainly focused on three identical topics: benefits, difficulties, and what could be done to make the service more workable. These topics did not emerge in a sequential manner, but they overlapped with the flow of discussion.

First: Gaining (what did you gain from the peer counselling programme?)

The primary result was that the programme seemed to be beneficial to the peer counsellors. In both focus group sessions, the peer counsellors cited a number of benefits with six major themes mentioned most often. These were listening and communication skills, awareness of both self and community, view of counselling, social relationships,

self-help process, and self-confidence. The table below shows the frequencies of the extracted themes with examples of typical words and phrases, which characterised each theme:

Theme	<i>Example of typical words and phrases</i>
1. Listening and communication skills.	“respect mates’ problem” “express my idea” “attending skills”
2. Awareness: self and community	“realised personal concerns”, “students have difficulties” “teachers need help”
3. View of counselling	“it is different from advice”, useful, and important”, “helping by listening”
4. Social relationships	“increased social relationships”, “friendship”, interact, deal with other”
5. Self-help process	“apply it for my own concerns”, “learnt from presented problems”
6. Self-confidence	“feel trusted and reliable”, “can talk with principals”

Almost all members stated that involvement in the programme did help them to improve their listening and communication skills, and not only with the group but with a broad range of ages-“friends, teachers, and family members”. Peer counsellors expressed this in different ways, with attention focused more on specific skills (e.g. attending, empathy, and self-centred solution skills), rather than on citing a general concept. The researcher also observed that peer counsellors seemed to be relaxed and involved in the topics that were discussed.

With reference to the second most frequently mentioned theme, the majority of participants stated that they had gained in self-awareness-“realising personal concerns”, “correcting listening habits”. They also showed awareness in relation to the needs of their community. All

either said or agreed that “students need help”, “teachers need help to deal with students”.

A significant theme that appeared during the discussions was the perception of counselling. Various words and phrases mentioned reflected understanding and a positive view of the counselling process. Participants expressed their views in terms of its function “helping” “different from advice”, and its utility; “useful” “helpful”.

Another area worth noting is the discussion on social relationships. Peer counsellors perceived themselves as having developed good social relationships with schoolmates. They commented on new “friendships” both in and outside of the school context that they had made, as a result of participation in the programme.

An interesting point appeared related to the self-help process. The majority of group members said that being involved in the programme helped them to deal effectively with their personal concerns; “useful for my concerns” “apply it with my own problems”.

Although few of the participants referred to the area of self-confidence, a probing question that was asked led to several, but not all, participants, to reveal more with statements like: “feel an important person”; “valuable”; “confidence to talk”.

Other areas that were mentioned less frequently included “increasing morals in helping”, “being determined in life”, and “increasing curiosity”.

Second: Difficulties

Peer counsellors stated a number of factors that contributed to making their work less effective. The most noticeable one that appeared to abound in both sessions was *lack of support*. All participants mentioned that the lack of teachers’ support and appreciation led to blocks their work: “not responsive”; “not interested”; “discouraging”. The name of the programme may have contributed here.

Another prevalent factor cited was related to *stress*. A variety of reasons were given for this. The main one was task load. All said that there were “too many questionnaires and papers”, and many of them were “involving in other school activities”. The Second related to fear of doing something wrong; “it is a big responsibility”. Lack of support in any work is an important source of stress: all participants felt that “teachers were not supportive”.

Another general difficulties were limits on *time and location*. Several participants expressed their concerns to have “more time” and “places” within which to work.

Third: Suggestions

The peer counsellors made the following suggestions:

1. School administration and teachers should be fully involved.
2. Training: should include written illustrated cases and an appropriate numbers of trainees.
3. More supervision.
4. Peer counsellors should not be given extra involvement in other school activities.
5. A full awareness campaign should be provided by the administration.
6. An appropriate name should be developed and used.

11.5.2. Results of the Interviews with Peer Clients:

Ten students were individually interviewed in relation to the effectiveness of the peer counselling programme. The procedure for selecting the cases was by asking for volunteers from those who had had a talk with a peer counsellor.

The results were based upon identifying, coding, and categorising primary themes in the data used content analysis. Cross-interview analysis for each question in the interview was conducted to focus the analysis. According to Patton (1990), using this strategy, the answers from different cases can be grouped by themes, although the relevant data can not be found in the same place in each interview.

1. General View:

The interviewees were, first, asked about their opinion regarding the programme. The majority (90%) had positive views e.g. "good idea, useful, create gathering, friendly, helpful".

2. Effectiveness of Peer Counsellor:

When they were asked about how the peer counsellors helped them in their concerns, peer clients expressed the views shown in the table below.

Way of Helping	F
Listen to me/my problem	4
Supported me	3
Understood my problem	2
Practical (homework)	1

3. The Atmosphere:

The peer clients perceived the atmosphere during the session as friendly, supportive, and non-threatening. The table below shows the words, which were mentioned most frequently to characterise the atmosphere of the session:

Atmosphere in the Session	f
Supportive	4
Understanding	3
Cheerful	2
Encouraging, honesty, not fearful, fraternal, relaxed, informal, familiarity.	1

4. The Outcome:

The interviewees were asked to identify any benefit that was observed on themselves as a result of talking with peer counsellors. The majority of them made positive statements. The following table indicates the nature of the responses:

The outcome's words	f
Felt good	4
To say the truth is very difficult	2
Strange feeling	1
Found good friends	1

5. Satisfaction:

Similarity in age, finding it "easy to talk", and students empowerment were the most frequent reasons made by students who were satisfied with the peer counselling service. The frequency of these words are presented in the following table:

Reasons of Satisfaction	f
Similar age	3
Easy to talk	3
Students solve their problems	3
Do not feel shy/embarrassed, no barriers, easy to meet, more confidential, understanding, religious duty	1

In contrast, lack of teacher support and time limits were the most frequently stated reasons given for dissatisfaction with the service: "teachers were not interested, not enthusiastic, no co-operation".

6. Reasons for Recommending Peer Counsellor.

The main reasons that encouraged peer clients to suggest that their mates or friends see a peer counsellor for personal help were shown in the following Table:

Suggest to mates or friends	f
Understanding	3
Similar age	3
don't feel shy	3
No embarrassment, your mate, can listen, can say personal things, easy to reach	1

7. Suggestions:

The interviewees referred to the following main points that could make the peer counselling programme more workable:

- Equal opportunity in the recruitment process of the peer counsellor.
- Teachers and administration involvement: co-operation, interest or caring, enthusiastic.
- Characteristics of peer counsellor. These included knowledge, experience, and popularity.
- Students should be given trust.
- Need for location and time.
- Ability to reach out to students who are in need of help.

11.5.2.1. Interviews with Peer Clients: Assessing the value

One basis for assessing the value of the research data is by checking it against other sources of information (Robson, 1993; McLeod, 1994). Therefore, the intention here is to cross validate the data from the interviews with the Peer Client Satisfaction Form and other sources of data.

An important part of helping process has to do with feelings of security that result from being in a situation that is familiar and non-threatened. The data from the interviews revealed that peer clients identified a positive atmosphere during interactions with a peer counsellor. These data were similar to that collected by the Form, particularly items two, three and four in which participants indicated significant agreement. They reported feelings of acceptance ($p = .0005$), interested ($p = .0000$) and safety ($p = .0003$). These quantitative results were also congruent with the data generated from the client's view of the effectiveness of peer counsellor.

Participants in the interviews identified benefits as a result of peer counselling. Correspondingly, the data obtained from the Form revealed significant agreement with respect to feeling better about oneself after talking with the peer helper ($p = .0214$).

Satisfaction with the service was expressed by the interviewees in relation to various points such as similarity in age and ease of talking. Findings matched results from the questionnaire in relation to questions “the degree of your satisfaction with the meeting” and “would you go back to the peer counsellor if you wanted help”. Of course, if a person were satisfied with something he or she would suggest it to a mate or friend.

Participants in the interviews identified some reasons that made them dissatisfied with the service. Although this issue was not included in the content of the Form, it was associated with data gathered from the focus group, with peer counsellors and interviews with school staff.

Altogether, data obtained from both the interviews and the Peer Client Satisfaction Form cross validate one another, and are congruent, which gives confidence in the results.

11.5.3. Results of the Interviews with Teachers:

Ten teachers; the Students’ Counsellor, a Deputy-Head, a teacher of psychology subject, and seven other teachers were interviewed in relation to the programme. The responses were analysed in the same way as the interviews with peer clients; the contents of the interviews were scrutinised to identify major themes. The results were as follows:

1. Attitude toward the programme:

It is worth noting first that a negative attitude by teachers was observed not only toward the programme but to counselling in general. Although all of those who were interviewed knew about the programme, only four out of ten were found to have positive attitude; for example, "it is good idea", "another way of helping students". Typical negative responses were "I did not believe in counselling in the first place," ...and this has made students not respect their teachers".

2. The peer relationships:

Of those who had a positive attitude, three stated that the programme had the effect on students as to improve their peer relationships. For example, "some students decide to help their classmate regarding financial crises", "I found that bullying and complaints were less than before". Negative statements included: "...those students, nothing can work with them" "can not change from these modern methods". The teacher meant that the method of open relationship and not using corporal punishment had led students not to respect teachers.

3. The student-teacher relationships:

Only two of the interviewees cited that the peer counselling programme was helpful in student-teacher relationships e.g. "dissolving the barriers and formality of dealing with me". On the other hand, many negative

statements were cited in terms of this relationship; for example, “students think that the teachers are against them, do not understand them, or appreciate their problems”.

4. The school atmosphere:

Despite the negative attitudes toward the programme and counselling in general, three of the favourable attitudes commented on the criteria of judging their students’ behaviour. For example, “I think a respectful climate has started between students, ...the programme created positive relationships between students and the counselling office”, “complaints from students-to-students were fewer than before”.

5. Behaviour of the peer counsellors:

The four believers of the programme reported an improvement in the behaviour of the majority of peer counsellors. For example, their “listening skills, self-confidence when talking to and asked to do such work, interaction with their mates and teachers, participation in group works, respect to teachers and administration, developing courage, determined with school work, and developing sense toward other”.

6. Suggestions:

The interviewees stated that several blocks faced the programme, and accordingly the main cited points that could make peer counselling programme workable were:

1. Societal awareness of the benefit of counselling in general.
2. The school administration should fully adopt the programme.
3. Characteristics of peer counsellors. These include high academic achievement, high religious commitment, and high ability to influence others.
4. The programme should have an appropriate and acceptable societal name.
5. The school should be given time before launching the programme in order to give appropriate time for training.

Comments:

1. It is worth mentioned that the Deputy-Head commented on the programme "this programme usually encourages students' responsible behaviour and gives students good experience in the life. It also develops their sense of responsibility as a good citizen".
2. Distorted perceptions regarding the conceptions of counselling and other way of helping such guidance and information and advice giving were observed.

11.5.4. Triangulation Analysis:

Patton (1990) suggests that a basic strength of any study design be through a combination of methodologies. This is called triangulation, which stresses using several kinds of methods and data including both quantitative and qualitative. Therefore, the following analysis aims to enhance the credibility (Robson, 1993) of the focus group that was used in the present study.

As we have seen from the results, peer counsellors identified several beneficial themes that reflect their experiences in the programme. One of these was improvement in listening and communication skills. This result is quite consistent with what they reported in the Peer Counselling Impact Form. The participants, however, appeared to employ these skills more with their classmates, friends, and family members than with teachers. This is possibly because of the negative student-teacher relationships that were identified in the interviews with teachers. In any case, the improvement of listening skills may be enhanced by the results from the interview with peer clients, who said that the peer counsellors "listen to me" and are "understanding". Additionally, the results from the interview with teachers who believed in the programme confirm this improvement.

The results of the focus group indicate that the participants have raised their awareness of both self and others in the school community.

Likewise, they reported similar results in the Form e.g. "helped me to understand more about my feeling, strengths and weaknesses", and the majority said the programme helped them to "recognise that students need help". An interesting point emerged in this area related to the dissimilarities between what was identified by members of focus group and teachers in the interview. The peer counsellors felt that "students and teachers need help", whereas teachers in the interview claimed that "student think that teachers do not understand and appreciate their problems", and "nothing can work with these students". This discrepancy is likely to be related to the teacher's attitudes toward methods of teaching and/or dealing with students in this critical developmental stage. This suggests the need for training courses in 'helping' for teachers!

One theme that appeared during the discussion in the focus group was the perception of counselling. Various words and phrases mentioned reflected understanding and a positive view of the counselling process. Participants expressed their views in terms of its function "helping" "different from advice", and its utility "useful" "helpful". Evidence of this theme may be obtained from the results of interviews with peer clients who saw peer counsellors as figures to provide counselling. They said things like "listen to me" "understanding" "supportive" which reflect the main function of counselling as a way of helping. Teacher's views were

dissimilar in every respect. It would be useful to explore in depth the reasons for these negative attitudes amongst teachers.

Another area worth noting was social relationship. Peer counsellors perceived themselves as having developed good social relationships with schoolmates. New "friendships" were made as a result of participation in the programme. The same finding was found from the interviews with teachers; those who believed in the programme, with statements like "interacting with their mates". This result also was very similar to the one reported in the self-concept questionnaire ($P < .000$).

The majority of the group members said that involvement in the programme helped them to deal effectively with their personal concerns (self-help process); "useful for my concerns", "apply it with my own problems". This theme seemed to be practically the same as in items 3 and 9 of the Peer Counselling Impact Form. Further support also comes from the findings of interviews with peer clients, particularly, in the satisfaction theme; "students solve their problems".

Finally, it was found that peer counsellors made several statements related to self-confidence e.g. "feel important person", "valuable", "confidence to talk". Similar results were also obtained from the Form, especially item 2, and from the interview with teachers who believed in

the programme who noted; “self-confidence when talking to” and “ asked to do such work”.

In summary: Triangulation analysis validates and builds trust in the data obtained, not only from focus group but the Form and interviews as well. Similarities in the data that have been found and in all methods used were congruent, and cross-validate each other. Discrepancies found are enlightening for further investigations.

11.6. Section Five: Discussion

11.6.1. Level of Loneliness

The results of analysis of variance indicate that the participants did not report any significant change regarding level of loneliness. There are several possible factors to be illustrated for these results. One is that within school policy, students were not allowed, with only exceptional during physical education, to go to the school playground during the school day.

Another possible factor should be considered is that the construct of loneliness was measured by means of a scale that was given to the participants to complete. It might have perhaps been useful to incorporate other measures such as those that related to peer relationships or other.

Taking into consideration the teachers' views toward the programme, there is no doubt that the school staff gave little support to the programme. On the other hand, research literature suggests that any successful community based intervention depend on support of all parties involved within the organisation.

Furthermore, it also possible that the participants may have been suffering from stable or persistent pattern of feeling lonely rather than transient feeling of loneliness. Therefore, the programme alone would

not reduce the problem. Cowie and Sharp (1996e: p. 139) stated that a peer support service by itself is unlikely to reduce such complicated problems, rather it may have an impact on improving the overall ethos of the institution as a whole community.

Finally, it is very important to consider the purpose of statistical significant tests. One way of looking at the significant test is its function to serve as a standard, by which the finding of different researchers can be compared using certain criterion of level of probability. In this sense professional writers (Mark, 1996) suggest that researchers should also consider practical significance. The present study has found, as the school counsellor observed, those student-students relationships to be positive. In addition, various useful practical points have been found, which will be discussed later.

11.6.2. Level of Social Support:

The obtained result indicates that the participants reported high level of social support in only two provisions, but not in total social support. Those included guidance and reliable alliance. One possible way to interpret these findings is that these two provisions are directly relevant to help-related behaviour. Several studies conducted by Cutrona and Russell (1987) found that guidance and reliable alliance were the most important help-oriented provisions, especially, with the context of peer relationships and friendships. The provision of guidance is provided by

trustworthy relationships, which can lead to helping. Reliable alliance reflects the assurance that other can be counted upon for help.

Another possible way to be considered is related to the source of these two provisions. In Weiss's (1974) theory of social provisions (the scale of which the present study is based on) friends are considered to be an important sources among family members to provide provision of a reliable alliance. On the other hand, peer-helper or "mentor", teacher, and parental figures can serve as different sources to provide individual with guidance provision. However, one person or helper (Weiss, 1974; Cutrona and Russell, 1987) can provide these two provisions. Therefore, it is possible to say that peer counsellors in the programme were perhaps either providing help for their school-mates or were counted upon for help by the students. Two lines in the data may reinforce this interpretation. First, the unhealthy teacher-student relationship that was found in the data. This, of course, enhances the distance between them. Second, peer counsellors have served fairly large proportion of clients group who also reported their satisfaction with the service.

The results also found pre-assessment differences in relation to the total social support provisions, in that students from first grade reported less level of social support comparing with their mates in second and third grades. A possible explanation for this might be related to the notion

that the peer counselling programme conceivably contributed in helping students in the first grade to adapt to their new school environment.

11.6.3. General Discussion:

Taking into account the finding in general, positive mutual effects can be observed from the programme. Both peer clients and peer helpers reported such benefits. These results are similar to those reported in the literature (Morey *et al*, 1989; Sprinthall *et al*, 1992; Morey *et al*, 1993; Cowie and Sharp, 1996a).

Peer helpers found the role beneficial to them. They reported positive increased in self-concept as well as several points that count as effective gains in their lives. On the other hand, students were satisfied with having this service.

However, there are crucial points emerged in the programme and are worth mentioning in this discussion. One of these was related to the ethical issue, particularly within the type of problem brought to the peer counsellor. According to Cowie and Sharp (1996b), "*it is impossible not to bring moral considerations into peer counselling since many of the issues addressed in peer counselling concern moral decision*" (p. 32). Part of peer relationship appeared to be a very sensitive issue in which the moral aspect of peer helper could be tested. In some cases, the students' personal relationships may go beyond what the adult in our

society would think. Indeed, a common rationale for implementing peer counselling or support programme is that peers are more in touch with their fellow students and can either provide support or refer the problem to school counsellor (Lewis and Lewis, 1996). Although, the peer counsellors in this exploratory investigation had the opportunity to share such sensitive issue, some of them were uncomfortable about it.

Another issue was related to the importance of support for the entire programme (Carr, 1994; Cowie and Sharp, 1996b). Peer counsellors expressed their need for teachers' support. Indeed, belief of all concerned in a programme can be essential to its success. If teachers do believe in the ability, whether academic or otherwise, of their students, they will not be asked to support and encourage any talent or efforts that students show. However, data observed from students and other supporters of the programme, suggest that the teacher-student relationship was negative and may be crippled by the different views in which both had about how students should behave. This issue reflects the importance of the contextual atmosphere.

The subjective data suggest that the atmosphere of the school was characterised by tension particularly in relation to student-teacher relationships. This problem has been highlighted recently by some Saudi researchers, for example, Al-Dlaimy (1997). One possible reason for this relationship may refer to the staff's attitude toward

school, which seemed to emphasise solely the educational objectives of students being in the institution. They may see that psychological caring is a home responsibility, and if problem occurs within the school context teachers throw it on the student counsellor. However, the caring of young people must surely be the responsibility of all adults supervising them (Sharp and Cowie, 1998). This may reinforce the finding in relation to the role of teacher as an important source of adolescents' loneliness. Therefore, it is very important to offer a healthy and psychologically climate in school.

The data suggest that the programme attempted to address much more serious students concerns than might have been envisaged. Students addressed some problems such as relationships with peer and teacher, academic concerns and making friends. Not surprisingly, these problems exercise a powerful influence on the adolescents' experience of loneliness (see Chapters Two and Four). In this respect, one could explain the reason why the level of loneliness did not decrease.

An interesting finding in the data is related to the significant reduction in the number of behavioural and educational problems that were dealt by the student counsellor before and after the programme. This may suggest the benefit of involving students in a supportive programme in promoting a healthy institutional climate. According to Hyman (1990), having peer support in school might be one of the effective ecological

strategies in preventing problems of children related to school, such as truancy and class cutting.

As structured peer support found its way into the school, students might learn that it may not be a threat to their environment. It is stressed in the literature that children can function better within a climate that is warm and understanding. Of course, meaningful relationships with others provide a person with support and resources vital for coping across a wide variety of problems (Aguilera, 1990). Those children who have difficulties in their relationships with teachers and peers, and who conduct acts such as writing on the walls and destroying school property may need love, attention, acceptance, active listening and structure in the environment (Thompson and Rudolph, 1992). If teachers, because of tension in the relationship could not fulfil these needs, then students might turn to their peers for support and understanding. Students in the current study showed strong support for the programme. Data also revealed a substantial proportion of peer clients who sought help from peer counsellors for various concerns.

Students in the school may also have looked to their peer helpers as a model, whose behaviour is mature and responsible.

11.7. Summary:

The programme was proposed as way of preventing loneliness among Saudi adolescents. However, it was decided to implement and evaluate the peer counselling programme as comprehensively and appropriately as possible. Although the level of loneliness remained stable, there were also many positive points. The finding has suggested that both students and peer helpers reported some benefits.

The results indicated a general positive outcome, even although the level of loneliness did not decrease. Positive significant results occurred for two sub-scales of social provisions, namely Guidance and Reliable Alliance. Additionally, students from grade one reported high level of social support at a later stage rather than before the period of the programme.

It was also found that about 12.43% of the total number of students in the school had contacted their peer helpers for various areas that concerned them, and the most frequent ones were peer relationships, academic problems, making friend, and relationships with teachers. The largest proportion of peer clients came from the first year of their secondary school. The results revealed that these students reported a high level of satisfaction with the programme; they perceived the peer counsellor as helpful. The clients group also indicated high degrees of overall satisfaction regarding the meeting with peer counsellor.

Additionally, those who said would go back to the peer counsellor for help had more observed number of frequencies than students who said otherwise. Correspondingly, the data obtained from the qualitative method revealed significant similarity in relation to students' satisfaction with the service.

In addition, positive results were also found with regard to the peer helpers. They show statistically significant positive increase in the total and the ten areas of self-concept. The peer counsellors regarded the programme as sometimes and often to be effective in their own lives. This finding was also confirmed by the qualitative data obtained from different resources. The major gains that peer helpers had, were related to listening and communication skills, awareness of both self and community, view of counselling, social relationships, self-help process, and self-confidence. However, peer counsellors stated a number of factors that contributed to making their work less effective; lack of teachers' support was the most noticeable one. This result was also enhanced by the data obtained from the interviews with the staff who were found to have negative attitude not only toward the programme but also to counselling in general.

Finally, results from the school report analysis indicated that there was a decrease in the different behavioural and educational problems reported before and after one academic year of implementing the peer counselling programme.

Chapter Twelve: Conclusions and Implications

12.1 Introduction:

Change and transition are part of human development (Fisher and Cooper, 1990). Young people today, particularly adolescents experience a wide range of emotional, behavioural and educational problems. Many of these problems may result from social and economic changes reflecting disparities in the traditional and new imposed 'alien' values. Conflict over wide areas could exercise powerful effects on an individual's life. This can not only cause problems, but also influence the behaviour of the individual in coping with the problem itself and seeking help. When cultural values encourage competition, independence or individualism and personal success, rather than foster interdependence and co-operation, deep feeling of loneliness could strongly affect members of the society (Bhogle, 1991; Zakar, 1993).

The present study has focused on the problem of loneliness among Saudi adolescents, and how they could be helped by utilising a 'natural' resource.

12.2. Contribution of the Study:

The contribution made to the experience of loneliness during adolescence reinforces the importance of a broad ecological perspective. Problems related to family, school and community, are crucial sources of the experience. Therefore, understanding the problem of loneliness should pay particular attention to these sources, with appropriate interventions.

The practical part of the study has contributed to the theoretical expectations that participation in peer counselling/support can lead to positive gain in both the helpers and their clients.

Further contributions can also be observed in the successful attempt of the current research to enhance the benefit of guidance and counselling service. This has been done by integrating a formal "counselling" service with indigenous resource that fit the cultural context. The study should contribute to guidance and counselling programmes in the Saudi context, and is likely to provide a model for other Arab countries where guidance and counselling services are either being developed or considered.

12.3. Summary of the Research:

It may be remembered that the study started with two general aims. It has attempted to integrate adolescents' concern with support. The main findings can be summarised as follows:

The problem of loneliness:

In the first place, the research has shown that loneliness is an extensive phenomenon. It is a painful affective problem which large proportion of students experience at a high level.

The state of being physically alone differs significantly from the experience of being lonely, which has a significant association with various negative feelings and affective states.

It was found that level of loneliness was affected by students' personal and demographic characteristics. Those who had lowest scores on loneliness came from grade two of high school. Fewer friends and close friends were associated with high loneliness.

Loneliness had also significant associations with some psychological factors. Contrary relationships were found between loneliness and levels of self-esteem, and reciprocal relationships were observed between loneliness and depression and anxiety measures.

Among all the demographic and psychological variables; state anxiety, self-esteem, number of friends, depression, number of close friends and fathers' education accounted for about half of the variance of loneliness scores.

With reference to the meaning of problem, it seemed that students viewed loneliness as an emotion related to human needs for belonging and affiliation. Relationships with parents, teachers and friends were seen as significant to the experience of loneliness.

The programme:

Practically, the study aimed to assess the applicability of implementing peer counselling programme in the Saudi context as primary prevention of loneliness.

The study presented a first attempt to prevent the onset of adolescence loneliness, even though the results of statistical tests did not revealed significant changes in the levels of loneliness. However, the study has demonstrated many positive points.

The result obtained from the programme indicates that students reported positive significant changes in two levels of social support, particularly guidance and reliable alliance.

The findings obtained from the training indicated to its efficacy in respect to both the process and outcomes. The materials developed for evaluation of the training and programme of peer counsellors were also found to be reliable.

Mutual benefit observed for both peer helpers and clients group. Peer counsellors/helpers indicated change in personal development and several areas in which they benefited from the experience. Students agreed to seek help from a peer helper, and reported significant satisfaction.

The study demonstrated the applicability and usefulness of enhancing guidance and counselling service, by means of implementing peer counselling/support service in the Saudi context.

12.4. Strengths of the study:

The use of qualitative methods in investigating the experience of loneliness has proved to be very useful. It helped to provide phenomenological understanding of the problem and the factors contributing to the participants' experience. Although much more data could have been collected if time was unlimited. The current study may also stimulate researchers to use qualitative methods in investigating the experience of loneliness among young people, at least in secondary school.

The study can be seen as the first attempt to create a new service related to Saudi high school students. The research has proved the applicability of peer support programme in the Saudi context. The data and material used in the study can also be a major resource available to counsellors and professional researchers who want to set up a new peer helping programme in their institutions and to pursue further investigations.

The usefulness of experiential learning to the Saudi students is evidence of the strength of such methods that can be applied in the future.

Providing a caring and supportive atmosphere may encourage young people to share sensitive issues related to their lives. This was supported during the process of supervision.

In relation to the number of students in the school, the number of peer clients was high. This result confirmed the argument that the context of current investigation prefers indigenous source in the helping process.

Changes that were observed on the two levels of provisions of social support, guidance and reliable alliance gave strength to the study as these two constructs were highly related to the purpose of service.

12.5. Weaknesses of the study:

As in any analogue study, certain problems related to the design, measurement, and sampling might be expected to affect the results obtained in the study. The current investigation has weaknesses, which should be acknowledged.

The sample of the present research was not fully representative of the population of students with respect to their gender. It was based on boys only.

Another limitation is that trainees were evaluated immediately after the training. It is debatable whether or not the benefit of the training would be the same if participants were assessed after a period of time. However, the method of training was highly praised by participants.

In evaluating a programme using repeated measures, missing data would be expected. Because of time constraints and reasons beyond the researcher's control, only 50% of the total number of students in the school were sampled.

The positive outcomes of this study may have resulted from other variables outside the context of programme. Also it is difficult to rely on self-report measures. However, the validity of the study was endorsed by the concurrent results obtained from both quantitative and qualitative

methods. In addition to this, further data obtained from the school report showed a significant decrease in students' problems.

The programme was not fully supported by teachers. If it had been then, rich and firm conclusions might possibly have been drawn. The programme critically questioned teachers' commitment toward facilitating the psychological aspect of their students' development.

The name of the programme involving the word "*counselling*" was unwelcome by teachers and some students. This negative attitude toward counselling in this the social context, which could result in people not benefiting fully from such a service.

12.6. Suggestions for further research:

The findings of the present study raise many points related to adolescents in secondary school; and give rise to the following suggestions:

Suggestion research related to loneliness:

1. The experience of loneliness may result from many different sources.

This suggests that research which attempts to use a scale to measure the problem should take into account the various source of loneliness. It may be of great importance to identify different patterns of social treatment associated with level of loneliness. This may also help to design specific intervention programmes.

2. Demographic and psychological factors that have been employed in the current study are not the only variables that may be associated with the experience of loneliness. As seen in Chapters One and Two, various factors can account for the problem. Therefore, future investigations should be extended to include factors such as cultural values, norms, social control etc.
3. It may also be helpful in future research to apply a different self-esteem scale that reflects the different dimensions of the construct. The current study has used the Arabic version of Coopersmith inventory, which measures self-esteem in a global sense. It would be helpful to know which dimensions of self-esteem are related specifically to loneliness.
4. Giving the rich data provided by the phenomenological method of investigating loneliness, further research using this method may enhance our knowledge about the meaning of the problem as experienced by adolescents.
5. Future research, which intends to use phenomenological method with a Saudi sample, should consider an individual setting rather than a group one. This would be more valuable and compatible with the culture of Saudi people.

6. Family problems were found to be of great concerns for participants of the current research. Therefore, the impact of different family problems on various aspects of Saudi adolescent's life should seriously be taken into account in further research action. Empirical study could investigate the association between specific family problems and the experience of loneliness.
7. Research comparing boys and girls, in respect not only to the experience of loneliness, but also to its various sources and other associated psychological and demographic factors would be interesting and highly valuable. This would give knowledge as to whether or not Saudi girls and boys encounter the same levels of the problem. It would also contribute to the knowledge, if longitudinal research were carried out with both genders at different stages of their academic study.

Suggestion related to the programme:

8. The programme in the current investigation has been conducted with boys. However, girls in Saudi schools may have high counselling needs because the formal counselling service has been observed to be limited and unstructured (Al-Owidha, 1996). Therefore, a similar peer counselling or support programme should be carried out in the context of girls' schools.
9. As young people are likely to seek out peers for assistance and support, it may be desirable for this informal network to be easily

identified before training began. Students in each classroom may be asked to name those fellows they definitely feel comfortable to turn to for personal support. This process could be achieved by applying methods such as “sociometric” or “guess who” games in the pre-training assessment.

10. Data indicated that students perceived the service as being effective, but they also felt that number of students might not benefit adequately because they may be shy to seek help. Therefore, an outreach service by peer helper should be considered in future for those who do not initiate or suffer shyness in seeking help for their personal concerns.

11. Valuable research would be interested in a comparison between context that implemented the programme and another one that either had no programme or other different strategies. Here, the aim might allow more rich discussion and conclusion. It may also be more interesting if such a programme made comparison between the rate of students who seek personal help from peer counsellors and those who go to school counsellors.

12. The quality and quantity of staff support can not be underestimated or oversimplified. Teacher-students relationship needs more investigation (Al-Dlaimy, 1997).

13.A similar programme could be applied in other Arabic countries where the need for young people's support is high, and guidance and counselling service is less developed.

12.7. Particular recommendations:

Pursuing any peer counselling/support in future, whether for a research purposes, or establishing such service, should take into consideration the following recommendations:

- The necessary commitment of all staffs and peer helpers in the institution.
- Involvement in any voluntary work, as in peer helping programmes, can be a very demanding and may lead to stress and burnout. Therefore, programme co-ordinators should seek support for themselves both formal and informal.
- Future programme should avoid using the word "*counselling*".

12.8. Implications of the study:

12.8.1. Counselling services in the Saudi context:

As mentioned elsewhere in the context of current research the Saudi government has provided people with a wide range of professional counselling services whether in mental health or educational settings. However, a crucial issue observed in relation to this service relates to the negative attitudes of Saudi people toward counselling and psychological services in general. This has, in turn, has led the formal

service to be less utilised. Therefore, it is important for Saudi professionals in counselling services to do different things to make the challenge of delivering their services more widely acceptable. To do this, they need to broaden their understanding of counselling beyond narrowly defined methods and contexts.

Results of this study have shown that Saudi adolescents in secondary school did seek help from their peers. Therefore, in order to fully benefit from counselling services in Saudi Arabia it is a very important for professional counsellors to use ecological strategies that benefit from different informal or endogenous support systems.

It is important to recognise that the form of helping described in the present investigation, and that was applied by peer counsellors, was not typically formal 'counselling' with rules and guidelines by a professional body as prescribed in details in Chapter Five. It may be called informal counselling/support. Taking this issue into consideration, counselling Saudi people should be delivered in informal forms (see Chapter Six) and in many settings that may not easily provide the full conditions necessary for formal counselling or psychotherapeutic intervention. For example, it could be provided in an individual's home, a street corner, classroom, mosque, and hallway or corridor in workplace and school. The methods could also be informal such as presentation, discussion, restructuring the environment available, or during social daily encounter

that might not be perceived as counselling according to the standardised models.

For example, professional counsellors may take an active role in presenting counselling to a population such as students or employees by adopting a strategy that is focused on teaching human relations skills (Nelson-Jones, 1990) as one possible way of presenting counselling services. Counselling orientation discussions with group of students in a classroom settings (Hagborg, 1990) may be another strategy in presenting the service. Here, counsellor should answer students' questions, and review any salient points that are presented about counselling.

Although such a social network can cause stress and reinforce illness to the individual (Duck, 1992), it could also be a very significant support system in mental health (Murgatroyd, 1985; Loewenthal, 1995, Ivey *et al*, 1997). Family support, peer support, helping and maintaining good neighbouring relationships all are aspects in Saudi society, that counsellors could use as an informal context. Indigenous help that can be given to the clients from their own community is significant, because such help (Williams and Irving, 1996a) and change (Egan, 1990) may take place in religious contexts. There are different issues, which operate from Islamic religion, in which Saudi counsellors could adopt to find ways of helping their people.

A wide range of lay people or para-professionals may undertake informal counselling or support service within a social network. This could be accomplished by providing these helpers with basic training, to enable them to listen to, and to communicate with individuals about their feelings, to clarify issues, and to help them to understand the meaning of their interactions with other people. It would also be desirable if further training included regular supervision provided by professional counsellors was provided to complement the training.

12.8.1.1. Counsellor training:

Counselling training should accordingly attempt to integrate the beneficial sources and aspects of the traditional helping approaches with what can be learned from Western theories and approaches of counselling and psychology.

In training professional counsellors, considerable thought should be directed toward courses in community psychology. The emphases, here, is that the helping professionals such as counsellor, psychologist, and social worker may not offer their services without direct reference to the social and cultural factors within which they are functioning. According to Hall (1992: p. 247), working within community settings should take into account these factors and enable them to be utilised for the purpose of therapeutic change. Therefore, working within

community based services should be incorporated into a professional training course.

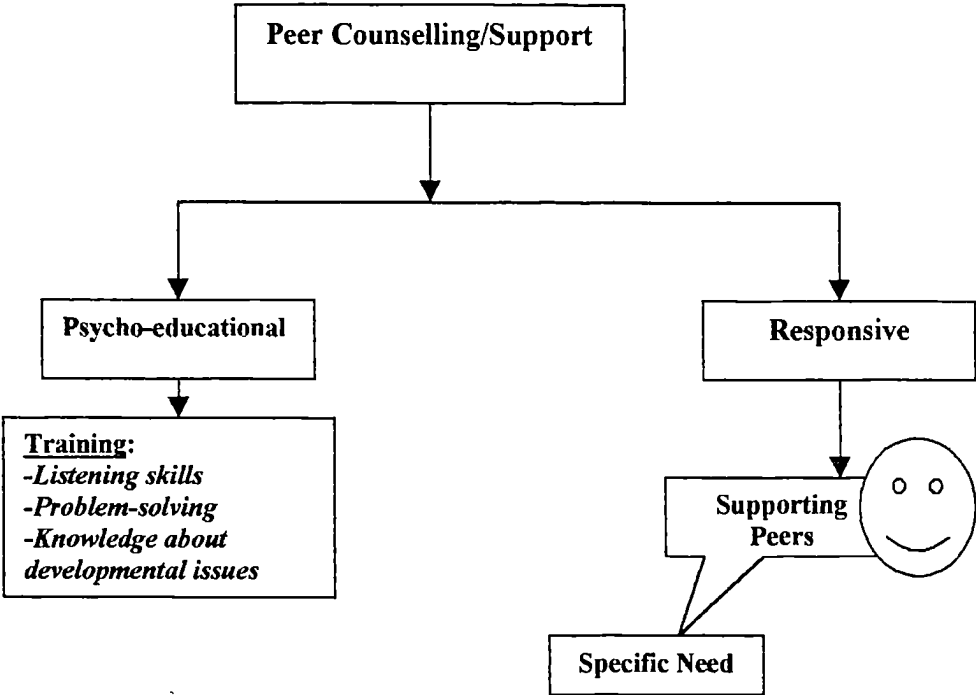
12.8.2. Application of peer counselling programme:

The effectiveness of the programme can be judged in two ways (figure 12.1). The first is providing students with a service that is desirable and applicable to their cultural context. Peer counsellors were found to be trustworthy, understanding, helpful and easy to reveal personal material to. There are many reasons that students may be reluctant to seek help from school counsellor. One reason for this reluctance may simply be lack of information or awareness about utilising counselling services. If so, students may have no awareness of the role and usefulness of counselling. Students might also not seek help from the counsellor because of confidentiality. In addition to this, the practical component of counselling in Saudi schools stresses educational guidance rather than listening and understanding, which may prevent students from seeking help from the counsellor.

The second major goal is to assist students in learning active listening so that they are able to build a bridge of trust and understanding between themselves and their clients group. Therefore, another way of benefiting from the programme can be through training. For young people, training in basic counselling (active listening skills) and other issues related to their personal and social developmental needs can be

seen as a psycho-educational process. They can be given these skills and issues to help them face the more demanding university work or employment after school.

Figure 12.1. Application of peer counselling to Adolescents



12.9. Future Implications:

12.9.1. Clinical implication:

The result revealed that loneliness was an emotional problem that could have an effect on student's self-esteem, and had association with impaired mental health problems such as depression and anxiety. One implication of this study is that adolescents who may be referred to mental health professionals for help should seriously be assessed as to whether or not they suffer a sense of loneliness. Reid and Kolvin (1993: p. 71) stated that many adolescents "*referred for psychotherapeutic help suffer a sense of loneliness*".

As we have seen, students experienced loneliness from different sources. Therefore, they may come to the counsellor with no particular problem. This suggests that the counsellor who works with those students should help them to focus on a specific problem areas to be solved, since solving one problem may lead to overcoming others (Egan, 1990).

12.9.2. Importance of peer support:

Peers and friends in the same educational institution, or even outside, can be highly motivated resources for counsellor working with young people. However, these resources may typically be underutilised. The current study has revealed the value of peer support, principals should consider this whenever providing helping services. Some institutions

can not apply peer counselling/support programme for various reasons such as unavailability of trainers and supervisors. Therefore, it might be helpful for the counsellor or member of staff responsible for the guidance and counselling service to ask clients to bring a trustworthy friend into the counselling session. This may achieve two points. First, the additional support from a close friend is desirable. Second, the close friend may act as an authority broker.

12.9.3. Implication related to parents:

Much more emphasis should be placed on the role of family on the child mental health provisions. However, services in the Saudi context should also relate directly to the nature and value of the family, and its importance in the long term for a child's psychological and social development. Parent could be the source of loneliness. Parent-child relationship can be an important factor in the level of loneliness (see Chapters Two and Four). Therefore, knowledge about child development is important. Parents may have a number of information needs with respect to their child development. Therefore, the followings are practical recommendations for parents:

1. Leaflets:

It may be useful if such information was organised into a leaflet. The content may include basic child developmental issues and problems that may be encountered with their child. The importance of parental style

on young people, for example, how a rigid authoritative parent could harm a child's self-esteem and cause isolation between them and their child! It should also include concepts of the family life cycle, such as stages of family transitions and how a healthy family may evolve and adapt in each stage, how the school age child changes and how this contributes to the changing needs of the family.

2. *Parent Effectiveness Training:*

Helping young people can also be through indirect provision. Counsellors or other mental health professionals could teach parents how to behave in a helpful way. This could be achieved by either training or through a consultative service. Gordon's (1970) *Parent Effectiveness Training*, Egan's (1990a) and Nelson-Jones' (1990) could be utilised as models, which stress empathic listening and effective problem solving. Parents could improve their communication without shouting and damaging the child's self-esteem.

3. *The mass media:*

The mass media could also contribute to parental awareness of child psychological and social development. Such information about difficulties that may be expected with their children entering adolescence may be invaluable to parents.

12.9.4. Implication to curriculum:

Counsellors and mental health staff have been facing strong and consistent resistance by the public, teachers, administrators, and in general by society. One implication of the present study is to point out the usefulness of introducing helping and coping skills throughout the school curriculum. Therefore, constructing a subject that is related to personal and social development would be desirable for secondary school students.

12.4.1. Personal and social development:

In British schools personal and social education includes a wide range of life skills. Units, that include training Saudi young people in active listening, communication and personal problem-solving skills, and relevant developmental issues would seem ideal for giving our psychological service away. It should help young people to manage and cope effectively with their developmental concerns and prepare them for future life. These important skills can not be left to chance, but need to be co-ordinated as an explicit part of secondary school's curricula both outside and inside the formal timetable. Therefore, it is suggested that personal and social development should be as an essential part of the curriculum.

12.9.5. Staff: Understanding and necessary counselling skills:

It is affirmed that knowledge in itself is power (Williams and Irving, 1995c), in which knowing and understanding can facilitate the possibility

for change. Teachers, therefore, should try to find ways of helping their students. It is suggested that teachers should try to understand more deeply the process of child development and its associated adjustment difficulties.

Everyday interactions exist between teachers and students; the data of current study suggest that teachers may be defensive in listening and trying to understand their students. Therefore, the implications for teachers to make the effort to build a relationships with students that is characterised by caring, trust and understanding their feelings. It is important for staff in school to try to understand student's feelings and actions. However, the most significant is perhaps an awareness of the effect of the teachers own posture and actions (Griffiths, 1995). To achieve this task, teachers must develop good basic counselling skills, and encourage feedback from their peers.

12.9.6. Support related to staff:

Although much has been said about the importance of providing students with appropriate and sufficient support, the issue of supporting the teacher personally and psychologically should not be forgotten. Among their professional functions, staffs too have various personal and developmental needs. Demand and stress in work could burn the teacher out. The informal network may be not enough to meet such needs. Therefore and according to Best (1995), to perform academic

and caring tasks effectively, staff need “*counselling, guidance and moral support*”.

12.9.7. Implication to educational institution:

In providing counselling services, counsellor needs to define in advance how the success of any intervention is to be judged. Such successes may be observed in achieving particular goals in respect to problem-solving or personal growth, or within professional development. However, goals that are related to the institutional development and resources enhancement should also be considered as of paramount importance. A unique system is required that can be integrated into the individual’s own role and goals. In educational institutions, such as schools, professionals have suggested learning from young people instead of criticising them! The stress here, thus, is not on the counsellor or teacher’s role, but rather on the ‘learner’ whoever they are who can benefit from interacting with other members in a social context.

If there is no meaning in the interaction between members in a similar social context or institution, miscommunication will exist (Mortensen, 1997). Indeed, a considerable degree of miscommunication can be due to “clashing viewpoints”. The very important point, here, is that “*as the severity of miscommunication increase, the frequency of interaction will decrease in turn*” (Mortensen, 1997: p. 218).

As has been emphasised in the current study, negative student-teacher relationships exist. This may also enhance the point that this type of relationship may result from the adult or teacher's negative attitude toward adolescents in the secondary school, as well as lack of sensitivity by teachers to understand the transitional period of adolescent's development. Students may also perceive the staff as insensitive to their developmental needs. This in turn could make students isolated from their teachers and the institution in general.

Therefore, a supportive programme that is focused on all members of the institution including students, teaching staff, administrative and those who provide guidance or advice to students, is highly desirable. All of these parties can benefit from training in basic counselling or active listening skills (Cowie and Pecherek, 1994).

In the context of current research, it is clear that getting help or counselling for a mental health problem is viewed with shame or diminished personal status. However, accomplishing some of the counselling goals could be made through participation. Such participation can be through educational programmes or activities that enhance a student's status and personal development.

12.10. General Conclusions:

- ◆ Adolescents in their transitional stage of development face many concerns, which are part of the process of growing up. Loneliness is one of the difficulties that can have negative consequences for their future life. However, difficulties associated with personal growth depend on their contextual location, which either can facilitate or block them.

- ◆ The current research has answered questions of both a theoretical and practical nature. It was designed to examine the problem of loneliness reported by Saudi high school students. Significantly, the study also aimed at helping this population by applying a primary prevention programme to reduce the level of loneliness through peer counselling/support.

- ◆ Results of the study are compatible with the findings of other investigators in respect to the problem of loneliness in adolescence. The emotion is strong, leading to shattered confidence, self-esteem and feeling alienated and disconnected from others.

- ◆ Impaired relationships with important figures such as parents, peers and teachers are seriously sources of the problem. Consequently, the ability and desire to relate to these figures on an intimacy level can be blocked.

- ◆ However, reluctance to seek personal help from counsellors might be expected for many reasons. The preference for a friend or peer rather than a counsellor might be as a result of the relationships between adults in authority, whether parents or teachers, and adolescents.

- ◆ In order to help people, particularly the younger, counsellors and other mental health professionals should focus on developing available resources.

- ◆ Practical findings of the study have, positively, demonstrated the usefulness of involving young people in delivering their own helping service. This has been documented by mutual benefit of both helpers and clients. Furthermore, the gain related to school was seen in the reduction of different educational and behavioural problems reported by the school counsellor.

- ◆ Therefore, the helping service would ideally be flexible, and available, both designed and carried out by adolescents yet supervised by adults, particularly skilled counsellors. This kind of mutual involvement can be a very helpful not only to young people, but also to professional helpers who can widen their related knowledge and benefit in terms of personal and professional development.

- ◆ Finally, in delivering a helping service to young people, particular note may be made with a few words borrowed from Bernard (1990, cited in Hendricks, 1992):

"We must change the way in which we view youth, not as problems to be fixed, but as resources who can contribute to their families, schools, and communities. They can play a major role in reducing alienation and disconnectedness from early childhood throughout the life cycle" (p. 1).

At this early stage in developing a peer counselling/support programme, the best thing that can be hoped to convey is an orientation and a way of thinking, rather than tightly tested hard knowledge. Efforts should be continued to develop appropriate, if imperfect, 'counselling' strategies that fit our cultural context.

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Appendix A

Instruments used in the Survey to assess adolescents' loneliness and other demographic and psychological variables.

1. Demographic Questionnaire
2. Loneliness and other Psychological Scales

Part One: Demographic Questionnaire

- (1) Name (2) Nationality
- (2) Age
- (3) Name of School/College
- (4) Class/Year
- (5) School District
- (6) Which of your parents do you live with?
1. Mother and Father 2. Mother only
3. Father only 4. Other (please specify)
- (7) Educational level of your parents or the persons who you live with:
- | | Father | Mother | Other |
|-------------------------------------------|---------------|---------------|--------------|
| - Illiterate | | | |
| - Did not go to school but can read/write | | | |
| - Elementary School | | | |
| - Intermediate School | | | |
| - Diploma (nursing, teaching etc.) | | | |
| - Secondary school | | | |
| - University | | | |
| - Postgraduate | | | |
- (8) Career of parents or the person whom you live with?
Father Mother Other
- (9) How many brothers do you have?
- (10) How many sisters do you have?
- (11) How many family members do you live with?
- (12) How many close friends do you have?
- (13) Compared to other people your age, how many friends do you have?
(a) A lot of friends
(b) More friends than most people
(c) About average
(d) Not many friends

Part Two: 1. Loneliness

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond “never”, if you always feel happy, you would respond “always”.

<u>NEVER</u>	<u>RARELY</u>	<u>SOMETIMES</u>	<u>ALWAYS</u>
1	2	3	4
*1. How often do you feel that you are “in tune” with the people around you?		
2. How often do you feel that you lack companionship		
3. How often do you feel that there is no-one you can turn to?		
4. How often do you feel alone?		
*5. How often do you feel part of a group of friends?		
*6. How often do you feel that you have a lot in common with the people around you?		
7. How often do you feel that you are no longer close to anyone		
8. How often do you feel that your interests and ideas are not shared by those around you?		
*9. How often do you feel outgoing and friendly?		
*10. How often do you feel close to people?		
11. How often do you feel left out?		
12. How often do you feel that your relationships with others are not meaningful?		
13. How often do you feel that no-one really knows you well?		
14. How often do you feel isolated from others?		
*15. How often do you feel you can find companionship when you want it?		
*16. How often do you feel that there are people who really understand you?		
17. How often do you feel shy?		
18. How often do you feel that people are around you but not with you?		
*19. How often do you feel that there are people you can talk to?		
*20. How often do you feel that there are people you can turn to?		

2. Self-esteem

Please mark each statement in the following way: If the statement describe how you usually feel, put a check (✓) in the column “Like me”. If the statement dose not describe how you usually feel, put a check (✓) in the column “Unlike me”. There are no right or wrong answers.

Item	Like me	Unlike me
1. I often wish I were someone else.		
2. I find it very hard to talk in front of the class.		
3. There are lots of things about myself I'd change if I could.		
4. I can make up my mind without too much trouble.		
5. I am a lot of fun to be with.		
6. I get upset easily at home.		
7. It takes me a long time to get used to anything new.		
8. I am popular with kids my own age.		
9. My parents usually consider my feelings.		
10. I give in very easily.		
11. My parents expect too much of me.		
12. It is pretty tough to be me.		
13. Things are all mixed up in my life.		
14. Kids usually follow my ideas.		
15. I have a low opinion of myself.		
16. There are many times when I would like to leave home.		
17. I often feel upset in school.		
18. I am not as nice looking as most people.		
19. If I have something to say, I usually say it.		
20. My parents understand me.		
21. Most people are better liked than I am.		
22. I usually feel as if my parents are pushing me.		
23. I often get discouraged in school.		
24. Things usually do not bother me.		
25. I cannot be depended on.		

3. Depression

This questionnaire consists of 20 groups of statements. After reading each group of statements carefully, circle the number (0,1,2 or 3) next to the one statement in each group which *Best* describe the way you have been feeling *the past week, including today*. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

<p>1) 0. I do not feel sad. 1. I feel sad. 2. I am sad all the time and cannot snap out of it. 3. I am so sad or unhappy that I can't stand it.</p> <p>2) 0. I am not particularly discouraged about the future. 1. I feel discouraged about the future. 2. I feel I have nothing to look forward to. 3. I feel that the future is hopeless and that things cannot improve.</p> <p>3) 0. I do not feel like a failure. 1. I feel I have failed more than the average person. 2. As I look back on my life, all I can see is a lot of failure. 3. I feel I am complete failure as a person.</p> <p>4) 0. I get as much satisfaction out of things as I used to. 1. I do not enjoy things the way I used to. 2. I do not get real satisfaction out of anything anymore. 3. I am dissatisfied or bored with everything.</p> <p>5) 0. I do not feel particularly guilty. 1. I feel guilty a good part of the time. 2. I feel quite guilty most of the time. 3. I feel guilty all of the time.</p> <p>6) 0. I do not feel I am being punished. 1. I feel I may be punished. 2. I expect to be punished. 3. I feel I am being punished.</p> <p>7) 0. I do not feel disappointed in myself. 1. I am disappointed in myself. 2. I am disgusted with myself. 3. I hate myself.</p>	<p>8) 0. I do not feel I am any worse than anybody else. 1. I am critical of myself for my weaknesses or mistakes. 2. I blame myself all the time for my faults. 3. I blame myself for everything bad that happens.</p> <p>9) 0. I do not have any thoughts of killing myself. 1. I have thoughts of killing myself, but I would not carry them out. 2. I would like to kill myself. 3. I would kill myself if I had the chance.</p> <p>10) 0. I do not cry any more than usual. 1. I cry more now than I used to. 2. I cry all the time. 3. I used to be able to cry, but now I can't cry even though I want to.</p> <p>11) 0. I am no more irritated now than I ever am. 1. I get annoyed or irritated more easily than I used to. 2. I feel irritated all the time now. 3. I don't get irritated at all by the things that used to irritate me.</p> <p>12) 0. I have not lost interest in other people. 1. I am less interested in other people than I used to be. 2. I have lost most of my interest in other people. 3. I have lost all of my interest in other people.</p> <p>13) 0. I make decisions about as well as I ever could. 1. I put off making decisions more than I used to. 2. I have greater difficulty in making decisions than before. 3. I can't make decisions at all anymore.</p> <p>14) 0. I don't feel I look any worse than I used to. 1. I am worried that I am looking unattractive. 2. I feel that there are permanent changes in my appearance that make me look unattractive. 3. I believe that I look ugly.</p>
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Continued

<p>15)</p> <p>0. I can work about as well as before.</p> <p>1. It takes an extra effort to get started at doing something.</p> <p>2. I have to push myself very hard to do anything.</p> <p>3. I can't do any work at all.</p> <p>16)</p> <p>0. I can sleep as well as usual.</p> <p>1. I do not sleep as well as I used to.</p> <p>2. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.</p> <p>3. I wake up several hours earlier than I used to and cannot get back to sleep.</p> <p>17)</p> <p>0. I do not get more tired than usual.</p> <p>1. I get tired more easily than I used to.</p> <p>2. I get tired from doing almost anything.</p> <p>3. I am too tired to do anything.</p>	<p>18)</p> <p>0. My appetite is no worse than usual.</p> <p>1. My appetite is not as good as it used to be.</p> <p>2. My appetite is much worse now.</p> <p>3. I have no appetite at all anymore.</p> <p>19)</p> <p>0. I have not lost much weight, if any, lately.</p> <p>1. I have lost more than 5 pounds.</p> <p>2. I have lost more than 10 pounds.</p> <p>3. I have lost more than 15 pounds.</p> <p>I am purposely trying to lose weight by eating less. Yes ____ No ____</p> <p>20)</p> <p>0. I am no more worried about my health than usual.</p> <p>1. I am worried about physical problems such as aches and pains; or upset stomach; or constipation.</p> <p>2. I am very worried about physical problems ant it is hard to think of much else.</p> <p>3. I am so worried about my physical problems that I can't think about anything else.</p>
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4. Self-Evaluation Questionnaire (STAI Form Y-1)

Directions: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel *right now, at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer, which seems to describe your present feelings best.

	<u>Not at all</u>	<u>Somewhat</u>	<u>Moderately so</u>	<u>Very much so</u>
1. I feel calm	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2. I feel secure	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3. I feel tense	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4. I feel strained	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5. I feel at ease	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6. I feel upset	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7. I am presently worrying over possible misfortunes	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8. I feel satisfied	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9. I feel frightened	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10. I feel comfortable	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11. I feel self-confident	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12. I feel nervous	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13. I feel jittery	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14. I feel indecisive	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15. I feel relaxed	Ⓐ	Ⓑ	Ⓒ	Ⓓ
16. I feel content	Ⓐ	Ⓑ	Ⓒ	Ⓓ
17. I feel worried	Ⓐ	Ⓑ	Ⓒ	Ⓓ
18. I feel confused	Ⓐ	Ⓑ	Ⓒ	Ⓓ
19. I feel steady	Ⓐ	Ⓑ	Ⓒ	Ⓓ
20. I feel pleasant	Ⓐ	Ⓑ	Ⓒ	Ⓓ

5. Self-Evaluation Questionnaire (STAI Form Y-2)

Directions: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer, which seems to describe how you generally feel.

	<i>Almost never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost always</i>
1. I feel pleasant ...	①	②	③	④
2. I feel nervous and restless ...	①	②	③	④
3. I feel satisfied with myself ...	①	②	③	④
4. I feel wish I could be as happy as others seem to be ...	①	②	③	④
5. I feel like a failure ...	①	②	③	④
6. I feel rested ...	①	②	③	④
7. I am "calm, cool, and collected"	①	②	③	④
8. I feel that difficulties are piling up so that I can't overcome them ...	①	②	③	④
9. I am worry too much over something that really doesn't matter	①	②	③	④
10. I am happy	①	②	③	④
11. I have disturbing thoughts ...	①	②	③	④
12. I lack self-confidence ...	①	②	③	④
13. I feel secure ...	①	②	③	④
14. I make decisions easily ...	①	②	③	④
15. I feel inadequate ...	①	②	③	④
16. I am content ...	①	②	③	④
17. Some unimportant thought runs through my mind and bothers me ...	①	②	③	④
18. I take disappointments so keenly that I can't put them out of my mind ...	①	②	③	④
19. I am steady person ...	①	②	③	④
20. I get in a state of tension or turmoil as I think over my recent concerns and interests ...	①	②	③	④

بسم الله الرحمن الرحيم

عزيزي الطالب:

انني اتطلع لمشاركك في مساعدتي لاكمال هذا البحث و الذي يهتم بـ الشعور بالوحده لدى الطلاب. آمل ان يكون باء استطاعتك اعطاء بعضا من وقتك القيم للاجابة على بنود هذه الاستبانة.

كن متأكدا جدا بأن اجاباتك على بنود هذه الاستبانة ستكون سرية للغاية و سوف تستخدم فقط لغرض هذا البحث.

كما ستجد في الصفحات القادمة، أن هذه الاستبانة تحتوي على ستة اجزاء. أجزء الاول منها يهتم ببعض المعلومات عن خلقيتك الشخصية و الاسرية. اما الاجزاء الخمسة الباقية فهي تتكون من مجموعة من العبارات تصف مشاعرك خلال حياتك اليومية. و سوف تجد امام كل جزء شرحا مفصلا لما هو مطلوب منك للاجابة على ذلك الجزء.

تذكر بأنه لا توجد اجابات صحيحة و أخرى خاطئة ، فأى إجابة تعتبر صحيحة طالما أنها تعبر عن رأيك في نفسك بصدق.

اشكرك مقدما على مشاركتك القيمة ،،،

الباحث

الجزء الأول:

يحتوي هذا الجزء على اسئلة البعض منها يهتم بخلفيتك الشخصية و البعض الآخر يهتم بخلفيتك الاسرية.
الرجاء الإجابة على كل الاسئلة و لاتترك أي سؤال بدون إجابة

١. الإسم:
٢. العمر: سنة شهر.....
٣. الجنسية: سعودي () غير سعودي () فضلاً حدد:
٤. مقر السكن:
٥. إسم المدرسة
٦. الفصل/ السنة الدراسية:
٧. الامارة او المقاطعة التابعة لها المدرسة:
٨. مع اي الوالدين تسكن : الاب و الام معاً () الاب فقط () آخر () فضلاً حدد:
٩. المستوى التعليمي للوالدين (او من في مكانهما) :

الاب	الام	الآخر
()	()	()
()	()	()
()	()	()
()	()	()
()	()	()
()	()	()
()	()	()
()	()	()
()	()	()
١٠. وظيفة الوالدين :
الاب:
الام:
الآخر:

يتبع الجزء الأول

١١. عدد الإخوة:
١٢. عدد الأخوات:
١٣. عدد افراد العائلة الذين تعيش معهم:
١٤. عدد أصدقائك الحميمين (الأصدقاء المقربين جداً الى قلبك):
١٥. مقارنة مع الناس الذين هم في عمرك ، كم لديك من الأصدقاء (فضلاً ضع علامة x للإجابة المناسبة):

- أ. لدي عدد كبير من الأصدقاء. ()
- ب. لدي أصدقاء أكثر من الآخرين. ()
- ج. ليس لدي كثير من الأصدقاء. ()
- د. ليس لدي أصدقاء ()

انتهى الجزء الأول

الجزء الثاني:

يحتوي هذا الجزء على ٢٠ عبارة لقياس درجة شعورك نحو نفسك و نحو الآخرين. المطلوب منك ان تقرأ كل عبارة ، ثم تعبر عن رأيك بالنسبة لها بوضع علامة (x) في الخانة التي تعبر تماماً عن رأيك.

نعم دائماً	نعم احياناً	نعم نادراً	لا إطلاقاً	العبارة
-	-	-	-	١. هل تشعر أنك منسجم مع من حولك من الناس.
-	-	-	-	٢. هل تشعر أنك محتاج لأصدقاء.
-	-	-	-	٣. هل تشعر أنه لا يوجد من تلجأ إليه - من الناس.
-	-	-	-	٤. هل يغلب عليك الشعور بالوحدة.
-	-	-	-	٥. هل تشعر بأنك جزء من مجموعة من الأصدقاء.
-	-	-	-	٦. هل تشعر أنك تشترك في كثير من الأشياء مع الناس المحيطين بك.
-	-	-	-	٧. هل تشعر بأنك لم تعد قريباً من أي شخص.
-	-	-	-	٨. هل تشعر بأن إهتماماتك و أفكارك لا يشاركك فيها أحد.
-	-	-	-	٩. هل تشعر بالود و الصداقة مع الآخرين.
-	-	-	-	١٠. هل تشعر بأن الآخرين يهملونك.
-	-	-	-	١١. هل تشعر بأنك قريب من الناس.
-	-	-	-	١٢. هل تشعر بأن علاقتك بالآخرين ليس لها قيمة.
-	-	-	-	١٣. هل تشعر بأنه لا يوجد شخص يفهمك جيداً.
-	-	-	-	١٤. هل تشعر بأنك منعزل عن الآخرين.
-	-	-	-	١٥. هل تشعر بأنك تستطيع ان تعثر على الأصدقاء عندما تحتاج إليهم.
-	-	-	-	١٦. هل تشعر أنه يوجد أناس يفهمونك جيداً.
-	-	-	-	١٧. هل تشعر بأنك خجول.
-	-	-	-	١٨. هل تشعر بأن الناس رغم أنهم حولك إلا أنهم مشغولون عنك.
-	-	-	-	١٩. هل تشعر بأن هناك أناساً يمكنك التحدث معهم.
-	-	-	-	٢٠. هل تشعر بأنه يوجد أناس تستطيع أن تلجأ إليهم - بعد الله سبحانه و تعالى - .

انتهى الجزء الاول

أجزاء الثالث:

يتكون هذا الجزء من عدد من المجموعات و كل مجموعة تحتوي على اربع عبارات (١،٢،٣،٤) تتناول موضوعاً معيناً. اقرأ بدقة كل مجموعة من العبارات الاربع على حدة ثم ضع دائرة حول الرقم السابق لإحدى العبارات الاربع التي تصف بصدق مشاعرك نحو هذا الموضوع خلال الاسبوع الماضي.

أولاً:

١. لا أشعر بحزن
٢. أشعر بحزن.
٣. أشعر بحزن طوال الوقت و لا أستطيع أن أتخلص منه.
٤. إني حزين بدرجة لا أستطيع تحملها.

ثانياً:

١. لست متشائماً بالنسبة للمستقبل.
٢. أشعر بتشاؤم بالنسبة للمستقبل.
٣. أشعر بأنه ليس هناك شيء يشدني للمستقبل.
٤. أشعر أن المستقبل لا أمل فيه و أن الأمور لن تتحسن.

ثالثاً:

١. لا أشعر بأنني فاشل.
٢. أشعر أنني فشلت أكثر من المعتاد.
٣. عندما أنظر الى ما مضى من سنوات عمري فأنا لا أرى سوى الفشل.
٤. أشعر بأنني شخص فاشل تماماً.

رابعاً:

١. أستمتع بدرجة كافية بجوانب الحياة كما اعتدت من قبل.
٢. لا أستمتع بجوانب الحياة على النحو الذي تعودت عليه.
٣. لم أعد أحصل على إستمتاع حقيقي من أى شيء في الحياة.
٤. لا أستمتع إطلاقاً بأى شيء في الحياة.

يتبع الجزء الثالث

خامساً:

١. لا أشعر بالذنب.
٢. أشعر بالذنب في بعض الاوقات.
٣. أشعر شعوراً عميقاً بالذنب في أغلب الاوقات.
٤. أشعر بالذنب بصفة دائمة.

سادساً:

١. لا أشعر بأنني أتلقى عقاباً.
٢. أشعر بأنني قد أتعرض للعقاب.
٣. أتوقع أن أتلقى عقاباً.
٤. أشعر بأنني أتلقى عقاباً بالفعل.

سابعاً:

١. لا اشعر بعدم الرضا عن نفسي.
٢. أنا غير راض عن نفسي.
٣. أنا مُتعض من نفسي.
٤. أكره نفسي.

ثامناً:

١. لا أشعر بأنني أسوأ من الآخرين.
٢. أنتقد نفسي بسبب ضعفي و أخطائي.
٣. ألوم نفسي معظم الوقت على أخطائي.
٤. ألوم نفسي على كل شيء سيء يحدث.

تاسعاً:

١. لا أكره الحياة.
٢. أشعر بضيق من الحياة.
٣. أود أن أتخلص من الحياة.
٤. سوف أتخلص من الحياة إذا وجدت فرصة لذلك.

يتبع الجزء الثالث

عاشراً:

١. لا أبكي أكثر من المعتاد.
٢. أبكي الآن أكثر من ذي قبل.
٣. أبكي طوال الوقت.
٤. لقد كنت قادراً على البكاء فيما مضى ، و لكني الآن لا أستطيع البكاء من شدة الحزن.

حادي عشر:

١. لست متوتراً أكثر من ذي قبل.
٢. أتضايق او أتوتر بسرعة أكثر من ذي قبل.
٣. أشعر بالتوتر كل الوقت.
٤. لا أتوتر أبداً من الأشياء التي كانت توترني فيما مضى.

ثاني عشر:

١. لم أفقد الإهتمام بالآخرين.
٢. إنني أقل إهتماماً بالناس الآخرين.
٣. لقد فقدت معظم إهتمامي بالناس الآخرين.
٤. لقد فقدت كل إهتمامي بالناس الآخرين.

ثالث عشر:

١. أتخذ قرارات على نفس المستوى الذي أعتدته عليه.
٢. لقد توقفت عن إتخاذ القرارات بصورة أكبر مما مضى.
٣. أجد صعوبة أكبر في إتخاذ القرارات عما كنت أقوم به.
٤. لم أعد أستطيع إتخاذ قرارات غلى الإطلاق.

رابع عشر:

١. لا أشعر أنني ابدو في حالة أسوأ عما أعتدت أن أكون.
٢. يقلقني أنني ابدو أكبر سناً و أقل حيوية.
٣. أشعر بأن هناك تغيرات مستديمة في مظهري تجعلني ابدو أقل حيوية.
٤. أعتقد أنني ابدو قميئاً (قبيحاً).

يتبع الجزء الثالث

خامس عشر:

١. أستطيع أن أقوم بعملتي كما تعودت.
٢. أحتاج جهد كبير لكي أبدأ في عمل شيء ما.
٣. إن عليّ أن اضغط على نفسي بشدة لعمل أي شيء.
٤. لا أستطيع أن أقوم بعمل أي شيء على الإطلاق.

سادس عشر:

١. أستطيع أن أنام كالمعتاد.
٢. لا أنام كالمعتاد.
٣. أستيقظ قبل مواعدي بساعة أو ساعتين و أجد صعوبة في النوم مرة أخرى.
٤. أستيقظ قبل بضعة ساعات من مواعدي المعتاد و لا أستطيع العودة إلى النوم مرة أخرى.

سابع عشر:

١. لا أشعر بتعب أكثر من المعتاد.
٢. أتعب بسرعة عن المعتاد.
٣. أتعب من القيام بأي جهد في عمل أي شيء.
٤. اني متعب لدرجة أنني لا أستطيع أن أقوم بأي عمل.

ثامن عشر:

١. ان شهيتي للطعام ليست أقل من المعتاد.
٢. ان شهيتي للطعام ليست جيدة كالمعتاد.
٣. ان شهيتي للطعام أسوأ كثيراً الآن.
٤. ليس لدي شهية للطعام على الإطلاق.

تاسع عشر:

١. لم ينقص وزني في الاونة الاخيرة.
٢. فقدت حوالي كيلو جرامين من وزني.
٣. فقدت حوالي اربعة كيلو جرامات من وزني.
٤. فقدت حوالي ستة كيلو جرامات من وزني.

يتبع الجزء الثالث

١. لست منشغلاً على صحتي أكثر من ذي قبل.
٢. اني مشغول ببعض المشكلات البدنية مثل الالوجاع و اضطرابات المعدة و الإمساك.
٣. اني مشغول جداً ببعض المشكلات البدنية و من الصعب ان أفكر في أي شيء آخر.
٤. اني مشغول جداً حول مشكلاتي البدنية لدرجة أنني لا أستطيع أن أفكر في أي شيء آخر.

انتهى الجزء الثالث

الجزء الرابع:

يحتوي هذا الجزء على ٢٥ عبارة يستخدمها الناس في تقدير أنفسهم. اقرأ كل عبارة ثم قرر وصدق ما إذا كانت العبارة تنطبق او لا تنطبق عليك ، و ذلك بوضع علامة (x) أسفل تنطبق او لا تنطبق.

لا تنطبق	تنطبق	العبارة
—	—	١. أرغب كثيراً أن أكون شخصاً آخر.
—	—	٢. من الصعب جداً ان أتكلم أمام زملائي في الفصل.
—	—	٣. توجد أشياء كثيرة تخصني أرغب في تغييرها ان استطعت.
—	—	٤. يمكن ان أتخذ القرارات في أى موقف دون مشقة كبيرة.
—	—	٥. يفرح الآخرون بوجودي معهم.
—	—	٦. يمكن أن أتضايق بسهولة في المنزل.
—	—	٧. ان الصدود على شيء جديد يستغرق مني وقتاً طويلاً.
—	—	٨. أنا محبوب بين زملائي الذين في نفس عمري.
—	—	٩. يراعي والداي مشاعري عادةً.
—	—	١٠. يمكن أن أستلم بسهولة كبيرة.
—	—	١١. يتوقع والداي أشياء كثيرة مني.
—	—	١٢. من الصعب الى حد ما أن أظل كما أنا.
—	—	١٣. تختلط كل الاشياء في حياتي.
—	—	١٤. يتبع زملائي أفكارى عادةً.
—	—	١٥. رأيت عن نفسي منخفض.
—	—	١٦. في كثير من الأحيان أرغب في ترك المنزل.
—	—	١٧. في كثير من الأحيان أشعر بالضيق في المدرسة.
—	—	١٨. لست جذاباً مثل كثير من الناس.
—	—	١٩. إذا كان لدى شيء أريد أن أقوله ، فباني اقوله عادةً.
—	—	٢٠. يفهمني والداي.
—	—	٢١. معظم الناس محبوبون أكثر مني.
—	—	٢٢. أشعر عادةً كما لو كان والداي يدفعاني للعمل.
—	—	٢٣. لا ألقى تشجيعاً في المدرسة في كثير من الأحيان.
—	—	٢٤. لا أتضايقني الأشياء عادةً.
—	—	٢٥. لا يعتمد على الآخرون — بعد الله سبحانه و تعالى.

انتهى الجزء الرابع

أجزاء الخامس:

يتكون هذا الجزء من ٢٠ عبارة و التي اعتاد الناس وصف انفسهم بها. اقرأ كل عبارة ثم ضع علامة (X)
(في المربع المناسب على يسارها لتبين ما الذي تشعر به فعلاً الآن ، أى في هذه اللحظة.

العبارة	لا مطلقاً	الى حد ما	بدرجة متوسطة	كثيراً جداً
١. أشعر بالهدوء.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢. أشعر بالأمان.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٣. أنا متوتر.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٤. أشعر أن أعصابي مشلوبة.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٥. أشعر أنني (على راحتي).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٦. أشعر بالإضطراب.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٧. أنا الآن متزعج لما قد يحدث من سوء حظ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٨. أشعر أنني قانع (راضي).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٩. أشعر أنني خائف جداً.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٠. أشعر أنني مستريح.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١١. أشعر بالثقة في النفس.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٢. أشعر أنني عصبي.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٣. أنا شديد العصبية (مترفن).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٤. أشعر أنني غير حاسم.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٥. أشعر بالإسترخاء.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٦. أشعر بالرضا.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٧. أنا متزعج.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٨. أشعر أنني مرتبك.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
١٩. أشعر بالإستقرار.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
٢٠. أشعر بالسرور.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

أنتهى أجزاء الخامس

أجزاء السادس:

يحتوي هذا الجزء على ٢٠ عبارة و التي أعتاد أناس وصف أنفسهم بها. اقرأ كل عبارة ثم ضع علامة (X) في المربع المناسب على يسارها لتبين ما الذي تشعر به بوجه عام.

أبداً تقريباً	أحياناً	كثيراً	دائماً تقريباً	العبارة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١. أشعر بالسرور.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٢. أشعر بالعصبية و عدم الإستقرار.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٣. أشعر أنني مقتنع بنفسي.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٤. أتمنى أن أكون سعيداً كما يبدو على الآخرين.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٥. أشعر كأنني فاشل.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٦. أشعر بالراحة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٧. أنا هادئ و ساكن و متماسك.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٨. أشعر بأن الصعوبات تتراكم عليّ بحيث لا أستطيع التغلب عليها.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٩. أقلق كثيراً جداً على أشياء ليست مهمة في الواقع.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٠. أنا سعيد.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١١. لديّ (عندي) أفكار مزعجة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٢. تنقصني الثقة بالنفس.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٣. أشعر بالأمان.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٤. أتخذ القرارات بسهولة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٥. أشعر أنني غير كفء.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٦. أشعر بالرضا.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٧. تمر بخاطري بعض الأفكار غير المهمة و ترزعجني.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٨. أتأثر بشدة بالأشياء المخيبة للأمل لدرجة أنني لا أستطيع استبعادها من تفكيري.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	١٩. أنا شخص ثابت (مستقر).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	٢٠. تصيبي حالة من التوتر أو الإضطراب عندما أفكر في مشاغلي و إهتماماتي في الفترة الأخيرة.

انتهى أجزاء السادس شكراً على مشاركتك ،،،،

Appendix B

The Training Programme of Peer counsellor

Outline of Training Programme

Session One: Introduction to the programme.

Objectives:

- ⇒ To introduce counselling as a type of helping.
- ⇒ To introduce the concept of peer counselling
- ⇒ To discuss participants' expectations of the group.
- ⇒ To discuss the importance of confidentiality.
- ⇒ To discuss the schedule and meeting place.

Session Two: Warm-up exercises (Getting to know each other)

Objective:

- ⇒ To facilitate a relaxed atmosphere in which learning can take place.
- ⇒ To encourage group participants to get to know each other.
- ⇒ To introduce the characteristics of peer helper.

Activity 1:

The group will do the following exercises:

Exercise A.

- * Each member of the group will introduce himself by name.
- * After this process has finished, the facilitator will throw a ball to one member of the group. While the ball is thrown, the thrower will call out the name of that person who is receiving the ball.
- * Then, the person who has received the ball will throw it to another one in the group, and call out that person's name.
- * This process is carried on until all group members have learnt the names of each participant.

Exercise B.

- * The whole group is then asked to stand up, including the facilitator, and walk around the training room. While the group members are walking around, the facilitator makes a signal, and each person, then, stops and introduces himself to the nearest person and exchanges some personal information. For example, name, hobby, things he likes`..etc.
- * The other person does the same after the first speaker has finished. This process of introducing each other continues until each member of the group has met every one, including the facilitator.

Activity 2:

- * Participants sit in a circle and each one is given a paper, and they are asked to write an advertisement describing and selling themselves as a good friend.

- * The facilitator stresses that participants should keep in mind that why would someone want to buy or choose you rather than another person.
- * The participants, then, are invited to share their ideas about the qualities of a good friend.

Material: small ball for exercise A, activity one; papers, chalk and chalkboard.

Session Three:

Objective:

- ⇒ To explore further the qualities of a peer counsellor.
- ⇒ To explore ways of establishing a helping relationship.

Activity 1:

- * Participants sit in a circle. The facilitator invites the group members to think of a secret or something that they have done or experienced in their lives, that they have never revealed to anyone because they feel ashamed of or they feel reluctant to talk about it for fear of being rejected.
- * The facilitator gives the group one minute to think about this, and stresses that the participants will not be asked to share this information with anyone.
- * Then, the facilitator asks the group members to look round the group and think if there is anyone in the circle in whom they might confide. Again, the facilitator stresses that they do not reveal the name of the person.
- * Participants, then, are asked, individually, to think about why they might have chosen that person to share secret with, and what that person's qualities are.
- * The facilitator makes a lists of these qualities on chalkboard, and highlights these qualities which are presented by the group as the qualities of peer counsellor.

Material: chalk, chalkboard.

Activity 2:

- * Participants are asked to form groups of three.
- * Each group is given a written statement describing a particular situation, and are asked to think about ways of helping the person in the scenario.
- * After ten minutes, the facilitator calls up the sub-groups and invites them to share their responses.

- * Then, the facilitator highlights some issues, which might be expected to arise, and which peer counsellor should avoid. For example, peer counsellors do not give advice, do not problem solve, do not attempt to heal or treat others. Rather, they are a facilitators and help others to solve their problems by themselves. By doing this, they use empathic responses as active listening skills.

Material: sheet of papers (written situations).

Situations: (activity: 2)

1. Mohammed stands around at break time with no one to talk to.
2. Your friend is feeling very down because he has recently lost his brother in a car accident.
3. Ahmed feels shy and embarrassed whenever the teacher asks him a question.
4. Your friend came to you frightened because he was caught cheating on the monthly exam.
5. Hasan was very upset because his Dad did not allow him to go with his friends on a trip outside the city.
6. Your friend came to you and told you that he had sworn at one of his teacher and now did not know what to do about it.

Session Four:

Objective:

- ⇒ To identify feelings associated with not being listened to.
- ⇒ To introduce attending skills.

Activity 1:

- * Participants work in pairs, A and B. A talks to B for two minutes about any aspect related to his life, for example, things he likes to do, or something good or bad that happened to him last week, or something he is planning to do this week. B tries not to listen by engaging with something else or thinking about what to do the next day or what to do when he gets home etc.
- * The pairs swap roles and repeat the process.
- * They, then, discuss for five minutes with one each other how they felt about the experience.

Activity 2:

- * Participant work in pairs, A and B. A talks to B for two minutes about any experience that has happened to him, for example, a bad thing that happened last week and made him angry, or something good that made him happy. B listens to A using the "listening rules", which are:
 - ◆ Facing the other person
 - ◆ Maintaining good eye contact
 - ◆ Maintaining open posture
 - ◆ Appearing relaxed
 - ◆ Using gestures such as nodding head, moving arms and hands
 - ◆ Using vocal expressions as Ummm, Uh, Yes
- * The role is reversed between A and B..
- * The pairs, then, discuss for five minutes how they felt about the experience.

- * The facilitator calls the group back in the circle, and invites the members to share their experiences for ten minutes on what it was like to listen to the other.

Material: worksheets of the listening rules for activity 2.

Session Five:

Objective:

- ⇒ To introduce participants to the use of feeling-focused responses (Reflecting feelings).
- ⇒ To introduce participants to reflecting of content (Paraphrasing).

Activity 1: Reflecting the feeling

- * Group members are divided into pairs as counsellor and client. The client makes three statements, one at a time, that contain emotional feelings. For example, "My brother broke my bicycle yesterday. I felt angry", "Tomorrow I am going on holiday for a week. I feel really happy", "I have an exam this week. I feel worried".
- * The counsellor listens to the client and "reflects" to each statement, one at a time, using the formula "You feel ..." following the feeling word such as angry, sad, happy...etc. The facilitator stresses that listeners reflect the feeling part of the statement.
- * The role, then, is reversed.
- * Participants are encouraged to use any feeling related to their experiences.
- * The pairs, then, discuss the experience for five minutes.

Activity 2: Paraphrasing

- * Participants work in pairs as counsellor and client. The client talks to the counsellor and gives three statements that contain thoughts and facts. For example, "This school has very strict discipline, and I do not think I will carry on", "I like to have many friends, but I do not know how to make friends, "My father asks me to do this, and my mother says do that".
- * The counsellor listens to the client and restate each statement independently, using different words but with the same meaning. For example, he might say "are you saying..." or

"what I think you mean is..." The facilitator emphasises that restatement by the counsellor is not an interpretation of what the client has said. Rather, it focuses on restating the content.

- * The pairs then swap their roles. Then, each pair discusses the experience with each other for five minutes.
- * The whole group then comes back in the circle, to discuss issues that have been raised.

Session Six:

Objective:

- ⇒ To learn to label emotions.
- ⇒ To practice positive listening skills.

Activity 1:

- * The group breaks up into triads, one is nominated as a recorder. They are asked to brainstorm, for ten minutes, feeling words that describe the emotion states which they have experienced personally or have observed them in other.
- * Each triad is given a worksheet to classify which feeling words are positive and which are negative.
- * The facilitator call the group back, and each triad is asked to read its list. Then, each triad are encouraged to mime some of the feeling words for five minutes.

Material: worksheets of feeling words.

Activity 2.

- * Participants work in triads as counsellor, client and observer. The client talks to the counsellor for three minutes about any aspect of his life. Participants are encouraged to talk about their experience in the group.
- * The counsellor listens to the client, practicing attending and reflecting skills. The observer watches the situation and makes a tick mark in the skills chart worksheet. Then, the triad gives each other feedback starting with the observer, and then the client, and the counsellor respectively.
- * The roles are reversed until each member has experienced all roles.

Feeling words worksheet (Session Six, activity 1)

Positive

Negative

Skills Chart (Session Six, Activity 2)

To the observer;

Make a tick mark () in one of the boxes next to a behaviour each time the behaviour is demonstrated by the counsellor.

Sits facing the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains good eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains open, available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses gestures e.g. nodding, moving hands... etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses vocal expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflects feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflects content, using different words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Session Seven :

Objective:

- ⇒ To become alert to non-verbal behaviour.
- ⇒ To explore feelings associated with silence.
- ⇒ To learn to be comfortable with silence.

Activity 1:

- * Participants work in group of threes as A, B and C. A and B role-play a non-verbal scenario as described in the worksheet. C observes the scene.
- * The whole group then come back in to the circle, and each subgroup play their scenario to the whole group. Following this, the group members discuss the experience. For example, what were the difficult messages to convey? What were the easy messages to recognize? How might body language mislead?

Activity 2:

- * Participants work in pairs, and each pair spends two minutes sitting facing each other in a total silence. Then, the pairs discuss how they felt about silence and what they noticed while they were sitting face to face without saying anything. The whole group come back in the circle, and the facilitator invite participants to share their experience.

Material: Scenario Worksheets

Scenarios Worksheet (Session Seven, Activity 1)

Scenario 1:

Imagine that you are flying to London on British Airways, and you are the only passenger who speaks Arabic and cannot speak English. However, you want to communicate the following:

- I have a headache and I need a pain killer.
- I feel cold and I need blanket.
- I need some more bread.

Scenario 2:

Imagine yourself in a hospital whose members of staff speak only French, and you cannot speak their language but you want to communicate to the doctor the following:

- I have got a chest pain.
- I get very angry sometime.

Scenario 3:

Imagine that you are on holiday with your family, and your father asks you to do some shopping. While you are doing this shopping, you see your best friend who you have not seen for about two years because his family had moved away to another city.

- Role-play the moment of seeing and meeting your friend, for one minute.

Session Eight:

Objective:

⇒ To introduce participants to the use of self-focused solution.

Activity 1:

- * Participants work in pairs as counsellors and clients. The clients talk to the counsellors about any concerns or problems that they are experiencing in their lives at present. The counsellors listen to the clients practicing their active listening skill.
- * Then, the counsellor ask the clients a *Prompt Question* (depending on the situation) such as:
 - ◇ How do you think this could improve?
 - ◇ What do you think that you might do to change this...?
 - ◇ What would you like to do differently to solve the problem?
 - ◇ What is the most important that you want to do first?
- * The roles are reversed.

Activity 2:

- * Participants work in pairs as clients and counsellors. The clients try to present to the counsellor a problem (participants are encouraged to present real concerns). The counsellor listens to the client practicing the active listening skills that he has learnt.
- * The counsellors, then, ask the clients to *Brainstorm* (using the rules of brainstorming) “solutions”.
- * The roles are reversed.
- * The whole group comes back to the circle, and the facilitator invites participants to discuss what they have learnt from these activities.

Session Nine:

Objective:

⇒ To practise integrated counselling skills.

Activity:

- * Participants work in pairs as counsellors and clients. The clients choose the role-play cards, and try to understand the situations. Then, present the situations, once a time, to the counsellors for five minutes. After the session has finished, the clients give the counsellor feedback in terms of the followings:
 - ◇ How did you feel during the session?
 - ◇ How warm was the counsellor? Circle one of these:
very warm 5 4 3 2 1 0 not very warm
 - ◇ Do you think the counsellor understood what you were saying?
 - ◇ Is there any way that the counsellor could have done better? If so, how?
 - ◇ Were there any responses from the counsellor you did not understand? What were they?
- * The counsellors, then, summarise what they have learned.
- * The roles are reversed.

Role-play Cards:

Situation 1:

You would like to be able to go places with your friends in your spare time. However, your Father always wants you to be at home in case the family wants something or wants to go somewhere. You feel as you are the one who has to take all responsibilities of the family.

Situation 2:

You want to extend your weekend time so you can stay out as late as your friends, but your parents are really strict. You feel that they do not trust you, and treat you as not being responsible.

Situation 3:

Your younger brother/sister always searches in your personal things, and every time you end up fighting with him/her. You do not like complaining to your parents because they do not understand how this makes you feel. They keep saying s/he is just your younger sister/brother.

Situation 4:

You usually go to school and spend the break time with a particular friend. However, this person has been, recently, spending a lot of time with somebody else, and is ignoring you.

Situation 5:

Recently, a friend of yours has been behaving oddly. He has started to withdraw from all the activities that you used to do together. You feel really upset because you have lost your best friend, and you are also worried about your friend.

Session Ten:

Objective:

⇒ To provide participants with knowledge related to social relationships in adolescence, peer and family relationships.

Activity 1:

* participants sit in a cycle. The facilitator invites the group members to think about the following questions, once a time, as topics to discuss:

- 1) What is a “friend”?
- 2) How do you make friends?
- 3) How do you keep friends?

Activity 2:

* A talk in relation to peer and family relationships is given.

Session Eleven:

Objective:

⇒ To give participants knowledge related to social acceptance, rejection and isolation, and loneliness.

Activity: 1

- * Participants form two or three small groups. One of each group member acts as the outsiders. These persons will try to find out a way to break into or be accepted by their groups.
- * Each group decide the way they are going to respond to the outsider.
- * The outsiders may use various methods or ways to be accepted by the group. However, non-violent methods are not used.
- * The role of outsider, then, is taken by another member in the group until each member in the group has experienced the role.
- * Participants come back to the whole group and discuss this experience. They are invited to discuss the following point:
 - ◇ How did you feel when you were the outsider?
 - ◇ What the best methods that seem to be worked for breaking in or being accepted by the group?
 - ◇ Why people reject other to join in their groups?
 - ◇ Have you ever felt like this with any group in school or outside the school?

Activity 2:

Brief talk related to loneliness is given.

Session Twelve:

Objective:

- ⇒ To bring the training programme to a close.
- ⇒ To evaluate the training programme.
- ⇒ To administer the post-test.

Appendix C

Materials for Evaluating the Training

1. The Session Evaluation Form.
2. The Group Observer Form.
3. The Peer Counsellor Training Questionnaire.
4. The Self-concept (OSIQ) (Arabic version only).

Session Evaluation Form :

Please rate the following questions on a scale of 1 to 5. Put a ring round One number in each line to indicate the response that is preferable and appropriate to you for each question below:

First

1. What did you think about the quantity of work in the session?

	5	4	3	2	1	
little						Too much

2. What did you think about the content of work in the session?

	5	4	3	2	1	
Simple						Very difficult

3. What did you think of the practical exercises in the session?

	5	4	3	2	1	
Very good						Not good at all

Second:

4. How was the atmosphere of the group in the session? There are a set of words that describe this atmosphere. These words are arranged as pairs of opposites, with scale of 1 to 5 for each pair. Please put a ring round One number on each scale to indicate how it feels to be in the group.

	5	4	3	2	1	
a) Informal						Formal

	5	4	3	2	1	
b) Co-operative						Competitive

	5	4	3	2	1	
c) Supportive						Hostile

	5	4	3	2	1	
d) Permissive						Inhibited

Any other comments you would like to add:

Third:

5. How was the participation of the group members? There are a set of sentences that describe the participation of the group members. These sentences are arranged as pairs of opposites, with scale of 1 to 5. Please put a ring round One number on each scale to indicate how was the participation of the group members.

a) Most members talked | 5 | 4 | 3 | 2 | 1 | Only a few talked

b) Members were involved | 5 | 4 | 3 | 2 | 1 | Members were apathetic

c) Group was united | 5 | 4 | 3 | 2 | 1 | Group was divided

Any other comments you would like to add?

Fourth

6. What is your general opinion of the session? Please put a ring round One number on the scale below:

Very good | 5 | 4 | 3 | 2 | 1 | Boring

7. How useful has been the session to you? Please put a ring round One number on the scale below:

Extremely useful | 5 | 4 | 3 | 2 | 1 | Not useful at all

8. What have you gained personally from the session?

9. In your opinion, what might have been done to make the session more satisfying for you?

Fifth:

10. Any further comments that you would like to add?

Group Observer Form

An external observer will be invited to observe and rank members interaction and group atmosphere during the training. This could take place in two or three times (e.g. in session two and session eight).

First: Group interaction: *(Content and direction of speech)*

The observer will be asked to join the group and do the following:

1. *Speech content:* write down the name of person who talks (whether to ask or answer a question or clarify a point).
2. *Speech direction:* write down the name of sender and receiver of a message. The purpose is to identify who speaks to who in the group.

Second: Group climate

1. Below are a set of words that describe the atmosphere of group you are in. These words are arranged as pairs of opposites, with rating scale of 1 to 5 for each pair. Please put a ring round One number on each scale to indicate to how it feels to be in the group:

	5	4	3	2	1	
a) Informal						Formal
	5	4	3	2	1	
b) Co-operative						Competitive
	5	4	3	2	1	
c) Supportive						Hostile
	5	4	3	2	1	
d) Permissive						Inhibited

Any other comments you would like to add:

2. Below are a set of sentences that describe the participation of the group members. These sentences are arranged as pairs of opposites, with rating scale of 1 to 5 for each pair. Please put a ring round One number on each scale to indicate how was participation of the group members in the group?

	5	4	3	2	1	
a) Most members talked						Only few talked
	5	4	3	2	1	
b) Members were involved						Members were apathetic
	5	4	3	2	1	
c) Group was united						Group was divided

Any other comments you would like to add?

Speech Content Worksheet
(Group observer form)

The Peer Counsellor Training Questionnaire

Dear participants,

This is an evaluation questions which are concerned with your opinion of the training that you have participated in. Please, answer all the questions and make sure that you do not leave any an answered.

First: Please rate the following questions on a scale of 1 to 5. Put a ring in each line to indicate the response that is preferable and appropriate to you for each question below:

1. What is your opinion about the length of the training?

5 4 3 2 1
Too short|_____||_____||_____||_____||Too long

2. How did you feel about the place that the sessions were held?

5 4 3 2 1
Very comfortable|_____||_____||_____||_____||Not comfortable at all

3. What is your opinion of the organization of the programme in general?

5 4 3 2 1
Very good |_____||_____||_____||_____|| Very bad

4. What do you think about the method which has been used in the training?

5 4 3 2 1
Very interesting |_____||_____||_____||_____|| Boring

5. Do you think the facilitator was well prepared for running the group?

5 4 3 2 1
Strongly agree |_____||_____||_____||_____|| Strongly disagree

6. Any other comments you would like to add.

Second: (given in sessions 2 and 11 separately)

The questions and statements below are concerned with your feeling of being in the group. Please make a tick (✓) in the appropriate box, according to the indicated session

1. I got on very well with the other group members.

Session two:

- Strongly agree
- Agree.
- Disagree.
- Strongly disagree.

Last session:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2. How comfortable did you feel when you have been with the group?

Session two:

- Comfortable all the time.
- Comfortable most of the time.
- Comfortable some of the time.
- Not comfortable at all.

Last session

- Comfortable all the time
- Comfortable most of the time
- Comfortable some of the time
- Not comfortable at all

3. How accepted did you feel when you have been with the group?

Session two:

- Accepted all the time.
- Accepted most of the time.
- Accepted some of the time
- Not accepted at all

Last Session :

- Accepted all the time
- Accepted most of the time
- Accepted some of the time
- Not accepted at all

4. How cared for did you feel when you have been with the group?

Session two:

- I felt cared for all the time
- I felt cared for most of the time.
- I felt cared for some time.
- I did not feel cared for at all.

Last session:

- I felt cared for all the time.
- I felt cared for most of the time
- I felt cared for some time
- I did not feel cared for at all

5. Any other comments you would like to add:

Third:

The skills below were the basic counselling skills (active listening skills) which you have learned in this course, please indicate to the degree to which each skill was helpful to you. Put a ring round ONE point in each line to indicate the degree of helpfulness of each skill.

1. Facing the other person.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
2. Using good eye contact.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
3. Maintaining open posture.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
4. Appearing relaxed.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
5. Using gestures.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
6. Using vocal expressions.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
7. Focusing on the words describing the other feelings.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
8. Replying to the meaning of what other say.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
9. Showing attention and interest in the conversation with others.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
10. Listening to other point of views without criticism.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
11. Understanding non-verbal behaviour.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
12. Using self-focused solution.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all
13. Understanding my own feelings.
Extremely helpful | _____ | _____ | _____ | _____ | Not helpful at all

Forth:

The statements below are to help you to describe your view of the effect of the course on yourself. Please, read each statement carefully and select one of the appropriate response. Put a tick (✓) in one of the four boxes provided.

Statement	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel the course helped me to understand other people better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel the course helped me to get along better with my classmates and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel the course helped me to communicate better with my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel the course helped me to communicate better with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The course helped me to understand more about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The course helped me to appreciate others feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The course helped me to appreciate others point of view without criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The course helped me to make a conversation between me and another more serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The course helped me to decide things for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I now show more interest on what people say to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I now listen properly to what it is said before I give any replies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fifth:

This section is for any appropriate comments or suggestions that would like to add:

بسم الله الرحمن الرحيم

استمارة تقييم جلسة تدريب مرشد الزميل

أمامك مجموعة من الأسئلة و التي تهدف الى تقييم جلسة تدريب مرشد الزميل. و للإجابة على هذه الأسئلة فقد تم وضع الإستجابات في سلم متدرج يبدأ من ١ الى ٥ . المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تُشير الى درجة إستجابتك لكل سؤال.

١. ما هو اعتقادك حول كمية العمل في الجلسة؟ فضلاً ضع دائرة حول الرقم المناسب في الترتيب التالي:

١ ٢ ٣ ٤ ٥
قليل جداً | | | | | أكثر جداً

٢. ما هو اعتقادك حول محتوى العمل في الجلسة؟ فضلاً ضع دائرة حول الرقم المناسب في الترتيب التالي:

١ ٢ ٣ ٤ ٥
صعب جداً | | | | | سهل جداً

٣. ما هو اعتقادك حول التمارين العملية في الجلسة؟ فضلاً ضع دائرة حول الرقم المناسب في الترتيب التالي:

١ ٢ ٣ ٤ ٥
ليست جيدة على الإطلاق | | | | | جيدة جداً

٤. أمامك مجموعة من الكلمات و التي تهدف الى وصف جو الجماعة في الجلسة. و قد تم ترتيب هذه الكلمات على شكل أزواج معكوسة و كل زوج من هذه الكلمات تم وضعه في سلم متدرج يبدأ من ١ الى ٥ . المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تُشير الى اي درجة يمكن وصف جو الجماعة في الجلسة.

١ ٢ ٣ ٤ ٥
أ. رسمي | | | | | غير رسمي

١ ٢ ٣ ٤ ٥
ب. غير تعاوني | | | | | تعاوني

١ ٢ ٣ ٤ ٥
ج. غير وديّ | | | | | وديّ

١ ٢ ٣ ٤ ٥
د. غير متسامح | | | | | متسامح

- اي ملاحظات اخرى ترغب إضافتها:

٥. أمامك مجموعة من الجمل و التي تهدف الى وصف مشاركة أعضاء الجماعة في الجلسة. و قد تم ترتيب هذه الجمل على شكل أزواج معكوسة و كل زوج من هذه الجمل تم وضعه في سلم متدرج يبدأ من ١ الى ٥. المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تُشير الى اي درجة يمكن وصف مشاركة أعضاء الجماعة في الجلسة.

١ ٢ ٣ ٤ ٥
أ. قليل من تحدث | | | | |
أغلبية الأعضاء تحدثوا

١ ٢ ٣ ٤ ٥
ب. الأعضاء كانوا غير مباليين | | | | |
الأعضاء كانوا مشاركين في العمل

١ ٢ ٣ ٤ ٥
ج. الجماعة كانت غير منسجمة | | | | |
الجماعة كانت منسجمة

- اي ملاحظات اخرى ترغب إضافتها:

٦. ما هي وجهة نظرك بالنسبة للجلسة؟ فضلاً ضع دائرة حول الرقم المناسب في الترتيب التالي:

١ ٢ ٣ ٤ ٥
مملة | | | | |
جيد جداً

٧. إلى أي مدى كانت الجلسة مفيدة لك؟ فضلاً ضع دائرة حول الرقم المناسب في الترتيب التالي:

١ ٢ ٣ ٤ ٥
ليست مفيدة على الإطلاق | | | | |
مفيدة للغاية

٨. ماذا أسعدت شخصياً من الجلسة؟

٩. في نظرك , ما هو الشيء الذي كان من المفروض عمله في الجلسة لكي تكون مرضية لك؟

١٠. أي ملاحظات أخرى ترغب إضافتها:

بسم الله الرحمن الرحيم

إستمارة الملاحظ الخارجي في تدريب المرشد الزميل

عزيزي الملاحظ:

أنت الآن مع جماعة تدريب مرشد الزميل. و المطلوب منك هو ملاحظة هذه الجماعة في النقاط

التالية:

أولاً: تفاعل الجماعة

١. خلال ملاحظتك لجماعة التدريب فضلاً أكّـب إسم الفرد الذي تحدث بغض النظر عن الشيء الذي تحدث به. فعلى سبيل المثال: إسم الفرد الذي سأل سؤال او الذي أجاب عن سؤال او الفرد الذي يّـين او شرح نقطة معيّـنة. تذكر بأن المطلوب فقط كتابة إسم الفرد المتحدث. فضلاً استخدم الإستمارة المرفقة.

٢. خلال ملاحظتك لهذه الجماعة فضلاً أكّـب إسم الفرد المرسل و كذلك المستقبل لكل رسالة لفظية تمت بين أعضاء الجماعة. مثال ذلك: افترض بأن محمد سأل عبدالله سؤال ومن ثمّ عبدالله أجاب على ذلك. فهنا يكون المرسل هو محمد اما المستقبل فهو عبدالله. فضلاً استخدم الإستمارة المرفقة.

إستمارة تسجيل إسم العضو او الفرد المتحدث في جماعة تدريب المرشد الزميل

ثانياً:

أمامك مجموعة من الكلمات و التي تهدف الى وصف المناخ او الجو الجماعي في جماعة تدريب المرشد الزميل. وقد تم ترتيب هذه الكلمات على شكل أزواج معكوسة و كل زوج من هذه الكلمات تم وضعه في سلم متدرج يبدأ من ١ الى ٥ . المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تشير إلى أي درجة يمكن وصف المناخ الجماعي في هذه الجماعة.

٥	٤	٣	٢	١
غير رسمي				رسمي
٥ <th>٤</th> <th>٣</th> <th>٢</th> <th>١</th>	٤	٣	٢	١
تعاوني				غير تعاوني
٥ <th>٤</th> <th>٣</th> <th>٢</th> <th>١</th>	٤	٣	٢	١
ودي				غير ودي
٥ <th>٤</th> <th>٣</th> <th>٢</th> <th>١</th>	٤	٣	٢	١
متسامح				غير متسامح

- أي ملاحظات أخرى ترغب إضافتها:

ثالثاً:

أمامك مجموعة من الجمل و التي تهدف الى وصف مشاركة أعضاء الجماعة في الجلسة. و قد تم ترتيب هذه الجمل على شكل أزواج معكوسة و كل زوج من هذه الجمل تم وضعه في سلم متدرج يبدأ من ١ الى ٥. المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تُشير الى أي درجة يمكن وصف مشاركة أعضاء الجماعة في الجلسة.

٥	٤	٣	٢	١
أغلبية الأعضاء تحدثوا				قليل من تحدث
٥ <th>٤</th> <th>٣</th> <th>٢</th> <th>١</th>	٤	٣	٢	١
الأعضاء كانوا مشاركين في العمل				الأعضاء كانوا غير مباليين
٥ <th>٤</th> <th>٣</th> <th>٢</th> <th>١</th>	٤	٣	٢	١
الجماعة كانت منسجمة				الجماعة كانت غير منسجمة

- أي ملاحظات أخرى ترغب إضافتها:

بسم الله الرحمن الرحيم

تقييم برنامج تدريب مرشد الزميل

عزيزي المشارك في برنامج تدريب مرشد الزميل:

السلام عليكم ورحمة الله وبركاته و بعد ،،،،

ان هذا الاستبيان عبارة عن مجموعة من الاسئلة و التي تهتم برأيك عن البرنامج التي شاركت فيه. لا يوجد في الاسئلة ما هو صحيح او خاطيء و إنما المهم هو ان تكذب رأيك بصراحة و صدق. فضلاً اجب على كل الاسئلة و لا تترك اى سؤال بدون إجابة.

أولاً:

يتكون هذا الجزء من مجموعة من الاسئلة و التي تهدف الى تقييم التنظيم العام لبرنامج التدريب. و للإجابة على هذه الأسئلة فقد تم وضع الإستجابات في سلم متدرج يبدأ من ١ الى ٥. المطلوب منك هو ان تضع دائرة في كل سلم متدرج حول الرقم الذي تراه مناسباً بحيث تُشير الى إستجابتك لكل سؤال.

١. ما هي وجهة نظرك بالنسبة لمدة التدريب؟

طويلة جداً ١ | ٢ | ٣ | ٤ | ٥ قصيرة جداً

٢. ما هو رأيك عن المكان الذي تم فيه التدريب؟

ليس مريح إطلاقاً ١ | ٢ | ٣ | ٤ | ٥ مريح جداً

٣. ما هي وجهة نظرك بالنسبة لتنظيم برنامج التدريب بصفة عامة؟

سيء جداً ١ | ٢ | ٣ | ٤ | ٥ جيد جداً

٤. ما هو إعتقادك حول الطريقة التي أستخدمت في التدريب؟

مملة جداً ١ | ٢ | ٣ | ٤ | ٥ مشوقة جداً

٥. هل تعتقد بأن المدرب كان جيد الإستعداد في تطبيق البرنامج مع المجموعة؟

لا اوافق بشدة ١ | ٢ | ٣ | ٤ | ٥ اوافق بشدة

٦. اى ملاحظات أخرى ترغب إضافتها:

ثانياً:

يتكون هذا الجزء من مجموعة من الأسئلة و التي تهتم بشعورك أثناء تواجدك مع أعضاء الجماعة خلال جلسات التدريب. المطلوب منك أن تقرأ كل سؤال ثم تضع علامة (✓) في المربع المناسب و ذلك حسب الجلسة المشار إليها.

١. اني انسجت مع أعضاء الجماعة المشاركين في البرنامج.

- | | | | |
|----------------------------------------|------------------------|----------------------------------------|------------------------|
| <input type="checkbox"/> اوافق بشدة | <u>الجلسة الأخيرة:</u> | <input type="checkbox"/> اوافق بشدة | <u>الجلسة الثانية:</u> |
| <input type="checkbox"/> اوافق | | <input type="checkbox"/> اوافق | |
| <input type="checkbox"/> لا اوافق | | <input type="checkbox"/> لا اوافق | |
| <input type="checkbox"/> لا اوافق بشدة | | <input type="checkbox"/> لا اوافق بشدة | |

٢. الى أى مدى شعرت بأنك مرتاح أثناء وجودك مع الجماعة؟

- | | | | |
|---------------------------------------------------|------------------------|---------------------------------------------------|------------------------|
| <input type="checkbox"/> شعرت يارتياح كل الوقت | <u>الجلسة الأخيرة:</u> | <input type="checkbox"/> شعرت يارتياح كل الوقت | <u>الجلسة الثانية:</u> |
| <input type="checkbox"/> شعرت يارتياح معظم الوقت | | <input type="checkbox"/> شعرت يارتياح معظم الوقت | |
| <input type="checkbox"/> شعرت يارتياح بعض الأحيان | | <input type="checkbox"/> شعرت يارتياح بعض الأحيان | |
| <input type="checkbox"/> لم أشعر يارتياح إطلاقاً | | <input type="checkbox"/> لم أشعر يارتياح إطلاقاً | |

٣. الى أى مدى شعرت بأنك مقبول من أعضاء الجماعة؟

- | | | | |
|---------------------------------------------------|------------------------|---------------------------------------------------|------------------------|
| <input type="checkbox"/> شعرت بالقبول كل الوقت | <u>الجلسة الأخيرة:</u> | <input type="checkbox"/> شعرت بالقبول كل الوقت | <u>الجلسة الثانية:</u> |
| <input type="checkbox"/> شعرت بالقبول معظم الوقت | | <input type="checkbox"/> شعرت بالقبول معظم الوقت | |
| <input type="checkbox"/> شعرت بالقبول بعض الأحيان | | <input type="checkbox"/> شعرت بالقبول بعض الأحيان | |
| <input type="checkbox"/> لم أشعر بالقبول إطلاقاً | | <input type="checkbox"/> لم أشعر بالقبول إطلاقاً | |

الأحيان

٤. الى أى مدى شعرت بأن الجماعة أبدت إهتماماً و إعتناء بك؟

- | | | | |
|------------------------------------------------|------------------------|------------------------------------------------|------------------------|
| <input type="checkbox"/> شعرت بذلك كل الوقت | <u>الجلسة الأخيرة:</u> | <input type="checkbox"/> شعرت بذلك كل الوقت | <u>الجلسة الثانية:</u> |
| <input type="checkbox"/> شعرت بذلك معظم الوقت | | <input type="checkbox"/> شعرت بذلك معظم الوقت | |
| <input type="checkbox"/> شعرت بذلك بعض الأحيان | | <input type="checkbox"/> شعرت بذلك بعض الأحيان | |
| <input type="checkbox"/> لم أشعر بذلك إطلاقاً | | <input type="checkbox"/> لم أشعر بذلك إطلاقاً | |

٥. أى ملاحظات أخرى ترغب إضافتها:

ثالثاً:

يحتوي هذا الجزء على بعض مهارات الإصغاء الفعال (المهارات الأساسية لإرشاد الزميل) التي تعلمتها خلال وجودك في هذا البرنامج التدريبي. المطلوب منك هو ان تقرأ كل مهارة ثم تبين مدى فائدتها إليك شخصياً وذلك بوضع دائرة حول الرقم المناسب في كل خط للإشارة الى مدى فائدة كل مهارة.

١. مواجهة المتحدث أثناء الإستماع.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٢. النظر بصورة مناسبة في وجه المتحدث.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٣. اخفاضة على وضعة مناسبة للجسم.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٤. الإسترخاء أثناء الإصغاء مع اليقظة.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٥. إستخدام إيماءات مناسبة مثل هز الرأس و تحريك اليدين ..إلخ.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٦. إستخدام تعبيرات لفظية مثل نعم ايود و بعدين ..إلخ.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٧. التركيز على الكلمات التي تصف مشاعر المتحدث.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٨. الإستجابة او الرد على ما قاله المتحدث.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

٩. إظهار الإهتمام و التركيز في المحادثة مع الآخرين.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

١٠. الإستماع الى وجهات نظر الآخرين بدون نقد.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

١١. فهم السلوك غير اللفظي للمتحدث.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

١٢. إستخدام الحل المركز حول الذات.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

١٣. فهم مشاعري الخاصة.

ليست مفيدة على الإطلاق

١	٢	٣	٤	٥
مفيدة للغاية				

رابعاً:

يتكون هذا الجزء من مجموعة من العبارات و التي تصف مشاعرك و وجهة نظرك حول اثر البرنامج التدريبي على حياتك بصفة عامة. المطلوب هو ان تقرأ كل عبارة ثم تضع علامة (✓) امام الإجابة التي تصف رأيك في العمود المناسب.

أوافق بشدة	أوافق	لا أوافق	لا أوافق بشدة	العبارة
				١. أشعر ان البرنامج ساعدني بصورة أفضل على فهم الآخرين.
				٢. أشعر ان البرنامج ساعدني بصورة أفضل على الإنسجام مع اصدقائي و زملائي في الفصل.
				٣. أشعر ان البرنامج ساعدني بصورة أفضل على الإتصال و التخاطب مع المدرسين.
				٤. أشعر ان البرنامج ساعدني بصورة أفضل على الإتصال و التخاطب مع والدي.
				٥. البرنامج ساعدني بصورة أفضل على فهم نفسي.
				٦. البرنامج ساعدني على تقدير مشاعر الآخرين.
				٧. البرنامج ساعدني على تقدير وجهات نظر الآخرين بدون نقد.
				٨. البرنامج ساعدني على ان أجعل الخادثة بيني و بين الآخرين أكثر إهتماماً و جدية.
				٩. البرنامج ساعدني على إتخاذ بعض القرارات في حياتي.
				١٠. أنا الآن أبدي إهتماماً لما يقوله الآخرون لي.
				١١. أنا الآن أصغي لما يقال قبل إعطاء أى رد او إجابة.

خامساً:

هذا الجزء مخصص لأي ملاحظات قد تراها مناسبة و ترغب إضافتها:

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

أرسل . . . المقدمة :

أخبرني التسابق . . .

السلام عليكم ورحمة الله وبركاته ،

إن اللاتيني الذي يتفرد بديانك عبارة عن مديان للمهرم الذات والذي يتأخره من برزخها

رفيقك وما :

الجزء الأول :

المهرات التنموية والتي تشمل بعض المناهج المهمة للقياس كالمس واللعنوي
التلبي والبنس . . الخ .

الجزء الثاني :

ويشكون من تسمية عبارة تكان يبين الجوانب النفسية والإيجابية والأمرية
التي تشكل مركز اهتمام في حياة الطالب . كل عبارة من العبارات المذكورة للتعبير
تتصل على بعض المعانف والمعانف التي تتلاق يبين جوانب التنموية التي تغير
الأفراد عن مفهوم البعض . ليس هناك إجابة صحيحة أو خاطئة لأي عبارة .

المعلم شك أن تقرأ كل عبارة بمثابة درس وتيسر من ثم تختار إحدى الإجابات التي تمثل
مدى انطباق العبارة أو العنفة الربرية: يا عليك . هناك ستة مستويات من الإجابات
يمكن الاختيار منها وهي :

- 1- تطبق تمامًا .
- ب- تطبق .
- ج- تطبق إلى حد ما
- د- لا تطبق على الإطلاق .

في الكائن المسمى لكل إجابة عليك أن توضع إشارة (✓) وذلك حسب اقتناعك
بمدى توفيق العنفة أو العبارة المذكورة: في العبارة وتسمى إجاباتك عليك .

تطبيق تمامًا	تطبيق	تطبيق إلى حد ما	لا تطبق إلى حد ما	لا تطبق على الإطلاق

بسم الله :
العبارة : /
رأسب مساعدة: الإجابات
الرياضية :

رقم	البيان	نعم	لا	لا أعلم	لا أعلم	لا أعلم	لا أعلم	لا أعلم	لا أعلم
١	أعمل كمنها من الامتداد .								
٢	أفهم أنني متوتر في أغلب الأحيان .								
٣	خلال العام الماضي كنت قلنا جدا على سحني .								
٤	لا أفهم مع الآخرين أثناء الرحلات والمظاهرات .								
٥	إن أتورد في استخدام أي وسيلة للأشياء إن شاء الله .								
٦	أعمل مستقلة جيدة لا أطلب المساعدة من أي شخص .								
٧	أعتقد أنني سأكون مصدر إلهام لأي راعي في المستقبل .								
٨	سأعلم الوقت الحاضر أن هذا لا يكون جيداً ولا طيباً في المضي فيه .								
٩	أعلم أن عزاء الأخرين .								
١٠	إن متفرق في دراستي .								
١١	أفهم أعمالي بسهولة .								
١٢	أفهم أنني أقل ثباتاً من معظم الناس الذين هم في مثل عمري .								
١٣	أفهم نفسي في المستقبل بوضوح .								
١٤	أعتقد أن الآخرين لا يهتمون بي .								
١٥	أفهم الآخرين حقاً ولا كنت أعرفهم .								

رقم	المسألة	نوع المسألة	محل المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة
٣١	حق في المرافقة العامة لجميع أن احتفظ بدهوه أصلياً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٢	في الظروف العادية أشر الأرباح كثيراً ما أشر بالنظر لتخصص الذي ينبغي أن يكون .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٤	من الصعب على تكوين أسدانه .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٥	لا ينبغي تأجيل تصرفاتك على الأخرين مادمت أن لا تتغير .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٦	انقل المراجعة على العمل .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٧	غالباً ما أشر أن أي ليس مصدر اهتمامي .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٨	أشارت أن أصل على ما أراه الإنسان فقط .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٩	أحياناً أشر بأهمل القصد من نفسه لدرجة الرغبة في الأرزاء والبقاء .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤٠	لا أرتاح للعمل مع زميل أشر	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤١	أصبح عدواً عندما لا أصدق ما أراه .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤٢	أنا إنسان لائق جيداً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤٣	أمن دائماً بأن أبيع ونجح عظيم جداً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤٤	أفعل أن أكون لرجس (به لا من الاعتراض مع من هم لي شئ) بالنسبة لي أفضل الاعتراض الراشحة يتساوى لي أهميته مع الفوز .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٤٥		المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة

رقم	المسألة	نوع المسألة	محل المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة	نوع المسألة
١٦	الفتن للفتنة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
١٧	في صدام الأحيان ينتقل أروابي أحد أقرني علي .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
١٨	أستطيع أن أقدم أي شيء إذا أردت .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
١٩	أشر الأرباحك في صدام الأحيون .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٠	أحب الفتن ولا أحتاجها .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢١	فتنني أحياناً أرباح بكاه أو صعلة أخرج عن السيطرة علياً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٢	لكن أحتاج شاعري بسرك .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٣	أشعر بأن مدبرك لتأنييد الأشخاص الذين أهتم .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٤	انقل تصحيح الأخطاء لأخطائي مادمت أقدم من ذلك .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٥	ليس مهماً أن أكون صادقاً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٦	أنا متأكد بأن سبتي لي السبيل سوف تكون مصدر اهتمامي في سبيل .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٧	سوف ينجح أهل أروابي لي مستقبلاً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٨	بمئة عامه الأعمال التي أؤرم بها لا تقل لي الأربعة عن الآخرين .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٢٩	غالباً ما أؤرم نفسي حتى وإن لم أكن عظيماً .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة
٣٠	أجد صعوبة أكبر في أن أكون صداقات جديدة .	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة	المسألة

Appendix D

Materials of Evaluation the Peer Counselling Programme

1. The UCLA Loneliness Scale (see Appendix A)
2. The Social Provisions Scale
3. The Peer Client Satisfaction Form
4. The Peer Counselling Impact Form
5. The Peer Counsellor Log
6. The Semi-structured Interview (Peer Client Form)
7. The Semi-structured Interview (Staff Form)
8. Focus Group (with Peer Counsellors).

SOCIAL PROVISIONS SCALE

Instructions: In answering the following questions, think about your current relationships with friends, family members, co-workers, community members and so on. Please indicate to what extent each statement describes your current relationships with other people. Use the following scale to indicate your opinion:

<u>STRONGLY DISAGREE</u>	<u>DISAGREE</u>	<u>AGREE</u>	<u>STRONGLY AGREE</u>
1	2	3	4

So, for example, if you feel a statement is very true of your current relationships, you would respond with a 4 (strongly agree). If you feel a statement clearly does not describe your relationship, you would respond with a 1 (strongly disagree).

	<u>Rating</u>
1. There are people I can depend on to help me if I really need it.
2. I feel that I do not have close personal relationships with other people.
3. There is no one I can turn to for guidance in times of stress.
4. There are people who depend on me for help.
5. There are people who enjoy the same social activities I do.
6. Other people do not view me as competent.
7. I feel personally responsible for the well-being of another person.
8. I feel part of a group of people who share my attitudes and beliefs.
9. I do not think other people respect my skills and abilities.
10. If something went wrong, no-one would come to my assistance.
11. I have close relationships that provide me with a sense of emotional security and well-being.
12. There is someone I could talk to about important decisions in my life.
13. I have relationships where my competence and skills are recognised.

.....

Continued

14. There is no-one who shares my interests and concerns.
15. There is no-one who really relies on me for their well being.
16. There is a trustworthy person I could turn to for advice if
I was having problems
17. I feel a strong emotional bond with at least one other person.
18. There is no one I can depend on for aid if I really need it.
19. There is no-one I feel comfortable talking about problems with.
20. There are people who admire my talents and abilities.
21. I lack a feeling of intimacy with another person.
22. There is no one who likes to do the things I do.
23. There are people I can count on in an emergency.
24. No one needs me to care for them.

Scoring:

A score for each social provision is derived such that a high score indicates that the individual is receiving that provision. Items that are asterisked should be reversed before scoring (i.e.. 4-1, 3-2, 2-3, 1-4).

1. Guidance: 3*, 12, 16, 19*
2. Reassurance of Worth: 6*, 9*, 13, 20
3. Social Integration: 5, 8, 14*, 22*
4. Attachment: 2*, 11, 17, 21*
5. Nurturance: 4, 7, 15*, 24*
6. Reliable Alliance: 1, 10*, 18*, 23

The Peer Counselling Impact Form

The Below are statements to help you to describe your view of participation, as peer counsellor, and on the peer counselling programme. Please, read each statement and indicate how often you feel the programme has been beneficial to you as described by the statement. Select one of the appropriate response. Put a tick (✓) in one of the four boxes provided.

<u>Statement</u>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
How often do you think the programme has:				
1. helped you to understand other people better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. helped you to feel more confident about your self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. helped you to understand more about your self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. helped you to get along better with your classmates and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. helped you to feel less nervous than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. helped you to know your strengths as well as your weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 helped you to communicate better with your teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. helped you to have a positive view of your future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. helped your to understand your feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. helped you to recognise that students need caring to help each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. helped you to communicate better with your parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. helped you to decide things for your self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. helped you to be aware of your appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. helped you to be aware about your style of doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. helped you to care more for those who are in need for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Peer Counsellor Log

1. Name of peer counsellor:

2. General information about peer:

- Age of the peer:

- Grade:

- Referral:

Self-referred

other (please specify e.g. teacher, friend):

- No. of the session:

- Area of helping:

I have helped my peer with the following concerns:

- () peer relationships

- () family relationships

- () teachers relationships

- () academic problem

- () religious affairs

- () self-confidence

- () social isolation

- () making friends

- () shyness

- () school activity

- () loneliness

- () leisure time

- () other concern -please specify- :

.....

Semi-structured Interview (Peer Client Form)

Questions to be introduced:

1. How would you describe the peer counselling programme?
2. What is your opinion of having peer counselling programme in the school?
3. How has the peer counsellor helped you in terms of your concerns?
4. How would you describe the atmosphere during the meeting with the peer counsellor?
5. What are the benefits that you observed on yourself as a result of talking with the peer counsellor?
6. What are the reasons that make you satisfied and the reasons that make you dissatisfied with the peer counselling service?
7. Why would suggest your mates or friends to see a peer counsellor if they wanted personal help?
8. What is your criticism of the peer counselling programme?

Semi-structured Interview (Staff Form)

Questions:

1. How would you describe the peer counselling programme for adolescents in this school?

2. Have you ever referred some of your students to see peer counsellor?

a) Yes () b) No ()

If yes, please state the reasons:

3. How do you think the peer counsellor was helpful to the students you have referred ?

4. Do you think the peer counselling programme helped socially isolated students?

a) Yes () b) No ()

If yes, please explain:

5. Do you think the programme helped your students to see themselves in a more positive light?

a) Yes () b) No ()

If yes, please explain how:

6. Do you think the peer counselling programme helped your students to improve their peer relationships?

a) Yes () b) No ()

If yes, please indicate how:

7. Do you think the programme has been helpful in student-teacher relationships?

a) Yes () b) No ()

If yes, please state how:

8. Do you think the programme has created friendly atmosphere in the school?

a) Yes ()

b) No ()

If yes, please explain how:

9. Please comment on how the programme affected those who participated as peer counsellors regarding the following points:

- communications skills
- self-confidence
- ability to help other
- peer relationships.

10. What suggestions (criticisms) do you have in general about the peer counselling programme?

Focus Group with Peer Counsellors

-Two groups will be sitting separately for discussing the experience of participation as peer counsellor.

- Plan of the focus group:

1) The issue to be investigated:

-The Experiences of Peer Counselling Programme.

Q. What did you learn from the peer counselling programme?

2) Topics guide in the issue:

a) Gaining

b) Difficulties

c) Suggestions and Criticisms

3) Sample size: all the peer counsellors.

4) Group size: ten in each group.

5) Number of Sessions: Two if possible.

6) Length of session: One hour duration for each session.

الجزء الاول:

الإسم
 العمر
 الفصل/السنة الدراسية

الجزء الثالث:

يحتوي هذا الجزء على ٢٤ عبارة لقياس العلاقات الاجتماعية المتبادلة بين الافراد . إقرأ كل عبارة ثم ضع علامة () في المربع المناسب على يسارها لتبين مدى إستجابتك لكل عبارة.

العبارة	لا إطلاقاً	لا	نعم	نعم بالتأكيد
١. يوجد أشخاص يمكن أن أعتد عليهم-بعد الله-إذا احتجت إلى ذلك.				
٢. أشعر أنني ليس لي علاقات إجتماعية وثيقة مع أشخاص آخرين.				
٣. لا يوجد شخص يمكنني أن أبدأ إليه-بعد الله- ليوجهني في حالة تعرضي لمشكلات نفسية.				
٤. هناك أشخاص يعتمدون علي- بعد الله- لمساعدتهم.				
٥. هناك أشخاص يساعدون بالانشطة الاجتماعية التي تسعدني.				
٦. لا يعتبرني الآخرون شخصاً كفوؤاً.				
٧. أشعر بأنني مسؤول شخصياً عن الوفاء بواجبات شخص آخر.				
٨. أشعر بأنني جزء من المجتمع الذي أعيش فيه أشاركه قيمه و عاداته.				
٩. لا أظن أن الآخرين يحترمون مهاراتي و قدراتي.				
١٠. إذا حدث لي حادث فلن يهب احد لمساعدتي.				
١١. لي علاقات حميمة تمدني بالشعور بالامن النفسي و السعادة.				
١٢. هناك شخص ما يمكنني التحدث معه عن القرارات الهامة في حياتي.				
١٣. لي صداقات مع أشخاص يعترفون بجدراتي و مهاراتي.				
١٤. لا يوجد من يشاركني اهتماماتي و مشغولياتي.				
١٥. لا يوجد أي شخص يعتمد علي شخصياً-بعد الله- في سعادته.				
١٦. هناك شخص أتق به و أبدأ إليه طلباً للنصح عندما تواجهني مشكلات.				
١٧. أشعر بأن لي رابطة قوية مع شخص واحد على الأقل.				
١٨. لا يوجد من يمكنني الإعتماد عليه-بعد الله- إذا احتجت للمعون.				
١٩. لا يوجد من أشعر بالارتياح معه لأحدثه عن مشكلاتي.				
٢٠. هناك أناس يقدرون مواهبي و قدراتي.				
٢١. لا يوجد أي شخص يجب أن يشاركني في الأنشطة التي أمارسها.				
٢٢. أحتاج إلى الشعور بالموودة مع شخص آخر.				
٢٣. هناك أشخاص يمكنني أن أعتد عليهم- بعد الله- في حالة الاضطرار.				
٢٤. لا يوجد من يحتاج مساعدتي.				

الجزء الرابع:

هذا الجزء متعلق فقط بالطلاب الذين قابلوا و تحدثوا مع المرشدين الزملاء. فإذا كنت ممن قابلوا و تحدثوا مع "مرشد زميل" بغرض مساعدة شخصيه فالرجاء الإجابة على الأسئلة التاليه:

١. كم عدد المرات التي قابلت و تحدثت فيها مع المرشد الزميل؟
 أ. مرة واحدة فقط ()
 ب. ٢-٣ مرات ()
 ج. ٤-٥ مرات ()
 د. ٦ مرات أو أكثر ()

٢. ما هي المشكلة التي قمت بعرضها على المرشد الزميل؟

٣. يحتوي هذا الجزء على مجموعة من العبارات التي من الممكن ان تساعدك على وصف وجهة نظرك حول فائدة اللقاء و التحدث مع المرشد الزميل. فضلاً إقرأ كل عبارة ثم ضع دائرة حول الرقم المناسب في كل خط للإشارة الى درجة موافقتك لتلك العبارة .

العبارة	درجة موافقتك
	١ ٢ ٣ ٤ ٥
١. انى شعرت بأن المرشد الزميل أصغى إلى بصورة جيدة.	لا اوافق بشدة اوافق بشدة
٢. انى بأن المرشد الزميل ابدى تقبلاً لكل شيء قلته اثناء المحادثة معه.	لا اوافق بشدة اوافق بشدة
٣. انى شعرت بأن المرشد الزميل ابدى اهتماماً بي خلال المحادثة معه.	لا اوافق بشدة اوافق بشدة
٤. انى شعرت بالطمأنينة اثناء المحادثة مع المرشد الزميل.	لا اوافق بشدة اوافق بشدة
٥. المحادثة مع المرشد الزميل ساعدتني على إتخاذ بعض القرارات في حياتي.	لا اوافق بشدة اوافق بشدة
٦. نتيجة للمحادثة مع المرشد الزميل فأنى أشعر بصورة أفضل عن نفسي.	لا اوافق بشدة اوافق بشدة
٧. انى أعتقد بأن الطلاب في هذه المدرسة يجب ان يلقوا تشجيعاً لطلب المساعدة من مرشد الزميل.	لا اوافق بشدة اوافق بشدة
٨. انى أعتقد بأن برنامج الإرشاد بالزميل فكرة جيدة لمساعدة الزملاء في المدرسة.	لا اوافق بشدة اوافق بشدة

٤. فضلاً بين او أشر الى درجة رضائك عن المقابلة او المحادثة التي تمت بينك و بين المرشد الزميل. ضع دائرة حول الرقم المناسب في الترتيب التالي:

منخفض | | | | | مرتفع
 ١ ٢ ٣ ٤ ٥

٥. إذا أحتجت الى مساعدة شخصية هل ستذهب الى المرشد الزميل مرة أخرى؟

أ. نعم ()

ب. لا ()

٦. أي ملاحظات أو إقتراحات ترغب إضافتها:

شكراً لك , , , ,

استمارة اثر الإشتراك في برنامج الإرشاد بالزميل (كمرشد زميل)

يتكون هذا الجزء من مجموعة من العبارات و التي تصف مشاعرك و وجهة نظرك حول اثر اشتراكك كمرشد زميل في برنامج الإرشاد بالزميل على حياتك بصفة عامة. المطلوب هو ان تقرأ كل عبارة ثم تضع علامة (✓) امام الإجابة التي تصف رأيك في العمود المناسب.

لا مطلقاً	الى حد ما	بدرجة متوسطة	كثير جداً	العبارات
				هل تعتقد ان البرنامج ساعدك:
				١ . بصورة أفضل على فهم الآخرين.
				٢ . بصورة أفضل على الإنسجام مع اصدقاءك و زملاءك في الفصل.
				٣ . بصورة أفضل على الإتصال و التخاطب مع مدرسك.
				٤ . بصورة أفضل على الإتصال و التخاطب مع والديك
				٥ . بصورة أفضل. على الشعور بالثقة في نفسك
				٦ . على الشعور بالطمأنينة اكثر من ذي قبل.
				٧ . على إكتساب رؤية إيجابية عن مستقبلك.
				٨ . على إتخاذ بعض القرارات في حياتك.
				٩ . على فهم نفسك بصورة أفضل.
				١٠ . على معرفة نقاط القوة و الضعف في نفسك.
				١١ . على فهم مشاعرك الخاصة.
				١٢ . على ان تكون مدرك لمظهرك الخارجي.
				١٣ . على ان تكون مدرك لاسلوبك في التعامل مع الاشياء التي حولك.
				١٤ . على ان تكون مدرك بحاجة زملاءك لمساعدة بعضهم البعض.
				١٥ . بصورة افضل على الإعتناء و الإهتمام بالآخرين الذين يحتاجون للمساعدة.

Appendix E

Tables not included in the Text

**Table 1. Alpha Reliabilities of the Scales
used in the Survey**
N=377

Scale	Alpha
Loneliness	.838
Depression	.782
Self-esteem	.650
State-Anxiety	.836
Trait-Anxiety	.796

**Table 2. The Sub-scales and number of Items on
the Arabic Version of OSIQ:**

Sub-Scales	Items
1. Impulse control.	1,11,21,31,41,51,61 and 71 Σ=8 items.
2. Emotional tone.	2,12,22,32,42,52,62 and 72 Σ=8 items.
3. Body and self-image.	3,13,23,33,43,53 and 63 Σ=7 items.
4. Social relationships.	4,14,24,34,44,54,64,74 and 84 Σ=9 items.
5. Morals.	5,15,25,35,45,55 and 65 Σ=7 items.
6. Vocational and educational goals.	6,16,26,36,46,56,66,76 and 86 Σ=9 items.
7. Family relationship.	7,17,27,37,47,57,67,73,75,77,81,83,85,87 and 88 Σ=15 items.
8. Mastery of the external world.	8,18,28,38,48,58,68 and 78 Σ=8 items.
9. Psychopathology (Emotional health).	9,19,29,39,49,59,69,79 and 89 Σ=9 items.
10. Superior adjustment.	10,20,30,40,50,60,70,80,82 and 90 Σ=10 items.

Table 3. Correlation between the sub-scales of OSIQ

Sub-Scales	1	2	3	4	5	6	7	8	9	10	All
1. Impulse control.	1.00										
2. Emotional tone.	.61	1.00									
3. Body and self-image.	.50	.61	1.00								
4. Social relationships.	.42	.55	.47	1.00							
5. Morals.	.47	.35	.37	.40	1.00						
6. Vocational and educational goals.	.28	.27	.33	.34	.39	1.00					
7. Family relationship.	.45	.56	.51	.47	.42	.35	1.00				
8. Mastery of the external world.	.39	.47	.45	.42	.37	.44	.46	1.00			
9. Psychopathology	.53	.65	.61	.42	.38	.25	.45	.50	1.00		
10. Superior adjustment.	.33	.41	.43	.52	.39	.55	.46	.56	.38	1.00	
Total.	.70	.78	.75	.74	.59	.59	.75	.71	.72	.71	1.00

Table 4. Internal Consistency and Test-retest for the Sub-scales and the Whole Scale on the Arabic Version of OSIQ:

Sub-Scales	Alpha	T-Retest N=140
1. Impulse control.	.59	.77
2. Emotional tone.	.73	.75
3. Body and self-image.	.58	.60
4. Social relationships.	.62	.70
5. Morals.	.51	.64
6. Vocational and educational goals.	.60	.61
7. Family relationship.	.82	.81
8. Mastery of the external world.	.51	.64
9. Psychopathology (Emotional health).	.67	.73
10. Superior adjustment.	.59	.69
Total.	.93	.89

The Internal Consistency of Items of Instruments for Evaluation the Training

1. The Session Evaluation Form

Table 5. Atmosphere of the Group

Item	Mean	S.d.	Alpha if Item Deleted
Q4A	2.40	.754	.54
Q4B	2.50	.761	.55
Q4C	2.40	.681	.52
Q4D	2.70	.572	.73
Total	Alpha		.67

Table 6. Participation of Group Members

Item	Mean	S.d.	Alpha if Item Deleted
Q5A	2.50	.688	.65
Q5B	2.55	.605	.73
Q5C	2.35	.587	.48
Total	Alpha		.71

Table 7. Atmosphere and Participation of Group Members

Item	Alpha if Item Deleted
Q4A	.63
Q4B	.44
Q4C	.49
Q4D	.63
Q5A	.58
Q5B	.60
Q5C	.55
Total	Alpha
	.603

2. *The Peer Counsellor Training Questionnaire:*

Table 8. Feeling of Trainees in the Group

Item	Mean	S.d.	Alpha if Item Deleted
Q1	3.45	.76	.36
Q2	3.60	.50	.44
Q3	3.75	.44	.42
Q4	3.55	.51	.56
Total	Alpha		.53

Table 9. Helpfulness of the Skills

Item	Mean	S.d.	Alpha if Item Deleted
1	4.30	.92	.86
2	4.25	.85	.85
3	4.00	.86	.87
4	3.95	1.15	.88
5	4.25	.85	.88
6	4.35	.75	.87
7	4.45	.76	.86
8	4.25	.72	.87
9	4.55	.69	.86
10	3.85	.75	.86
11	3.70	.80	.87
12	3.95	.89	.87
13	3.90	1.21	.86
Total	Alpha		.88

Table 10. Effect of the Training

Item	Mean	S.d.	Alpha if Item Deleted
1	3.30	.47	.61
2	3.10	.45	.65
3	2.95	.76	.60
4	3.05	.76	.61
5	3.30	.80	.64
6	3.45	.51	.61
7	2.95	.69	.68
8	3.60	.60	.60
9	3.05	.69	.65
10	3.10	.64	.65
11	3.20	.41	.62
Total	Alpha		.65

Table 11. The three areas of The Peer Counsellor Training Questionnaire

Item	Alpha if Item Deleted	Item	Alpha if Item Deleted
1	.85	15	.85
2	.85	16	.84
3	.85	17	.84
4	.85	18	.85
5	.83	19	.85
6	.82	20	.84
7	.84	21	.84
8	.85	22	.84
9	.85	23	.84
10	.84	24	.85
11	.83	25	.84
12	.84	26	.85
13	.83	27	.85
14	.84	28	.85
Total Alpha	.85		

The Internal Consistency of Items of Instruments for Evaluation the Programme

1. The Peer Client Satisfaction Form:

Table 12. Results of Alpha if item deleted for the Peer Clients' Satisfaction Form:

N=26

Item	Alpha
1. I felt the peer counsellor listened to me accurately.	.898
2. I felt the peer counsellor accepted everything I said.	.900
3. I felt the peer counsellor was interested in me.	.908
4. I felt safe when talking with the peer counsellor.	.913
5. Talking with the peer counsellor helped me to decide things for myself.	.901
6. As a result of talking with the peer counsellor, I feel better about myself.	.900
7. The degree of your satisfaction with the meeting.	.918
8. Would you go back to the peer counsellor if you wanted help.	.887
Total Scale	.915

Footnote:

☞: Number of participants who responded.

3.2. The Peer Counselling Impact Form:

Table 13. Results of Alpha if item deleted for the Peer Counselling Impact Form:
N=18 ☞

Statement: <i>How often do you think the programme has:</i>	Alpha
1. Helped you to understand other people better.	.853
2. Helped you to feel more confident about your self.	.842
3. Helped you to understand more about your self.	.839
4. Helped you to get along better with your classmates and friends.	.859
5. Helped you to feel less nervous than before.	.843
6. Helped you to know your strengths as well as your weaknesses.	.858
7. Helped you to communicate better with your teachers.	.850
8. Helped you to have a positive view of your future.	.827
9. Helped you to understand your feelings.	.836
10. Helped you to recognise that students need caring to help each other	.858
11. Helped you to communicate better with your parents.	.842
12. Helped you to decide things for your self.	.828
13. Helped you to be aware of your appearance.	.850
14. Helped you to be aware about your style of doing things.	.842
15. Helped you to care more for those who are in need for help.	.855
Total Scale	.855

Footnote:

☞: Number of participants who responded.

Appendix F

Miscellanies

Letters

Photographs from the training

Advertisement

Map of Saudi Arabia

بسم الله الرحمن الرحيم

Royal Embassy of
Saudi Arabia
London

SAUDI ARABIAN CULTURAL BUREAU
29 BELGRAVE SQUARE
LONDON SW1X 8QB
Telephone: 0171-2459944/51617
Cable Address
ELMIAH LONDON, S.W.1
Telex: 299909 ELMIAH G
Fax: 0171-245-9895



المملكة العربية السعودية

وزارة التعليم العالي

مكتب الملحمة الثقافية في بريطانيا

الشئون :

المرسوم : حول جمع معلومات اولية تتعلق ببحث السيد محمد ابو راسين

الاكاديمية

المحترم

سعادة مدير ادارة تعليم البنين بمنطقة جيزان

السلام عليكم ورحمة الله وبركاته ... وبعد

نود افادة سعادتكم بأن السيد / محمد حسن ابو راسين مبتعث من قبل جامعة الملك سعود الى بريطانيا للدراسة لدرجة الدكتوراه في مجال علم النفس (الارشاد النفسى) بجامعة هل . وانه سيقوم بجمع بعض المعلومات الاولية التى تتعلق ببحثه لدرجة الدكتوراه أثناء تمتعه بالاجازة السنوية بالمملكة .

آمل من سعادتكم التفضل مشكورين بتسهيل مهمته . شاكرين ومقدرين لسعادتكم حسن تعاونكم

وتقبلوا أطيب التحيات والتقدير

الملحق الثقافي في بريطانيا

عبد الله بن محمد الناصر

مدير التعليم البنين لادارة جيزان
د. بنين لادارة
١٩٩٦/٥/١٩

اص / س ز

المرنات:

الرقم: ٥٧ / ١٩ التاريخ: ١١ / ١١ / ١٩٩٦

بسم الله الرحمن الرحيم

الرقم: ٢٧ / ١٦
التاريخ: ١٦ / ٥ / ١٤١٦
الشفقات: يدور

السلطة العربية السعودية
وزارة المعارف
الادارة العامة للتعليم بمنطقة جيزان

الموضوع :

تسهيل مهمنة
=====

المكرم مدير مدرسة /

السلام عليكم ورحمة الله وبركاته وبعد :-

بصفتكم المبتعث / محمد حسن ابوراسين يرفق اجراء بحث يتعلق بموضوع
دراسة وطنية لا مانع من تسهيل مهمته وتكليف المرشد الطلابي بدرستكم باختصار
ما يحتاج من التلاميذ وذلك خلال الفسحة .

محمد بن صالح
مفتي

والله الموفق

مد ير عام التعليم بمنطقة جيزان

البركة
محمد سالم العطاس

صورة للفهارس
للارشاد

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Royal Embassy of
Saudi Arabia
London

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Fax: 0171 245 9895



المملكة العربية السعودية
وزارة التعليم العالي
مكتب الملحقة الثقافية في بريطانيا

الرقم: ٢٠٩٦
التاريخ: ٥/٧
المرفقات: ١٤١٧/٥/٢

الموضوع : حول الموافقة على طلب قيامك برحلة علمية

المحترم

الاخ الكريم المبتعث / محمد بن حسن أبو راسين
السلام عليكم ورحمة الله وبركاته ،، وبعد

تسلمنا رسالة جامعة الملك سعود الهاتفية رقم ٩٢٣٥٢ في ١٤١٧/٥/٢ هـ ، المتضمنة موافقة الجامعة على قيامك برحلة علمية الى المملكة لمدة أربعة أشهر اعتبارا من ١٤١٧/٤/٢٧ هـ وعدم الموافقة على السلفة المالية المطلوبة .

للاحاطة بذلك آملين الاتصال بالمكتب لاكمال الاجراءات اللازمة .

مع تمنياتنا لك بالتوفيق ،،،

الملحق الثقافي في بريطانيا
عبد الله بن محمد الناصر

١ ص / س ز

الرقم: ٢٩٧٨
التاريخ: ١٤١٧/٥/١٦ م
المرفقات:



المملكة العربية السعودية
وزارة التعليم العالي
جامعة الملك سعود
الإدارة العامة
لشؤون هيئة التدريس والموظفين

(الى من يهمه الأمر)

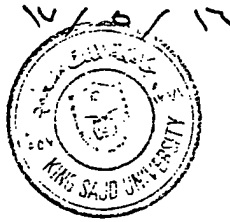
السيد / محمد بن حسن أبوراسين هو أحد مبعوثي جامعة الملك سعود الى جامعة هل في بريطانيا وهو يقوم حالياً برحلة علمية الى المملكة لجمع المعلومات المتعلقة برسالته لدرجة الدكتوراه والتي موضوعها عن أثر الإرشاد النفسي بالزميل في تخفيف الشعور بالوحدة .

وقد أعطي هذا التعريف بناء على طلبه لتقديمه الى وزارة المعارف برجاء التكرم بالتعاون معه وتسهيل مهمته لتحقيق الفائدة المنشودة .

والله الموفق ...

المرور
٥/١٦

مدير عام
شئون هيئة التدريس والموظفين
سليمان بن عبدالتطيف الشيف



محمد/ (٢٠٦)
٥/١٦

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

١٦/٩٢
الرقم : ٨١٢٢٢٥
التاريخ :
المشروعات : ١٩٨٨/١/١١

المملكة العربية السعودية
وزارة المعارف
الإدارة العامة للتعليم بمنطقة جيزان

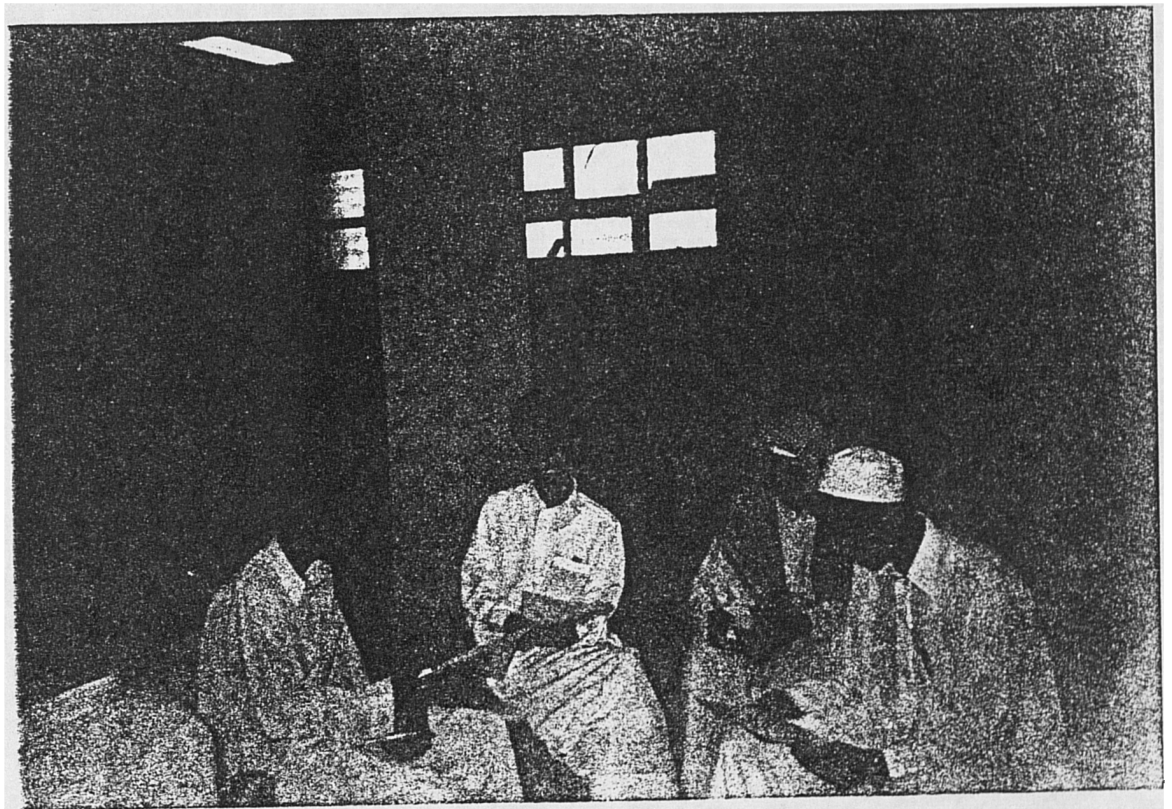
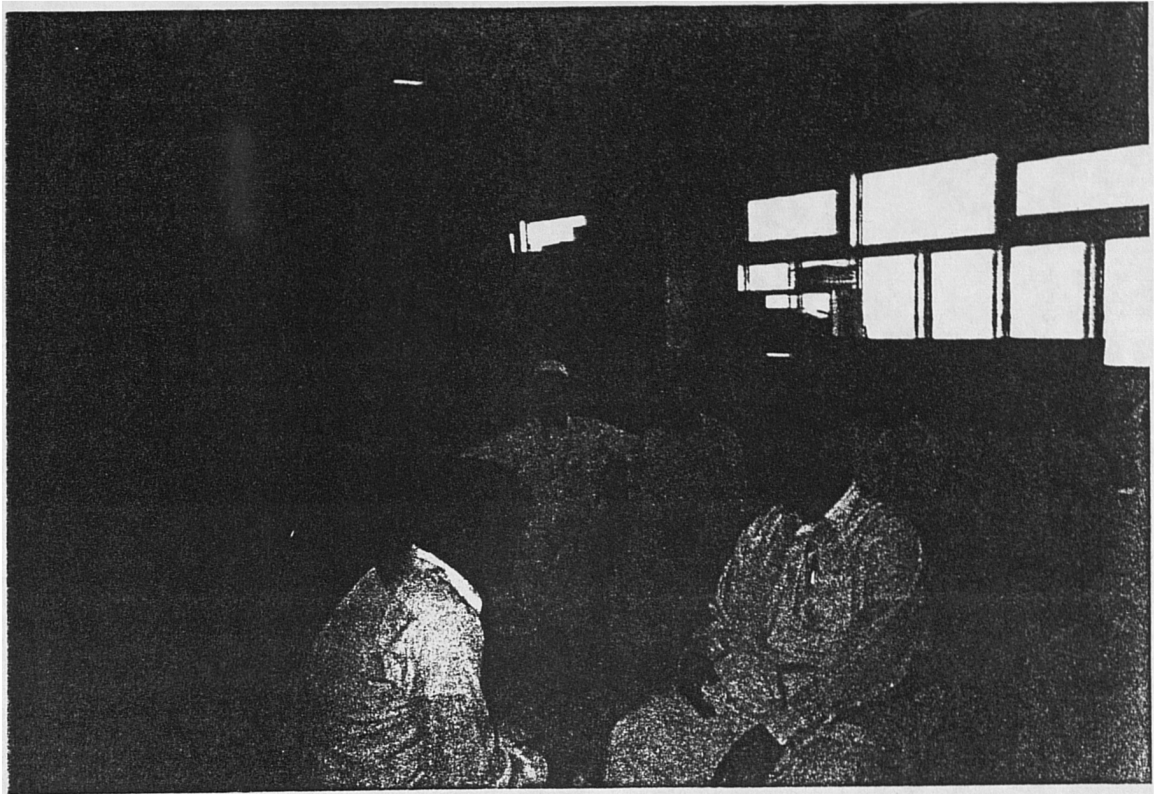
الموضوع : انهاء مهمة اجراء بحث .

نحيطكم أن الباحث / محمد حسن ابوراسين قد أنتهى من اجراء بحثه
حول برنامج ارشادى (الارشاد بالزميل) في المدرسة الثانوية بأبي عريش
بتاريخ ١١/١/١٤١٨ هـ وذلك وفق صورة خطاب مدير المدرسة رقم ٢٠٤
في ١١/١/١٤١٨ هـ المرفقه . ولطلبه اعطي هذا المشهد لتقدمه لجهته
الاختصاص .

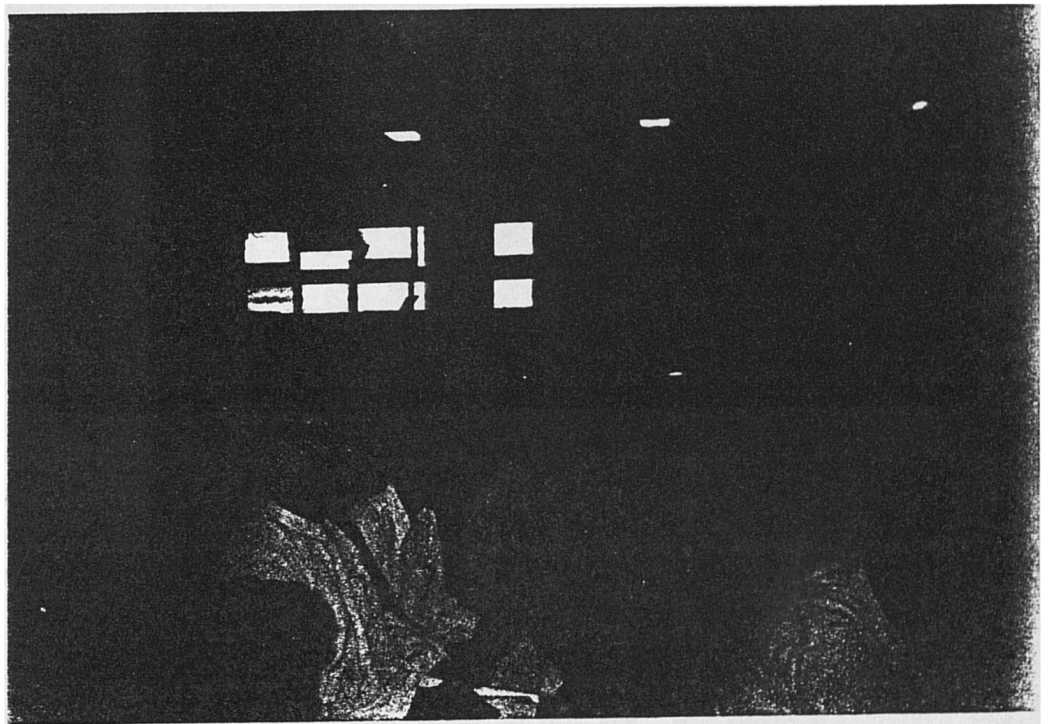
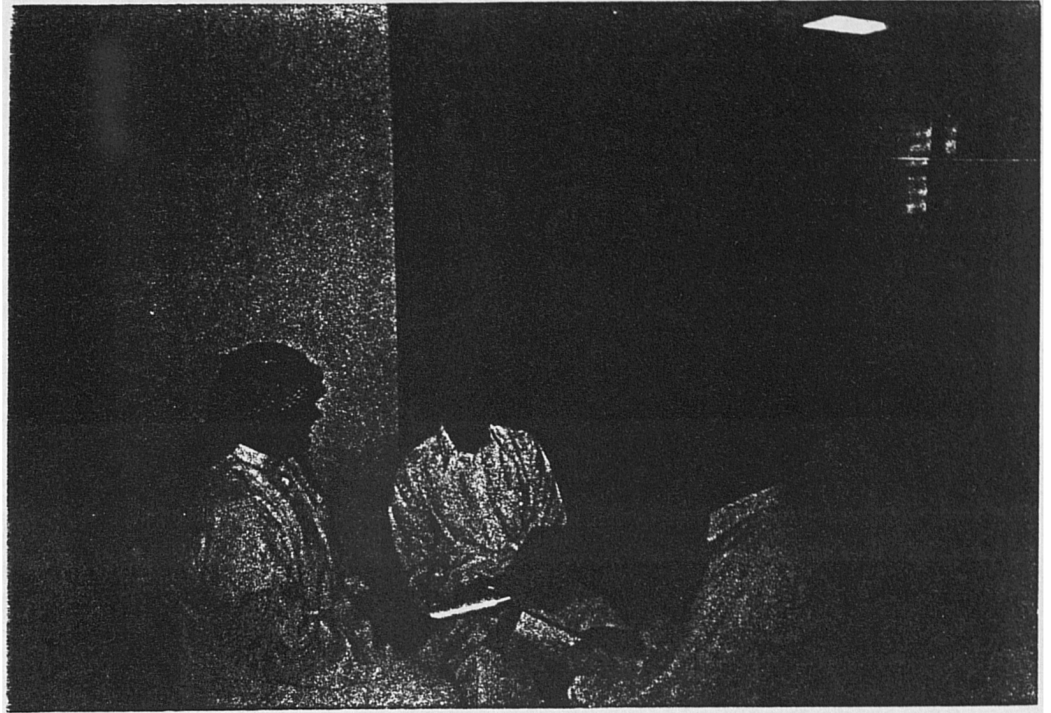
والله الموفق .

مدير عام التعليم بمنطقة جازان
محمد سالم العطاس

صورة لطف البحوث / علي بريك .



538



مصادر المساعدة

عزيزي الطالب :

إن طلب الحصول على ما يساعد الشاب في فهم طبيعة الكثير من المواقف في الحياة اليومية للوصول إلى الاستجابة المناسبة يتعدد بتعدد المصادر المتاحة في بيئة الشاب .
فالبيئة الأسرية (بمن فيها ... الوالدين والإخوة والأقارب ...) تعتبر مصدراً مهماً من مصادر الحصول على المساعدة سواء كانت مادية او عاطفية .
أما في البيئة المدرسية: فالطالب قد يطلب المساعدة من المدرس لحل مشكلة - دراسة ام شخصية - حلاً مباشراً .
وقد يطلب من المرشد الطلابي في مساعدته علي تحطى بعض عقبات الحياة الدراسية أيضاً .

**ولا ننسى دور الزميل كمصدر آخر من مصادر الحصول على المساعدة .
فالزميل الكفاء يستطيع أن يقدم الكثير من الدعم سواء كان اجتماعياً أو عاطفياً و ذلك ناتج عن الثقة التي يوليها الشباب في زملائهم . فنحن نجد الكثير من الشباب يفضلون الكلام وعرض مشكلاتهم الشخصية على زملائهم الذين يشقون بهم .**

لذا عزيزي الطالب: ليس عيباً أن تطلب المساعدة من زميلك في المدرسة ؛ لأن ذلك يخلق جواً اجتماعياً سليماً في المدرسة تسوده المحبة والتعاون والصراحة والعطف .

و بالتعاون مع إدارة المدرسة و المرشد الطلابي (الاستاذ غازي رفاعي والاستاذ أحمد ضعافي) تم تدريب مجموعة من الطلاب لتقديم مساعدتهم لك عن طريق إما:

1. الإصغاء إليك وتفهم مشكلتك والأخذ بيدك
2. أو الاقتراح للذهاب إلى المرشد الطلابي لمساعدتك على التعرف واكتشاف الأشياء المحيرة أو المركبة في حياتك الدراسية والعامية .

الطلاب الزملاء هم:

الاسم	الفصل	الاسم	الفصل

