EFFECTIVENESS OF RATIONAL EMOTIVE BEHAVIOUR AND REALITY THERAPIES IN REDUCING AGGRESSIVE BEHAVIOURS OF HEARING-IMPAIRED STUDENTS IN ILORIN, NIGERIA

BY

OGUNGBADE, Oyelakin Kunmi
MATRIC. NO.: 02/67QR019

A THESIS PRESENTED TO THE DEPARTMENT OF COUNSELLOR EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF ILORIN, ILORIN, NIGERIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY (Ph.D.) DEGREE IN EDUCATIONAL GUIDANCE AND COUNSELLING

SUPERVISOR: PROF. MARY G. FAJONYOMI

DATE:

TIME: 10.00AM

VENUE: DEPARTMENTAL CONFERENCE ROOM

DECLARATION

I hereby declare that this thesis entitled "Effectiveness of Rational Emotive Behaviour and Reality Therapies in Reducing Aggressive Behaviours of Hearing-Impaired Students in Ilorin, Nigeria" was written by me and it has been the record of my research efforts. I also proclaim that neither the whole work nor any of it has been, is being, or is to be submitted for another Degree at this or any other University or any other organization. The thesis has also been approved by the Ethical Committee of the University of Ilorin, Nigeria.

Name: OGUNGBADE, Oyelakin Kunmi

Matriculation No.: 02/67QR019

Signature:……

Date:……

CERTIFICATION

This is to certify that this research was conducted by OGUNGBADE, Oyelakin Kunmi and had been read and approved as meeting part of the requirements of the Department of

Counsellor Education, Faculty of Education, University of Ilorin, Ilorin for the award of Doctor of Philosophy (Ph.D.) Degree in Educational Guidance and Counselling

By

……	…….
Prof. Mary G. Fajonyomi	Date
(Supervisor)	
…….	……
Dr. Mary O. Esere	Date
(Head of Department)	
……	……..
Prof. N. B. Oyedeji	Date
(Dean, Faculty of Education)	
…….	……..
External Examiner	**Date**

DEDICATION

This work is dedicated to the most High God, Jehovah for His protection and care.

It is also dedicated to my beloved wife, Ayodele Racheal Ogungbade and our children Precious Omotola, Shulammite Kemisola and Queen Olamide.

It is also dedicated to Prof. A. I. Idowu who deserves more than a page of recognition for his contributions ever since I joined the service of University of Ilorin. He takes me as his child. God will reward you sir for your genuine interest in me, my wife and Children.

ACKNOWLEDGEMENTS

I am indeed grateful to Jehovah, the Almighty God for giving me life and assisting me throughout the study. To Him alone be all the glory and honour, Amen.

I would like to express my profound appreciation to my academic parent, my energetic supervisor, Prof. (Mrs.) M. G. Fajonyomi for her contributions to the success of this thesis. She meticulously provided me with the necessary support, constructive criticism which made this thesis a success. She is my academic Mother who deserves more honour than acknowledgement alone. She does not only care for my academic but also care for my entire family life. She is a superb mentor. Many thanks, ma. God bless her. I am also grateful to my internal Examiner, Dr. J. O. Fayeye for being there to offer corrections aimed at improving the quality of this thesis.

There is no way a study of this nature can be completed without the contributions of lecturers in the Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria. I wish to express my appreciation to the Head of Department, Dr. (Mrs.) M. O. Esere for her support and guidance. Also, I am very grateful to Prof. A. I. Idowu, Prof. S. H. Umoh, Prof. A. A. Adegoke, Prof. (Mrs.) I. A. Durosaro and Prof. L. A. Yahaya, Dr. A. O. Oniye, Dr. (Mrs.) F. A. Okesina, Dr. S. K. Ajiboye, Dr. (Mrs.) F. N. Bolu-Steve, Dr. (Mrs.) M. L. A. Mustapha and Dr. (Mrs.) A. A. Odebode, Dr. (Mrs.) L. A. Agubosi, Mrs. M. B. Alwajud-Adewusi, Mr. L. O. Adegboyega, Mrs. A. Adeboye, Mr. D. O. Adebayo, Mr. K. Adegunju and Mr. S. Muhammed for their academic contributions throughout the study. I am also indebted to non-academic staff of the Department, Mr. B. Obiesun (Secretary), Mrs. N. O. Ariyo and Mr. J. S. Fakunle for their moral support.

I also express my appreciation to Prof. J. A. Omotosho for his encouragement that I must conduct a meaningful research that will add value to the lives of others. His insistence on experimental research became a reality by completing this study. I am grateful to Dr. (Mrs.) O. F. Akinpelu for believing in me and Dr. (Mrs.) B. Olawuyi for advising me always. May God bless their homes. Also, to Prof. (Mrs.) N. Y. S. Ijaiya for her motherly advise. Prof. (Mrs.) F. A. O. Olasehinde-Williams is wonderful; she is not just my boss but a mentor.

Thanks to her for being there always. I also appreciate late Prof. F. A. Oladele for his encouragement. I wish to appreciate his wife and children. I appreciate late Dr. E. A. Adeoye for suggesting the topic on the day preceding his death. I am indebted to the following people for contributing in one way or the other to the success and completion of this thesis - Dr. M. A. Fakomogbon and his wife, Dr. Oladele Ilesanmi and his wife, Bro. and Sis. Amaechi Okoye, Bro. and Sis. Jacob Adojutelegan, Dr. A.O. Ogunlade for his encouragement always. I am grateful to all students with hearing-impairment who made themselves available for the study, it was impossible to conduct an experimental study without them.

I specially appreciate Prof. (Mrs.) I. A. Durosaro and Dr. G. Bello, the immediate past & current Directors of the Centre for Supportive Services for the Deaf, Faculty of Education, University of Ilorin, Ilorin and all members of staff for being there for me always, starting from Mrs. A. P. Kolawole, Mr. J. O. Isarinade, Mr. S. O. Falade, Mr. M. O. Oloyede, Mr. O. A. Ibrahim, Mrs. A. M. Ahmodu, Mr. J. T. Ameho, and Mr. A. Z. Dagbo. I am grateful to Miss. A.T. Ojelabi, Mr. Abdul-Rasak Issa (Secretary), Miss. Ronke Taiwo, Mr. Matthew Ajayi and Mr. Jide Yusuf.

My colleagues I say thank you: Mr. John Okunlola, Mrs. Josephine Gbadeyan, Mrs. Gloria Adeoye, Mrs. Rachel Ajayi, Mrs. Barakat Ibrahim who have done their oral examinations, as well as Mrs. Bosede Anu Adeboye, Mrs. Blessing Fawole, Mr. AbdulRazak Sa'ad, Mr. Taofik Dauda,Mrs. Abibat Odenike and Mrs. Elizabeth Adegoke who are looking forward to theirs. We started together, may God see you through. Amen.

I am grateful to my In-Laws: Bro. and Sis. R. K. Adebayo, Bro. and Sis. Samson Adebayo, Sis. Bukola Olajuwon and her husband, Bro. David Adebayo, Bro. Isreal Adebayo, my elder sister Busayo Akangbe and family, my younger ones - Bro. Oluwole Ogungbade and his Wife, Bro. Timothy Ogungbade and his Wife, Sis. Seyi Ariyo and her husband,

Jumoke and her husband and Sis. Tosin Ogungbade. I want to thank my Uncles: Bro. Adegoke Adegbile and his Wife, Mr. Samuel Oluwawole (Ogunwole) and his Wife, Mr. Kayode Ogunwole and his Wife, Mr. Nathaniel Ogunwole and his Wife and other extended family members.

I would not have been able to carry out this research and the programme, if not for the support of my industrious and loving wife. She is a rare gem for me and indeed a blessing to my family. A special thank to my children, for their understanding throughout the period of this programme. What can I say that will show my appreciation to my Mother, She is a woman of virtues, she nurtures and cares for me, thank you Mama mi, Mary Ogungbade. I thank my Father, Ezekiel Ogungbade. God bless them all.

Finally, I am grateful to Utitofon Inyang (of the Department of English, University of Ilorin), who edited the thesis. May God bless her.

OGUNGBADE, Oyelakin Kunmi

(2017)

TABLE OF CONTENTS

CONTENTS
PAGES

CHAPTER TWO: REVIEW OF THE RELATED LITERATURE

CHAPTER FOUR: RESULTS

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

LIST OF TABLES

TABLE: **TITLE**

PAGE

ABSTRACT

Findings from previous studies and the gap left behind showed that the issue of aggressive behaviours among students with hearing impairment has created serious concerns for parents, school authorities and the society at large. The attitudes of such students impact negatively on their academic performance, interpersonal relationships and general social wellbeing. This study therefore investigated the effectiveness of Rational Emotive Behaviour Therapy (REBT) and Reality Therapy (RT) in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria. The objectives of this study were to determine: (i) the aggressive behaviours index of participants before and after experimental packages; (ii) which of REBT, RT and control groups is effective in reducing aggressive behaviours of participants; (iii) which of REBT and RT is more effective and (iv) the influence of moderating variables of gender and age on the effectiveness of REBT and RT.

The study is a quasi-experimental research design adopting pre-test, post-test and control group. There were two treatment groups (REBT & RT) and a control group. A total of 84 students were selected using purposive, stratified and proportional sampling techniques from Kwara State School for Special Needs, Ilorin using an Aggressive Behaviour Scale (ABS) developed by Orpinas and Frankowski (2001). The aggressive behaviours benchmarks are boys 19.3; girls 13.2. The validity of the test was established through the use of construct validity. The internal consistency of ABS was ascertained having Cronbach's alpha of 0.88. Aggressive Programme Evaluation Questionnaire (APEQ) (2008) was adopted and used to ascertain the effectiveness of the experimental packages. Analysis of Covariance (ANCOVA) was used to analyse hypotheses 1, 5 - 10, t-test was used for hypotheses 2, 3, 4 and Scheffe Multiple Comparison Test was used for post-hoc analysis at 0.05 alpha level.

Findings of the study were that:

i. the aggressive behaviours index of participants before and after experimental packages were REBT 31.68, 4.93; RT 38.63, 3.00; and control 35.14, 40.66, respectively;
ii. there is a significant higher reduction in the aggressive behaviours of participants exposed to treatments (REBT & RT) than those in the control group (F 865.06 $p < 0.05$) in favour of those in the treatment groups;
iii. RT treatment package was found to be more effective when compared to REBT ($t\ 54 = 3.80$, $p < 0.05$); and
iv. gender and age had no influence on the effectiveness of REBT and RT treatments (F 0.39 $p > 0.05$; F 1.07 $p > 0.05$, respectively).

The study concluded that although both REBT and RT were effective in reducing aggressive behaviours of students with hearing impairment, RT was more effective while gender and age had no influence on the effectiveness of the treatments. The implication of the findings is that students with hearing impairment could be assisted by reducing their aggressive behaviours. The study recommended that Counsellors should adopt RT and REBT in reducing cases of aggressive behaviours because using their principles would inculcate anti-aggressive behaviours in the minds of students with hearing impairment and thus improving interpersonal relationship.

Word Count: 496

CHAPTER ONE
INTRODUCTION

Background to the Study

There are great concerns about the increasing levels in which aggressive behaviours are exhibited in human society. It is common nowadays to see people of different backgrounds and ages manifesting such behaviours as verbal abuse, physical assault, violence, bullying and unjustified attacks on people and, along with the destruction of properties. People with aggressive behaviours tend to be irritable, impulsive and restless. In the opinion of Krucik (2013), aggressive behaviours are exhibited intentionally, meaning that they are done on purpose and as such they violate social norms and often cause a breakdown in relationships.

Hornby (2005) perceived aggression as feelings of anger and hatred that may result to threatening or violent behaviour. Thus, aggression could be viewed as displaying anger and behaving in a threatening way, being ready to attack. In the opinion of Tor-Anylin and Baaki (2006), aggression can be seen as the verbal or physical attack released to hurt the feelings, personality or power of the offending victim. In addition, they asserted that such verbal attacks could include but are not limited to murmuring, abusive or insulting words and manipulation of information to injure a victim. They went further to state that physical attack may include hitting, hurting, as well as killing or attempting to kill and destruction of properties of the victims.

Furthermore, Krucik explained that aggressive behaviours could be viewed as behaviours that cause physical or emotional harm to others or threaten to cause such harm to others. He stated that emotional problems were the most common of aggressive behaviour. In addition, Krucik asserted that occasional outbursts of aggression are common and even

normal. Krucik (2013) maintained that aggressive behaviour becomes a problem only if it occurred frequently or when it followed certain pattern(s).

Aggressive behaviour stems from the inability to control behaviour, or from a misunderstanding of what appropriate behaviours are. To buttress this fact, Berkowitz (1993) commented that aggressive behaviour can be reactive, i.e., retaliation to certain situation(s). It may also be proactive which could be an attempt to provoke a victim. It may also be either overt or secretive. Aggressive behaviours are not isolated words, but rather a reaction that stems from being angry. Akinade (2005) described anger as a form of mild or violent aggression that may be an impulsive, uncensored (violent) emotion towards self and others. Aggressive behaviour arising from a reaction to an uncomfortable situation or environment such as frustration, abuse, and harassment, and often result in violence. According to Durosaro, Ibrahim and Ogungbade (2015), violence involves the use of physical force with deliberate intention of causing emotional trauma or injury to the other party at the receiving end.

Another form of violence that also leads to aggressive behaviours in the society is bullying. According to Asonibare (2006), bullying is a conscious, willful, deliberate, hostile and repeated behaviour by one or more persons with the intention of harming others. Expressing a similar view, Smith (2006) described bullying as a provoked attack that cause hurt of a psychological, social or even physical nature on a person.

Akinade (2013) in his own view perceived bullying as involving actions such as threatening people directly, persecuting, pushing or shoving, using power to oppress, shouting, driving a person off the road and playing on people`s weaknesses. The act is characterized by an individual behaving in a certain way to gain power over another person. Bullying consists of various behaviours ranging from name-calling, physical violence

(hitting, shoving, kicking), slander, exclusion from the group, damaging victim`s property and verbal intimidation. Also, Cunningham and Whitten (2007) defined bullying behaviour as a direct physical (hitting, kicking, pushing) or verbal (teasing & insulting) aggression or indirect verbal behaviours that focus on talking about or excluding others such as gossiping, spreading false stories and outright exclusion from the group which are among the behaviours exhibited by students with hearing impairment in Ilorin, Nigeria.

Individuals who express such aggressive behaviours must have heard certain comments before starting to act on them, thus, the hearing process becomes imperative. The ear is an important organ used by all animals' especially human beings for effective communication. It is a very important sense organ that allows animals and human beings to listen and understand the sounds heard in the environment. Human beings enjoy discussions, and hear what is being discussed. People who listen to each other convey meaningful ideas to one another. Thus, normal hearing ability is important especially to students who learn, interact and share ideas together with others (Bakare, 2013).

Bakare affirmed that hearing encompasses the use of both ears in order to keep the individual in contact with his environment at all times even during sleep. At birth, the cochlear is one of the prominent organs in human body that has developed to its full size. This organ thus helps to keep the individual in constant contact with the world around him/her, providing him/her with a sense of safety. Therefore, in a situation where students with hearing impairment are cut off from the normal social interaction with the environment due to their hearing challenges, this situation puts them in a vantage position to be aggressive. Akinpelu (1998) revealed that such students are known for being aggressive especially in their interaction with others. It becomes very pertinent to apply techniques that will help such students reduce such aggressive behaviours.

In this regard, the roles of professionally trained counsellors in schools cannot be over-emphasized. Counselling is a profession that is dedicated to reducing maladaptive behaviours including aggressive behaviours. Thus counsellors can change those students' thinking to rational thoughts and improve the students' interpersonal relationship with fellow students thus ensure positive learning outcomes in an increasingly complex and chaotic school environment. One of the roles of the school counsellor is to reduce such aggressive behaviours to a manageable level.

In order to reduce maladaptive behaviours, such as aggressive behaviours, in schools, many psychological techniques have been propounded and used by different scholars. These include but are not limited to Behaviour Modification which has the strength of modifying the behaviours of the clients (Uba, 2009). However, this therapy' weakness lies in giving the clients the free-hand to decide on matters rather than the counsellor providing a leading clue to their peculiar problem(s) in attempt to proffer solutions. Also, it does not dispute the behaviours exhibited by the clients, thus necessitating the use of another therapy that would care for this gap. Client- Centred-Theory is another good counselling technique; which holds the view that a person's behaviour is consistent with self-concept (Ekiyor, 2009).

Client-Centred Therapy otherwise known as Person-Centred Therapy recognized the subjectivity of the individual's experiences within his world (Rogers, 1951). However, it does not recognize the cognitive and rational dimensions of the human experience of the behaviours of the client (Ekiyor, 2009). Also discountenance its usefulness in reducing aggressive behaviours. Another psychological therapy that may be useful to reduce aggressive behaviours of students with hearing impairment is Indigenous African Counselling Therapy which is also known as Psyche-word Therapy. It is a tension reduction therapy which emphasized change in behaviours of the counsellees. However, it does not handle illogical belief and dispute such belief from the client's mind. Consequently, the findings of

these therapies (Behaviour modification, Client-Centred Therapy & Indigenous African Counselling Therapy) might not have provided the desired results expected to reduce the aggressive behaviours of students with hearing impairment, hence, the need to adopt another therapy. It became imperative to try Rational Emotive Behaviour Therapy (REBT) and Reality Therapy (RT) techniques that have not been used together in order to reduce aggressive behaviours among students with hearing impairment because to the best of the researcher's knowledge, REBT and RT techniques chosen by the researcher have not been applied together by any researcher in Kwara State School for Special Needs, Ilorin.

Rational Emotive Behaviour Therapy (REBT), which was known till 1999 as Rational Emotive Therapy (Ellis, 1999), is known worldwide for its suitability in reducing maladaptive behaviours such as aggressive behaviours. Students with Hearing impairment, the fact that due to their challenges and perception of people about them, displayed aggression through bullying and fighting. REBT is most encompassing in changing the irrational beliefs and illogical thoughts that they may be holding. It was developed by Albert Ellis in 1955. Ellis believed that human beings are both rational and irrational, their innate irrationality being the source of their emotional problems like aggression, anger, guilt, anxiety, and depression (Pietrofesa, 1978). Emotional problems, Ellis (1962) believes, lies in illogical, irrational and negative thinking, and since emotion cannot be separated from thinking, the individual implements his daily chores in an atmosphere of gloom and a sense of impending doom. These may be true of the students with hearing impairment in schools, since their inability to communicate like any other "normal student" may make them become aggressive.

Akinade (2008) further stated that the basic idea of Ellis`s work are derived from maladaptive beliefs about people's problems, illogical thoughts and that these must be

changed to bring about improvement in behaviours. The therapist will have to help clients handle the false, undesirable and irrational beliefs and change them to rational and functional behaviours which they are supposed to manifest in the society.

The word "belief" may have different meanings to different people for Jorn, (2009), a belief means a conviction in the truth, actuality, or validity of something. Therefore, a belief is a thought with an emotional component (conviction) and a factual component (truth, actuality or validity). Beliefs may either be positive or negative. Having a negative belief is not necessarily a bad thing. However, when one believes in something that is false, such a negative belief tends to become what Ellis regards an "irrational" belief. Irrational beliefs are not friendly to happiness and contentment of the individual and are definitely unhelpful for achieving one's basic desires for love, approval, comfort and achievement or success. Rational-emotive Therapy (RET) assumed that human problems are due to faulty thinking or irrational beliefs. RET emphasized the philosophy of disputing clients' self-defeating and irrational beliefs, and this system is re-educational as well as disputational (Ellis, 2004).

Reality therapy is another technique selected for reducing aggressive behaviours of students with hearing impairment in this study. Developed by William Glasser in 1965, reality therapy assumes that the first step in changing behaviour is to find out the behaviour that needs to be corrected. It believes that the basic psychological need of all humans across cultures is the need for identification. According to Akinade (2012), reality therapy is focused on the approach of here-and-now actions of the client and the ability to create and choose a better future for such an individual.

The goal of using reality therapy in this study is to focus on changing the behaviour, feelings and thoughts of students with hearing impairment who are aggressive. It is a problem-solving method that works well with people who are experiencing psychological

problems and needing help, as well as students who are having behavioural problems but appear to have no need for assistance. It also provides an excellent model for helping individuals solve their own problems objectively and serves as the ideal question series during coaching session with a counsellor (Akinade, 2012).

The researcher examined the effectiveness of Rational Emotive Behaviour Therapy and Reality Therapy in reducing aggressive behaviours of secondary school students with hearing impairment in Kwara State School for Special Needs, Ilorin, Nigeria. The students with hearing impairment are students whose hearing systems are totally faulty (Deaf) and who cannot communicate orally except through the use of sign language and sometimes by lip-reading the speaker. Lip-reading is an essential means through which deaf or students with hearing impairment communicate with people who can hear. It also helps parents relate well with such children at home. The researcher described lip-reading as a third ear because it empowers students with hearing impairment lead an independent and fulfilled life. Students who cannot hear sounds or understand what people around say were either born or acquired hearing loss, and such students may be frustrated by issues that would have been neglected by other students who can hear. The researcher was interested in these students because most researchers neglected them. Therefore, it is very pertinent to investigate effectiveness of Rational Emotive Behaviour and Reality Therapies in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria.

Statement of the Problem

The issue of aggressive behaviours among students with hearing impairment has created serious concerns for parents, school authorities and the society at large. The attitudes of such students impact negatively on their academic performance, interpersonal relationships and general social wellbeing. Based on the researcher's experience, students with hearing

impairment have been generally known to be aggressive. The researcher has also observed that there is a high incidence of aggressive behaviours of students with hearing impairment in the school environment which may be due to their low self-esteem, which may often arise from their belief that many people talk negatively about them (Ogungbade, 2017a).

Aggressive behaviours are common especially among secondary schools students with hearing impairment due to their disability or challenge: They are always defensive and irritable because they feel that people are not concerned generally about their condition and plights. Students with hearing impairment have been known to exhibit aggressive behaviours such as verbal, physical aggression and other violent behaviours toward one another (Ogungbade, 2017a). Akinpelu (1998) supported the fact that students with hearing impairment easily get annoyed, the result being that people are often afraid of having any close interaction with them. This situation thus affects the academic attainments of students with hearing impairment in the school.

Scholars have carried out researches on aggression and came up with diverse findings. For example, Ojewola (2008) conducted a study on the effect of assertiveness and self-efficacy skills training in reducing aggressive behaviour among in-school adolescents in Ogbomoso, Nigeria. The treatment packages (Assertiveness & self-efficacy skills training) were effective in reducing aggressive behaviour among in-school adolscents. There was a significant difference in the reduction of aggressive behaviour among those in the treatments groups and those in the control group. The study also found that aggressive behaviour can lead to other at-risk behaviours and suggested that extra-curricular activities must be made interesting and captivating to the youths in order to reduce their aggressive behaviours.

Yusuf (2008) examined comparative effectiveness of Relaxation Technique and Reality Therapy (RT) in reducing examination's anxiety among secondary school students in

Osogbo, Nigeria. Both relaxation technique and reality therapy were effective in reducing examination anxiety among participants. The study also found that there was a significant difference in the effects of treatments on the level of examination anxiety among female students exposed to RT and relaxation technique. So, there was no significant difference in the effect of treatments on the level of examination anxiety among male students exposed to reality therapy and male students exposed to relaxation technique.

Also, Mustapha (2012) examined the efficacy of Client-centred and Rational Emotive Behaviour Therapies in reducing bullying behaviour among in-school adolescents in Ilorin, Nigeria. The study found significant reduction in bullying behaviour among in-school adolescents exposed to client-centred therapy (CCT) and rational emotive behaviour therapy (REBT). The study also reported that the use of corporal punishment by school authorities emboldened bullies thus leading them to join or form gangs, become hooligans and thugs, thus exhibiting violent behaviours. There was moderating effects of gender on bullying behaviour's reduction across treatment groups. The study then identified age as a determinant factor that played vital roles in reducing bullying. The study indicated that participants between ages 15 to 19 had significant reduction in their bullying behaviour than those within the ages 10 to 14 age bracket.

Other scholars have also carried out researches on effectiveness of both Rational Emotive Behaviour Therapy (REBT) and Reality Therapy (RT) or either of the two therapies. For instance, Fajonyomi (1997) conducted an experimental study on the effectiveness of Three Modes of Treatments on Anxiety and Performance in English Language among co-educational secondary school students in Maiduguri, Borno State, Nigeria. The three modes of treatments employed were Study Skills Counselling, Rational Emotive Therapy and combined treatment group of Rational Emotive Therapy and Study Skills Counselling. The findings of the study showed that each of the treatments was effective in reducing the

subjects' anxiety; the treatment groups showed considerable improvement in English language performance; there was clear direction as to the superiority of the combined treatment group over the others and sex treatment interaction did not contribute significantly to the variance in the scores on the Sarason Test Anxiety Scale (STAS), Worry and Emotionality Scale (WES) and English Language Performance Test (ELPT). The study concluded that boys and girls do not differ in their levels of anxiety and English Language performance.

Also, Agali (2004) conducted a study on relative efficacy of Reality Therapy and Assertiveness Training in assisting prison inmates adjust to life after prison. The results revealed that Reality Therapy, Assertiveness Training and combination of Reality Therapy and Assertiveness Training were all found effective in assisting the prisoners adjust to life after prison. It was noted that the combined treatment group was most effective, although all the treatments groups differed in their response from those in the control group. It was also found that the treatments and adjustment level of inmates were not affected by religious affiliation, age group, length of stay in prison, educational background and type of crime committed. Adewuyi (2006) conducted a study on effect of Rational Emotive Behaviour and Reality Therapies on attitude of federal civil servants in Lagos State towards retirement. The findings showed that both REBT and RT were effective in changing the negative attitude of Federal Civil Servants in Lagos State towards retirement than that of the control's group. REBT was more efficacious than RT in changing the attitude towards retirement of Federal teachers in Lagos State from negative to positive. Both gender and seniority in service were significantly difference.

Similarly, Azekhueme (2007) conducted a study on the effects of Rational Emotive Behaviour and Reality Thaerapies on HIV risk behaviour among adolescents in Ogun State Nigeria. The findings showed that REBT and RT were effective in reducing HIV-Risk

bahaviour among adolescents in Ogun State. Also, Adeoye (2009) conducted a study on effectiveness of Rational Emotive Behaviour Therapy and Reality Therapy on academic stress of sandwich undergraduates in Oro, Nigeria. The findings revealed that both REBT and RT were effective in reducing the academic-stress of Sandwich undergraduates in Oro, Nigeria.

Titiloye (2012) investigated the efficacy of Rational Emotive Behaviour Therapy and Reality Therapy in reducing Mathophobia among in-school adolescents in Ilorin, Nigeria. The findings showed that Rational Emotive Behaviour Therapy (REBT) produced significant reduction in mathophobia among in-school adolescents in Ilorin, Nigeria. It was also discovered that Reality Therapy produced significant reduction in mathophobia among in-school adolescents in Ilorin, Nigeria. These findings confirmed that both REBT and RT were effective in reducing mathophobia among in-school adolescents in Ilorin, Nigeria. Moderating variables were also tested in relation to the dependent variable. Mother's educational qualification had significant reduction effect on mathophobia among in-school adolescents in Ilorin, Nigeria for those in the reality therapy group while gender and father's educational qualification had no significant reduction effect on mathophobia of either REBT or RT group members. Mother's educational qualification had no significant effect on the reduction of mathophobia among in-school adolescents exposed to REBT.

An evident problem here is that there is a growing nature of aggressive behaviours that are rampant among youths in Nigeria. This behavioural problem otherwise known as aggression can hinder the academic performance of the students, because rather than being in the class, those found guilty are often subjected to punishment, and persistence in such behaviour could lead to school dropout by the students. In the research conducted by Ogungbade (2006), the rate at which students with hearing impairment dropped out of school was alarming; it was put at 30% as at late 1980's. He reported that the factors responsible for

such school dropouts were student-related. The researcher found that displaying physical and verbal aggression in the school could lead to severe sanctions such as expulsion by the school authority. Therefore, it was imperative for this study to be conducted to investigate the effectiveness of these treatments in reducing aggressive behaviours of students with hearing impairment.

However, to the best of the researcher's knowledge, few researches on interventions for students with hearing impairment have been recorded in the literature. It is imperative to fill the gap left by past researches since no study had investigated the effectiveness of Rational Emotive Behaviour and Reality Therapies in reducing aggressive behaviours of students with hearing impairment in Kwara State School for Special Needs, Ilorin as sample. It should also be noted that very few (if any) of the past researches have directly addressed aggression as a behavioural problem of special needs group such as students with hearing impairment. This gap in scholarship needs to be filled from the perspective of the current study. The concern of the present research was thus focused on the effectiveness of Rational Emotive Behaviour Therapy (REBT) and Reality Therapy (RT) in reducing aggressive behaviours of students with hearing impairment in Kwara State School for Special Needs, Nigeria.

Research Questions

The following research questions were formulated to guide the conduct of the study:

1. What is the aggressive behaviour index of the students with hearing impairment before and after the experimental packages?
2. What is the aggressive behaviour index of the students with hearing impairment before and after the experimental packages on the basis of gender?

3. What is the aggressive behaviour index of the students with hearing impairment before and after the experimental packages on the basis of age?

4. Is there any difference in the aggressive behaviours of participants exposed to therapeutic treatments (REBT & RT) and that of control group?

5. Which of the two therapeutic treatments (REBT & RT) was more effective in reducing aggressive behaviours of students with hearing impairment?

6. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT treatment and those in the control group?

7. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT treatment and those in the control groups?

8. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after both therapeutic treatments (REBT & RT) on the basis of gender?

9. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after both therapeutic treatments (REBT & RT) on the basis of age?

10. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of REBT on the basis of gender?

11. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of REBT on the basis of age?

12. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of RT on the basis of gender?

13. Is there any difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of RT on the basis of age?

Research Hypotheses

Based on the research questions raised, the following research hypotheses were generated and tested in the study:

1. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to therapeutic treatments (REBT & RT) and those in the control groups.
2. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the therapeutic treatments (REBT and RT).
3. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of REBT and those in control groups.
4. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of RT and those in control group.
5. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after both therapeutic treatments (REBT & RT) on the basis of gender.
6. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after both therapeutic treatments (REBT & RT) on the basis of age.
7. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of REBT on the basis of gender.

8. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of REBT on the basis of age.

9. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of RT on the basis of gender.

10. There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment after the treatment of RT on the basis of age.

Purpose of the study

The main purpose of the study was to investigate the effectiveness of Rational Emotive Behaviour and Reality Therapies in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria. The objectives of the study were to determine:

(i) the aggressive behaviours index of participants before and after experimental packages;

(ii) which of REBT, RT and Control groups is effective in reducing aggressive behaviours of participants;

(iii) which of REBT and RT is more effective; And

(iv) the influence of moderating variables of gender and age on the effectiveness of REBT and RT.

Significance of the Study

The findings of the study would benefit the school counsellors, students, teachers, parents, school principals, vice-principals, nurses, cooks, psychologists and social workers, Ministries of Education officials at both State and Federal levels. These and others like

government authorities might be able to effectively apply these therapies in reducing aggressive behaviours to the barest minimum.

The findings would also be beneficial to the school counsellors who might wish to adopt the therapeutic procedures of Rational Emotive Behaviour Therapy and Reality Therapy in schools. The school counsellors might apply these two counselling therapies in order to reduce aggressive behaviours of students with hearing impairment. Such approaches would place the counsellors in a better position to assist students with hearing impairment deal with such maladaptive behaviours that need the attention of the school counsellors so as to better the relationship of the students among themselves, as well as with their parents, the teachers, and school principals.

The students with hearing impairment might be beneficiaries of this study, which could provide them with adequately information and necessary skills needed to deal with the impact that aggression has on them. The therapeutic treatment packages - Rational Emotive Behaviour Therapy and Reality Therapy - would help the students live a more adjusted life, gain the respect of others, exhibit functional behaviours and improve their interpersonal relationship with others. It might provide them information concerning the causes of aggressive behaviours exhibited by them in the school, at home and other occasions and help them identify how they could reduce the aggressive behaviours to the barest possible levels.

Moreover, this research might be useful in enabling teachers identify ideal ways of dealing with maladaptive behaviours common to students with hearing impairment in the schools. The teachers might also be able to curtail the behaviours in the class in the manner that would allow them teach and thus improve learning outcome. The teachers might be able to play *in loco parents* roles. Teachers might make referral to counsellors for better handling of such students.

The study might also be of benefit to parents and guardians of students with hearing impairment in that, it provides information needed to deal with them at home and when they are away from home and improve their abilities to care for their children. The parents might also be better placed to help the students appreciate their worth and contribute to the self-concept and self-esteem of these students such parents might be educated during PTA meetings in the schools or personal visitation by the school counsellors.

The findings of this study might be useful to the principals, vice-principals nurses, cooks, and other administrative staff who are directly or indirectly relating with them. The principals and vice-principals might have the fore knowledge of these students' aggressive behaviours and might not be too critical of them. The nurses might familiar with the strategies of handling them when they might want to behave rudely while attending to them at the school clinic. The cook might be able to deal with the students calmly especially when they are hungry and could be annoyed and become uncontrollable in their relationship with the cooks. The findings of this study might be useful to psychologists and social workers in that they might be able to use the results of this research in advance their humanitarian work.

The findings of this study might similarly be useful to members of staff working in Federal and State Ministry of Education in that, it might assist them to plan for the recruitment of more school counsellors. The ministry might thus be able to budget for immediate recruitment of school counsellors so as to reduce the aggressive behaviours of students with hearing impairment in the schools.

Also, Governmental authorities might find the findings of this research useful for formulating the policies or bills that would cater for reductions of aggressive behaviours in schools. It is noteworthy to state that both Federal and State Ministries of Education would benefit from the outcome of the study. All special schools in Nigeria would benefit from the

findings of this research because it will suggest better ways of reducing the aggressive behaviours of students with hearing impairment.

Operational Definitions of Terms

The following terms are operationally defined as they were used in the study:

Aggressive Behaviours: Violent behaviours that senior secondary school students with hearing impairment inflict on others. Such actions include verbal or physical behaviours that lead to bullying or fighting in the schools.

Hearing-Impaired Students: These are students whose hearings systems are totally faulty (deaf) who cannot communicate orally except through the use of sign language. They are also referred to in this study as students with hearing impairment.

Rational Emotive Behaviour Therapy: This is a form of cognitive behavioural therapy package that was used by the researcher to change faulty or irrational thinking and beliefs of students with hearing impairment who exhibited aggressive behaviours and thus assist them to think rationally and logically to reduce their aggressive behaviours.

Reality Therapy: This is a form of psychological treatment that addresses the here and now problem of aggression.

Scope of the Study

The focus of this study was limited to effectiveness of Rational Emotive Behaviour and Reality Therapies in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria. The population for the study comprises all secondary school students with hearing impairment in Ilorin at Kwara State School for Special Needs, Ilorin. The target population comprise all students in senior secondary school in SS1 (36), SS 2 (31) and SS 3

(31) total 98. A sample size of 84 aggressive senior students with hearing impairment at Kwara State School for Special Needs, Ilorin participated in the study. The researcher was limited to two experimental groups and a control group: Experimental 1 was Rational Emotive Behaviour Therapy (REBT), Experimental 2 was Reality Therapy (RT), and a Control Group. The study was also limited to eight weeks for the conduct of the study.

The study was limited to treatments of Rational Emotive Behaviour Therapy and Reality Therapy which were the independent variables while aggressive behaviours was the dependent variable; gender and age were the intervening (moderating) variables. Descriptive statistics such as percentage and mean score were used. Inferential statistics such as Analysis of Covariance (ANCOVA) and t-test were used to analyse the data while Scheffe Multiple Comparison Test was used as the post-hoc test.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

Preamble

This chapter reviewed existing knowledge of previous work that are related to and upon which a conceptual framework was based on. This chapter discussed the existing related literature on sub-topic listed below:

- Concept of Aggression and Aggressive Behaviours
- Theories of Aggression and Aggressive Behaviours
- Special Education, Hearing Loss and Types of Hearing Loss
- Theories of Hearing Loss
- Rational Emotive Behaviour Therapy and Aggressive Behaviours
- Reality Therapy and Aggressive Behaviours
- Empirical studies on Aggression, Rational Emotive Behaviours Therapy and Reality Therapy.
- Empirical studies on Gender, Age and Aggressive Behaviours
- Summary of Review of the Related Literature
- Conceptual Model for the Study

Concepts of Aggression and Aggressive Behaviours

The term aggression comes from Latin word *aggressio,* meaning attack. The Latin word was itself a combination of *ad*-and *gradi*- which means "step at". It was first used in 1611 to mean an unprovoked attacked (Gilman, 1989). A psychological sense of hostile or destructive behaviour associated with the word dates back to 1912, in an English translation of the writing of Sigmund Freud (Harper, 2008).

Berkowitz (1993) identified two broad categories of aggression. The first is affective which is regarded as emotional and hostile, reactive or retaliatory aggression which is a response to provocation. An example of hostile aggression would be a person who punches someone who insulted him or her. The second category is predatory aggression which is an instrumental, goal-oriented used to achieve a goal. To this end, McElliskem (2004) gave an example of instrumental form of aggression to be armed robbery. Definitions of aggression vary, for example, Tor-Anylin and Baaki (2006) defined aggression as the verbal or physical attack released to hurt the feelings, personality or power of the offending victim. They further asserted that such verbal attacks could include but not limited to murmuring, abusive or insulting words or manipulation of information to injure a victim. Also, they maintained that physical attack may include hitting, hurting as well as killing or attempting to kill, or destruction of properties of the victims. According to Egbochuku (2010) aggression involves directly standing up for the rights of others. It also includes expressing oneself in an unfair manner thus violate people' rights.

The usual goal of an aggressive behaviour is to dominate or win and this is often achieved through humiliation, degrading, looking down on others, or dominating other people so that, they become weaker and could not express nor defend their own rights. Eron (1980) stressed that aggressive behaviour in children includes hitting, shoving, kicking, biting, scratching and forcefully taking objects away from others. As children become older, the list may extend to include lying or malicious gossip, disobeying rules, stealing, truancy in school, running away from home, frequent fighting, bullying, spitefulness and extensive use of drugs, all of which result to low self-esteem and unhappiness.

According to Krucik (2013), aggressive behaviours could be defined as behaviours that cause physical or emotional harm to others or threaten to cause such harm to others. He

stated that emotional problems were the most common cause of aggressive behaviour. He indicated that an occasional outburst of aggression is common and even normal, but argued that aggressive behaviour only becomes a problem if it occurs frequently or in noticeable pattern. Holy Scriptures show that God hates aggression, for instance, Quaran 5:2 states "do not cooperate in sin and aggression". Likewise, the Bible Psalm 11: 5 states "God hates anyone who loves violence".

Aggressive behaviour stems from an inability to control behaviour, or from a misunderstanding of what appropriate behaviours are. Aggressive behaviour can be reactive, or could be in retaliation. It can also be proactive, as an attempt to provoke a victim. It can be either overt or secretive. Aggressive behaviour can also be self-directed. The researcher was interested on studying physical and verbal aggression (fighting & bullying) as it affects the life of students with hearing impairment in Kwara State School for Special Needs, Ilorin, Nigeria.

Theories of Aggression and Aggressive Behaviours

The following theories of aggression and aggressive behaviours that related to the study are reviewed as follows:

Frustration Theory: Frustration theory was developed by Dollard, Doob, Miller, Mowrer and Sears in 1939. The fundamental assumption of F-A theory was stated categorically by Dollard, Doob, Miller, Mowrer and Sears (1939) that aggression is the cause of frustration, projecting a view known as frustration-aggression Hypothesis (F-A). They therefore suggested that aggression occurs from frustration which can have a number of reactions. Berkowitz (1993) believed that there are many sources of aggression and that frustration is not the only one, and consequently, the hypothesis by Dollard, Doob, Miller, Mowrer, and

Sears (1939) was dismissed by him. These researchers concluded that the occurrence of aggressive behaviour always presupposes the existence of frustration.

Akinade (2013) examined how aggressive persons tolerate frustration by others and said that Low-Frustration Tolerance (LFT) could be displayed with words like ‘what if they disagree with me, I will be annoyed; which in turn cause aggression and lead to belligerent behaviours. He identified four types of thinking that typically lead to dysfunctional anger, they are as follows: inferential distortions, and discomfort-intolerance, expectations held as demands, and global rating of other people. Inferential distortions such as mind-reading, fortune-telling, filtering, and emotional reasoning lead people into misinterpreting the facts. Akinade reported that anger frequently results from anxiety and violence and that it often represents an attempt to ward off perceived threats. Researchers perceived frustration as a feeling of tension that occurs when efforts to reach some goals are blocked. When that occurs, it can produce feelings of anger, which in turn can generate feelings of aggression and aggressive behaviour.

Cognitive Behaviour Theory: This theory stipulates that aggression is caused by irrational thoughts, beliefs, perceptions and evaluation of different factors in our everyday living. It is an outcome of many causes such as cognitive, social or behavioural models that people have learned from others. This is often so when people believe that their boundaries, rights and goals are apparently violated. Anger leads to aggressive behaviours, thus people must have been furious about a matter before they express it. According to Akinade, Rational Emotive Behaviour Therapy (REBT) was developed by Albert Ellis, where he highlighted that irrational evaluative beliefs such as ‘‘why does he/she not love me as I love him/her?’’ or thinking that ‘‘others must take my suggestion’’. Many students with hearing impairment hold the thinking that everyone does not like them that they talk negatively about them.

Social Learning Theory: This theory belief that individuals may learn behaviour such as aggression by watching repeated actions (that are not punished), when they observe others such as parents, colleagues, siblings or mates who are life models display such behaviour.

Biological Theory: Loyalists to the biological theory believe that aggression is an innate behaviour. For example, Maxon (1998) and Lucki (1998) agreed that aggression is caused by some genetic or biological factors. They further commented that cases involving aggression should be treated with chemical therapies instead of psychotherapy. These genetic claims that physical characteristic, social roles, behaviours and relationship of an individual are determined by genetic information also have biological genetic basis (Kegleg, 1996). The view here is that the tendency to be aggressive is found in the bodies, strength and large bodily size which could be explained why men are genetically aggressive.

Drive Theory: The proponent of this theory is Clark Hull who in the 1940s propounded the theory that explained behaviour in terms of needs and drives. According to Hull (1943), a need is defined as a lack of something that is essential for people`s survival in the society. Hull opined that needs create drives that motivate behaviour to reduce or even eliminate needs. According to this theory, aggression is a drive created by some innate human needs. This theory defined drives as solutions to needs.

In the foregoing, an attempt has been made to provide the positions of different theories trying to explain the origin of aggressive behaviour among human beings. Since the students with hearing impairment in Ilorin are normal human beings too despite their hearing challenges, it could be said that their display of aggression might be due to one or more theoretical positions.

Special Education, Hearing Loss and Types of Hearing Loss

Hearing loss is not an isolating word. It is derived from the field of Special Education. Special education is the education that is tailored to the special needs of the learners. Furthermore, Nigeria National Policy on Education (2013) defined special education as a customized educational programme, designed to meet the unique needs of persons with special needs that the general education programme cannot cater for. Initially, NPE (2004) had earlier provided an elaborate definition of special education as the education for children and adults who have learning difficulty because of different sorts of handicaps: blindness, partial sightedness, deafness, being hard of hearing, mental retardation, social maladjustment, physical handicap etc. these handicaps could be due to birth, inheritance, social position, mental and physical health pattern, or accidents in later life, these circumstances, prevent some children and adults from being able to cope with the normal school, class, organization and methods.

The view of Olawuyi (2008) was that special education was an ideal general education in which individual differences are considered and provided for. These differences are manifested in students` abilities, aptitudes, learning styles and motivation to learn. Thus, these factors made it necessary that appropriate instructional techniques be designed to meet the ascertained needs of each learner.

Hearing takes place only if one perceives sound through the outer ear transmits it to the inner ear and the brain is able to process it. Hearing loss is an inability to perceive sound through ones ear. The most common reason for hearing loss is exposure to noise. Hearing loss can be seen as a consequence of living in a noisy world. This noise may come from work or from exposure to different kinds of noise, such as noisy motors or loud music at a rock concert, night clubs, and discos and from stereos - with or without headphones. According to the NTA news report of Sunday 17th July, 2016, loudness of the speakers used by

worshippers at the Churches, Mosques and shop owners who were selling musical dics/videos could result to loss of hearing. This opinion was confirmed by the medical doctor interviewed on the programme that day. The medic affirmed that constant exposure to loudness of noise resulting from rock concert, night clubs, musical instrument and speakers could lead to hearing impairment if the decibel (dB) is higher than what the ear can tolerate and that individuals should be mindful of how loud they listen to music.

According to Bakare (2013), the three types of hearing loss are conductive hearing loss, sensorineural hearing loss and mixed hearing loss. Bakare (2013) further attests that a conductive hearing loss occurs because of the inability of the inner ear to receive sound from the external and middle ears. So, conductive hearing loss is a kind where the ears' ability to receive sound into the ear is either blocked or reduced. Such affects the middle ear generally. The second type occurs at the cochlear which is an important part of the hearing sense organ. The causes of the sensorineural hearing loss are noise-induced loss, hereditary, Rh factor, ototoxicity, cochlear trauma etc and it affects one of the most vital organs, the inner ear. While the third type is due to the combination of both the first and the second types which always affects the two organs- the middle and inner ear parts.

According to Bakare (2013), the sound transmitted by the ossicles reaches the cochlear through vibrations passed via the stapes to the oval window, to a membrane covering an opening in the bony case of the cochlear and thereafter, into the fluid inside the cochlear. The pressure variations in this liquid eventually excite the nerve endings to generate signals to the brain. The sensitivity of the airborne sound is amplified to about 15 to 30 times, due to the matching impedance created by the size of the tympanic membrane relative to the stapes, which is about 30:1. Thus, sound waves from the tympanic membrane are transmitted at the smaller area of the window. This favours the efficient transmission of sound received

by the outer ear to the dense, watery, almost incompressible fluid that fills the inner ear. It is at the oval window that the real mystery of hearing begins. The inner ear received an amplified mechanical force which is transmitted from the middle ear. The mechanical force becomes hydraulic pressure which imparts sound to the organ known as cochlear duct and on to the organ of corti (the seat of hearing) (Bakare, 2013). Human beings hear sounds when sound energy goes through the ear's three main structure (the external ear canal, middle ear & inner ear). Hearing impairment occurs because there is a problem with one or more parts of the ears.

Theories of Hearing Loss

Theories such as place, frequency, volley and travelling wave theories were propounded on how the cochlear processes and analyses sound and how this can results to hearing impairment. Attention is here focused on a major theory of hearing/hearing impairment in the discipline of special education:

- *Place Theories:* A German Scientist, Hermann Von Helmholtz propounded this technique. He was born in 1821 and died in 1894. He compared the series of fibres in the basilar membrane to the strings of the piano. He believed that each fibre responds to different frequencies. Thus, the frequency of the sound determines the place of fibre in the basilar membrane to be stipulated. This theory postulates the established relationship between the frequency of sound waves and the position of maximum mechanical movement. The highest audible frequency is 20,000Hz at the basal end of the basilar membrane, and the lowest audible frequency is 20Hz at the apical end.

- *Frequency Theory:* Rutherford propounded this theory in 1896, which basically was based on the frequency of occurrence of impulses in the auditory nerve. The theory postulates that a sound stimulus of frequency of 500Hz would cause fibres within the auditory nerve to discharge at the rate of 500 times per second. Since the development of theory for obtaining action potential of nerve fibres, it was discovered that no fibre of the auditory nerve is capable of firing at the rate greater than 1000 times per second. Thus, this theory may fail to explain what happens in the discrimination of pitches higher than 1000Hz. Students with hearing impairment in Kwara State School for Special Needs Ilorin might have suffered from incidents that affected the ear passages. The consequent hearing-loss is the reason why they are kept in a special school. Thus, they obviously need assistance to enable them achieve their goal of attending school and benefiting from it.

- *Volley Theory:* The two main proponents who propounded this theory were Waver and Bray in 1937. They attempted to bridge the gap between the place and the frequency techniques. They postulated that the perception of pitch for frequencies up to 500Hz can be explained on the basis of nerve impulses firing in volleys, and for frequencies above 5000Hz, the place of maximum excitation on the basilar membrane i.e place technique.

- *Travelling Wave Theory:* Georg Von Bekesy, a Nobel Prize winner in Medicine (1961) who contributed tremendously to studies concerned with the functioning of the hearing mechanism, postulated that sound is propagated in the cochlear in the form of travelling wave in the basilar tissue. The topmost of the cochlear directs the waves to the ear. With an incoming sound stimulus,

the whole basilar membrane moves in wavelike ripples. The point on the basilar membrane that has the maximum amplitude corresponds to the frequency of the stimulus.

Rational Emotive Therapy and Aggressive Behaviours

In 1955, Albert Ellis developed Rational Emotive Therapy (RET), which he indicated that people's beliefs strongly affectedq their emotional functioning. This therapy is known worldwide for handling maladaptive behaviours such as aggressive behaviours. In particular, certain irrational beliefs which make people feel angry, anxious or depressed and led to self-defeating behaviours are also incorporate into REBT (Jorn, 2009).

Ellis believed that human beings are both rational and irrational animals, the irrational component being the source of emotional problems such as aggression, guilt, anxiety, and depression (Pietrofesa, 1978). Emotional problems, according to Ellis, lead to illogical, irrational and negative thinking, and since emotion cannot be separated from thinking, the individual implements his daily chores in an atmosphere of gloom and a sense of impending doom (Ellis, 1962; Ellis, 2001). The basic idea of Ellis`s work is that people`s problems are derived from maladaptive beliefs, illogical thoughts and they must be changed to bring about improvement in behaviour.

When Ellis presented his theory in the mid-1950′s (Ellis, 1962), the role of cognition in emotional disturbance had not been fully addressed by the field of psychology. The major assumptions of Rational Emotive Therapy were two inseparable processes of thinking and emotion. Ellis believed that the two overlap and that they are the same. Ellis further asserted that there are twelve illogical ideas held by individuals irrespective of their background. He maintained that such illogical ideas could lead to self-defeat, anxiety and neurosis. The list

given by Ellis has been paraphrased by Nwachukwu-Agbada (2009) as well as by Ogungbade (2017b). They are as follows:

1. The idea that everybody must love or approve of what I do. This of course is irrational thinking because it is neither possible nor necessary for everyone to love everything one does. Students with hearing impairment have the same feelings that once a student does not show love to his or her fellow, it could be because the person is an enemy, the student would display aggression in return.
2. The notion that a person must be competent and adequate if the person is to be respected. Whoever thinks this way may see work as slavery rather than means of bringing happiness to oneself for engaging in fruitful activities. Being students with hearing impairment who are fed by the Government, seeing themselves as being dependent, could contribute to their aggressive behaviours in the school.
3. The orientation that humans are wicked and villainous and therefore should be blamed or punished. It is irrational because everyone makes mistakes, so blame and punishment are not effective ways of correcting people who misbehave. Thus, if a student displayed aggression intentionally or unintentionally, it is not an act of wickedness rather it an act of weakness.
4. The notion that life is terrible, horrible and catastrophic when things are not the way one would like them to be. Certainly if life is not going in our way, it is unpleasant experience, but it does not amount to catastrophe. Displaying aggressive behaviour is an unpleasant experience, although it does not amount to catastrophe.
5. The idea that sadness and emotional misery come from events outside ones control and so there is little one can do about it. This is unreasonable, because contrary to this feeling. It is a person's perception of experiences that do him

psychological harm. Aggressive behaviours can be controlled by students with hearing impairment.

6. The orientation that if someone's experience is dangerous or harmful or fearsome, the person should be terribly concerned about it. The best option is to assess such event objectively with a view to control and solving it. Terribly concerned about being aggressive could create another health challenge, thus, controlling the behaviours are better off by students with hearing impairment.
7. The notion that it is easier to avoid than face life difficulties and self responsibilities is irrational thinking. However, to avoid a problem is never a solution to it, but facing the problem is one way towards solving it. It is better to face the problem of aggression in order to solve it.
8. The idea that to depend on someone stronger or greater than oneself is preferable to mounting a personal struggle for self actualization. This is irrational because dependence at any level inhibit personal growth, thus, dependence on one or more aggressive students could lead to inability to reduce the behaviours.
9. The orientation that the person's present behaviour is a factor of his past experiences and so cannot be modified is an irrational behaviour. The truth is that one's present behaviours need not determine the person's future behaviours. A man does and can effect changes in his present or future behaviour. Likewise, being aggressive can be reduced successfully by the students exhibiting the behaviours.
10. The idea that a person ought to be bothered and upset by the problems of another person. This is unhelpful idea because if the problem of somebody else places a burden on one, one compounds the problems and may in fact be unable to render any help to the person who exhibited aggressive behaviours.

11. Every problem always has the exact solution and it is catastrophic if the answer is not found. To search for the precise answer may after all be a futile and frustrating preoccupation, and to believe in a perfect solution to human predicaments is to carry continuing dissatisfaction because there is no perfect answer. Also, it irrational to think that aggressive behaviours can be stopped, it is better to minimize the behaviours.
12. To achieve happiness one should be passive because it is a way of ensuring continual enjoyment. Inactive when there should be action could make a difference between life and death; inaction instead of action is like postponing the evil day. In order to reduce aggressive behaviours, series of efforts are required, inaction does not help.

These fallacious ideas are almost universal in the society and they are accepted and reinforced by continuous self indoctrination that may lead to emotional disturbance or anxiety since these ideals cannot be lived up to. The disturbed individuals are often unable to achieve their unrealistic expectations. On the contrary, for a rational person who has been thoroughly released from all these fundamental kinds of illogical thinking, it would be exceptionally difficult to become intense or emotionally upset or at least sustain disturbance for an extended period of time. Invariably, it is right to say in this context that when people's thinking is irrational then irrational behaviour is expected and exhibited. Individuals who structure their thinking rationally would likewise behave rationally.

Akinade (2008) advised that during the therapy sessions, the therapists have to overturn the false, undesirable and irrational beliefs in order to transform them to rational and functional behaviours which the individuals concerned are supposed to manifest in the society. The word "belief" means a conviction in the truth, actuality, or validity of something.

So a belief is a thought with an emotional component (conviction) and a factual component (truth, actuality or validity).

Beliefs can be either positive or negative. Having a negative belief is not necessarily a bad thing; however, when one's believes in something that is false, a negative belief tends to become what Ellis called an "irrational" belief. Irrational beliefs are not friendly to happiness and contentment and are definitely unhelpful for getting one's basic desires for love, approval, comfort and achievement or success met (Jorn, 2009).

Rational Emotive Therapy (RET) developed by Albert Ellis in 1955 metamorphosed to Rational Emotive Behaviour Therapy (REBT) in 1999 (Ellis, 1999). Initially, RET was a thought - related theory, until it had the behaviour components which dealt with feelings of the client, the Therapist used the procedural of Albert Ellis of RET which focused on helping the client to think. However, thinking without feelings did not result in behavioural change. Due to the perceived inadequate techniques of psychoanalysis, Ellis added behaviourism to the procedures of handling maladaptive behaviours. He attributed the deficiency in the two camps' therapies to their conceptualization of personality and emotional disturbance. Ellis felt that by ignoring the role thinking played in emotional disturbance psychoanalytic therapy failed to explain how human beings originally became disturbed and how they might remain disturbed.

REBT applies cognitive, emotive and behavioural approaches to change irrational beliefs. A major method for working with irrational beliefs is disputing, which involves detecting, discriminating and debating irrational beliefs. The strongest emphasis in understanding the A-B-Cs of the development of one's irrational beliefs distinguishes REBT from other cognitive and behavioural therapies. Moreover, REBT also uses cognitive

strategies, such as repeated constructive statements about oneself, audiotape and psycho-educational materials (Sharf, 2012).

REBT uses methods such as re-education, employing imagery along with emotions and behavioural methods which include homework outside the session, and skill training in the reinforcement of desired behaviours (Sharf, 2012). The researcher tolerates the students with hearing impairment who exhibited aggressive behaviours and fully accepts them during the therapeutic procedures. The researcher disputes such behaviours by challenging, confronting and convincing them to practice activities that lead to constructive changes in their thinking, feeling and behaviours.

A-B-C-D-E-F Theory of Albert Ellis/ Application of REBT in Reducing Aggressive Behaviours

The core principle of REBT is the application of A-B-C-D-E-F philosophy to client problems. Albert Ellis thought that people developed irrational beliefs in response to preferential goals being blocked. He set this up in an A-B-C theory of personality which later was improved upon. Ellis and Dryden (1997) called it A-B-C-D-E model. Ellis added ‘‘F’’ in 2005 to strengthen “E’’ which was the therapeutic approach that became A-B-C-D-E-F.

The “A” in this theory stands for Activating Event or Adversity. This is any event that causes aggression, in this instance, it is the hearing impairment and this is just a fact, this is because there are issues of irrational believe that are not facts. “B” refers to one’s Irrational Belief about the event “A.” The irrational belief here is the feeling of superiority which then leads to “C,” the emotional and behavioural Consequences. The “C” is the aggressive behaviours. “D” stands for disputes or arguments against irrational beliefs that the counsellor or the therapist helps the students with hearing impairment who exhibited aggressive

behaviours dispute through the use of the therapeutic treatment applied. ‘‘E’’ stands for New Effect or the new, more effective emotions and behaviours that result from more reasonable thinking about the original event (Aggressive behaviours), ‘‘F’’ stands for an Improved feelings that results from the adjusted irrational thinking of the students with hearing impairment who previously exhibited aggressive behaviours.

It is important to use vigor or energy when disputing irrational beliefs. Disputing is not just a rational or cognitive method but also an emotional method of changing irrational beliefs into rational ones (Jorn, 2009). In order to effectively reduce aggressive behaviours of students with hearing impairment, Ellis (1962) proposed that counsellor should accomplish this process in four stages, they are as follows:

Stage 1: Bringing the self-talk forcibly to the attention or consciousness of students with hearing impairment who are aggressive

At the B-C connection (between the belief and the consequence), the counsellor discusses with the client who is helped to understand that emotions and behaviours are caused by beliefs and thinking. The counsellor should read material(s) that demonstrate this to the clients (For example a biography of a student who had displayed aggressive behaviours in the school). According to Bulus (1980), for effective counselling to occur, first and foremost, the therapist should teach the client to re-perceive or re-think life events. The counsellor leads the client to have insight into his problem and see how irrational thoughts and negative self-talk have contributed to the problems they are currently experiencing (Corey, 2005; Corey, 2009).

An example of such negative self –talk is ‘‘I am to be blamed for displaying aggressive behaviours’’. Essentially, the counsellor helps the client identify his/her irrational beliefs and attitudes. He declares to the client that it is not the activating event (A), hearing

impairment, that leads to emotional and behavioural consequence (C) (Aggressive behaviours), rather it is the client's belief system (B) about feeling superior. In other words, if a person experiences fear, shame, guilt or depression after being aggressive, it is not the hearing impairment itself that causes such but the person's belief about it. The counselor should maintain that the irrational belief at point B is what mainly causes the fear, shame, guilt or depression at C. The counsellor should give him/her some homework in order to assess his/her understanding.

Stage 2: Showing how aggressive behaviours are causing irrational thoughts and consequently unhappiness to the students with hearing impairment

At this stage, the counsellor shows the students with hearing impairment who are aggressive how the relevant beliefs may be uncovered. The ABC format is invaluable here. Using an episode from the client's own recent experience which reflects his / her disturbance, the counsellor asks him/her to note the 'C' (for example fear or self-blame) and then the 'A' (Hearing Impairment). Having understood them well, the client is invited to ask (at B): What was I telling myself about A, to have felt and behaved the way I did at C? As the client develops understanding of the nature of his/her irrational thinking, this process of 'filling in the gap' will become easier. Such education may be achieved by reading, direct explanation and by self-analysis with the therapist's help or through the process of homework between sessions as well. The entire process is didactic in nature, because it involves a lot of teaching to adjust the client's views.

Stage 3: Demonstrating exactly what the illogical links in internalized sentences are to the students with hearing impairment

The counsellor teaches the students how to dispute and change the irrational beliefs, replacing them with more rational alternatives. Again, education will aid the client here. Disputing involves debating and challenging the irrational beliefs of an aggressive student by the counselor at point D, explaining why the belief is irrational, and correcting the belief in order to form more rational ones. Ellis (2001) suggested that the best way to dispute an irrational belief is through realistic, logical and practical means. A REBT counsellor, therefore, teaches aggressive students to dispute their irrational thoughts by continuously asking them such questions such as, where is the evidence that it is good to be aggressive? And what shows that we are worthless persons because we are aggressive?

The counsellor then gives homework to his client in between the sessions, thus using the reinforcement technique to help him/her overcome fear. The therapist could also use shame attacking exercising or role playing technique to challenge the client's self-defeating disturbance until a positive change of behaviour is achieved in the client. The essence of the change process is the disputing of the irrational beliefs that the client hold, successful disputation, whether by counsellor or client, ultimately leads to a new effect (E), this E leads to a new, and more appropriate feeling (F).

Stage 4: Teaching how to re-think, challenge, contradict and re-verbalized negative sentences so that internalized thoughts become logical and efficient

Point E is the point of changed verbalizations and behaviour; it is the point that clients, having subjected them to cognitive, emotive and behaviour therapy, now question their irrationality. At this point, they change their basic philosophy and can now say, ''it is not to our interest to be aggressive and we are not worthless persons because we have exhibited aggressiveness in the past''. The REBT counsellor helps the client to internalize a rational philosophy of life just as they originally learned and internalized the irrational view

of their parents and community (Ellis, 1962). The counsellor should also teach those practical means to overcome aggression by asking the client to take active part in interacting with others in order to avoid being ashamed. He should encourage them to smile most of the time rather than frown and to recite words like ‘we can make it”, ‘‘It is well with us’’ and so on.

At point F, the counsellor should help the students who are aggressive get into action by acting against irrational beliefs. For example, disputing the belief that disapproval is intolerable by deliberately doing something to attract it, then discovering that one survives- is an essential component of REBT. Thus, human beings are largely responsible for creating their emotional reactions and disturbances. This procedure reveals how REBT counsellors are capable of assisting students who are aggressive change irrational beliefs that cause their emotional disturbances/ embarrassments. Its emphasis on both rethinking and action makes it a powerful set of skills for change. This is a cognitive effect to be followed by an emotive behavioural effect when the client, having overcome his shamefulness, now decides to face life much more realistically with a view to succeeding at last. The theory is, therefore, useful in carrying out counselling session with students with hearing impairment who are aggressive. According to Corey (2009), the therapist takes the role of an authority.

Rational Emotive Behaviour Therapy (REBT) is chosen for this study due to its effectiveness in treating aggressive behaviours. The step is very brief and it focuses on solving the present problem(s) rather than the future. Through REBT, students with hearing impairment have learned skills that will enable them identify and dispute irrational beliefs that have been acquired and are now maintained by self indoctrination. The question then is: could this technique be effective in the reduction of aggressive behaviours among students with hearing impairment in Kwara State School for Special Needs, Ilorin?

Reality Therapy and Aggressive Behaviours

Reality Therapy (RT) was developed by William Glasser in 1965 (Glasser, 1965). Reality therapy assumes that the first step in changing behaviour is to find out the behaviour people are trying to correct. Reality therapy is used to effect changes in thinking, feelings and behaviours and is especially useful for counsellors and correction workers to address drug abuse, bullying, aggressive behaviours (Sharf, 2012). To buttress this point made by Sharf (2012), William Glasser, the propounder of reality therapy employed this therapy to treat aggressive behaviours of secondary school students. Wubbolding (2000) also noted that reality therapy gave specific attention to handling aggressive behaviours.

The goal of Reality Therapy in this study is focused on helping to change the thinking, feelings and behaviour of students with hearing impairment. It is a problem-solving method that works well with students who are experiencing problems and who seek help in solving them, as well as those who are having problems and appear to have no need of any assistance. It also provides an excellent model for helping individuals solve their own problems objectively and serves as the ideal question series during coaching sessions. According to Nwoye (1988), a consensus that seems to exist among professional counsellors and reality therapists alike, is that a major goal of their professional commitment is to work towards influencing a positive change in the behaviour or the personal situation of those who seek their help in therapy.

Nwoye (1988) further stated that the Reality Therapy is a label given to that kind of therapeutic intervention specially addressed to help target clients to reorganize their perceptions and evaluations of reality in order that they can formulate a more realistic perspective by which to forge ahead in life. Reality Therapy is a form of therapy geared at training individuals to be responsible to themselves and to the world around them. He further identified a basic intervention technique as direct teaching of client. This includes correcting of misconceptions and challenging of client`s wrong attitude to life and people, including

debunking of his half-truths which motivate his irresponsible behaviours such as aggression. The process of Reality Therapy involves the use of techniques such as confrontation, persuasion, constructive debate, role play, humour, self disclosure, support and information, instruction of new skills or referral and so on. It is clear from this point that the intervention modalities based on Reality Therapy principles are thus largely directive, and so tend to depart in perspective from the Rogerian style (Nwoye, 1988) which emphasizes client centredness and the counsellor just playing the roles of a facilitator.

In the opinion of Umoh (2009), psychotherapy should aim at helping people evaluate their behaviours to see if such behaviours are contributing to, or hindering the fulfillment of their needs. The clients should be motivated to change irrational behaviours to rational ones which are capable of helping the individual meet his/her needs. Umoh (2009) concluded that changing irrational behaviours to rational ones requires learning. The more thoroughly one learns acceptable behaviour, the more the satisfactory one`s life will be. The task of the counsellor is thus to motivate the clients to learn behaviour that is realistic and acceptable.

Counselling Approach of Reality Therapy

The principles involved in counselling sessions in Reality Therapy were conceptualized by Glasser (1981) in eight stages. The first three principles are ways in which the therapist becomes responsibly involved with the person he or she is trying to help. The therapist uses the other five principles to assist the clients become realistically involved in taking responsibilities through planning and committing the plan into action with the therapist in order to help the students with hearing impairment reduce aggressive behaviours. All the eight stages are discussed as follows:

Principle I - Deep Interpersonal Involvement: Success in the use of Reality Therapy starts with the therapist's personal relationship with the client(s). The therapist communicates,

cares for and understands the client's position. The therapist establishes a relationship with the client(s) so as to facilitate involvement. This involves creating a sound rapport with the clients.

Principle II - Focus on the present behaviour rather than the feelings: The client is assisted to explore his/her behaviour because it is the problem and not the feelings that are to be addressed and corrected. Feelings are tied to everything a person does. Therefore, by exploring and re-directing what the individual is thinking or doing, they are helped towards a better behaviour and better feelings.

Principle III - Focus on the present: Reality Therapy is based on what is happening "now" or in the present moment. The past is seen as fixed and unchangeable. When the past is referred to, it should be in relation to current situation and behaviour and what is likely to happen in future, with the following in mind:

i. It is useful to discuss character building experiences in the individual's past and to relate them to current behaviour and current attempts to succeed;

ii. If the past events are discussed, attempts should be made to discuss constructive alternative that he or she might have taken at that time;

iii. Difficulties encountered by the person due to his or her behaviour should be discussed and not why he or she got into such difficulty. While traditional psychoanalytic and counselling often focus on the past events, Reality Therapy solutions lie in the present and the future, "the now and here".

Principle IV - Value Judgment: The client should be encouraged to judge their behaviours and evaluate the actions contributing to their behaviour before they could be assisted. The therapist should confront the clients to examine the effect of their behaviours because judgments are to be made by the clients and not the therapist.

Principle V - Planning: The clients should be encouraged to make realistic or workable plans and carry them out in order to achieve what they want. The therapist is to lead them towards making specific plans in order to change self-defeating behaviour and guide them to sources of valid information. This will help them gain direction to achieve happiness without hurting others. Where a plan does not work, they are assisted to re-evaluate it.

Principle VI - Commitment: Clients are to be assisted in making sensible commitment so as to attain success and gain a sense of self-worth and maturity as they follow through their plans. They should be led to commit themselves to carry out the plan in writing.

Principle VII - No Excuses: Clients are disallowed to make excuses even when plans fail, because real discipline in Reality Therapy is the ability not to accept excuses but rather, to have a sense of commitment to achieve a plan. Where a plan is too complex, the therapist should assist them to choose another plan, more simplified enough for the clients.

Principle VIII - Eliminating Punishment Statement: The reality therapists believe that punishment does not work on those with behaviour problems as a way of changing their behaviour. Therefore, negative statements should be avoided. That is why reality therapy might be a better option in addressing aggression among students with hearing impairment in Ilorin, because studies have shown that repeated punishments have not yielded the desired results of correcting their behaviours.

Application of Reality Therapy to Reduce Aggressive Behaviours

Reality Therapy was applied for treatment in the group sessions of students with hearing impairment, because the principles can be easily and effectively incorporated into the group process. The group is seen as an instrument by which to implement commitment and plan making (Agali, 2004). The principles involved in counselling sessions in Reality Therapy were conceptualized by Glasser (1981) in eight stages, earlier discussed.

The first three principles of RT involved how the therapist got the students with hearing impairment engaged so that they could be involved in taking responsibilities through planning and committing the plan into action with the therapist in order to facilitate reduction in aggressive behaviours. The other five steps applied in this study are discussed as follows:

Principle IV - Value Judgment: The students with hearing impairment were encouraged to judge their behaviours and evaluate what actions they engaged in that contributed to their inability to control their behaviours before they could be assisted. The therapist encouraged the students concerned in order to effect changes in their behaviours, the judgments were made by the students and not the therapist.

Principle V - Planning: At this stage, the students with hearing impairment were encouraged to create realistic or workable plans and were assisted to carry it out in order to achieve their goals. The therapist helped them make specific plans to change their aggressive behaviours and provided guidance based on information provided by them. This was possible because the therapist guided the students and assisted them achieve happiness without hurting others. Where a plan did not work, they were asked to re-evaluate it. For instance, since students who bullied fellow students were among the participants, the matter was discussed. They agreed to channel their aggression towards sporting activities in the school.

Principle VI - Commitment: The therapist assisted the students with hearing impairment to make sensible commitment that would enable them attain success and be able to reduce

aggressive behaviours. Also to improve learning outcome as they follow through their plans. They were assisted to commit themselves to a workable plan expressed in writing.

Principle VII - No Excuses: They were not allowed to make excuses even when they failed. This approach becomes necessary because real discipline in Reality Therapy lies in the ability of the clients to refrain from excuses and rather to have a sense of commitment to achieve the plan. Where the plan was too complex, the therapist assisted the students with hearing - impairment to sort out another plan that could help achieve the desired goals.

Principle VIII - Eliminating Punishing Statements: The Reality Therapy believes that neither punishments do work nor could it assist in solving behavioural problems as a way of changing their aggressive behaviours, therefore negative statements were avoided during implementation therapy.

Empirical Studies on Aggression, Rational Emotive Behaviour Therapy and Reality Therapy

This section discussed the research conducted as it relates to the topic of this study. According to Wadsworth (1976) family structure is an important factor responsible for aggression and violence. From the findings conducted in England, Scotland and Wales using 5,300 children, parents who experienced parental separation between time of giving birth to their children and age of 10years increased the likelihood of their child's conviction for violence up to the age of 21years.

Media plays a very vital role in propagating violent imagery, norms and values. Exposure of children and adolescents to violent content through the various forms of media such as video games, videotapes and the internet's etc, have negative effects on young ones. For instance, Santrock conducted a study in 2005, which revealed that long-term exposure to

television violence had significant relationship to the likelihood of aggression in 1,565 for male respondents ages of 12 to 17 years Boys who watched violent and aggressive movies on the television were most likely to commit violent acts, be aggressive in sports, threaten violence toward other boys and even damage property at homes and in the schools.

Tor-Anyin and Baaki (2006) investigated the influence of single parenting on aggression of offspring in Benue State, Nigeria. They realized that sex of the offspring influence the level of aggression. The male's aggressive acts were seen as concrete efforts to survive as a man. The gender differences in the score on aggression were because of stigma carried by the parents of such offspring. In order to remove such stigma, the offspring might resort to acts different from those of their parents.

Ojewola (2008) also investigated the effects of assertiveness and self-efficacy skills training in reducing aggressive behaviour that is common among in-school adolescents, Ogbomoso, Nigeria. The population of the research was in-school adolescents of about twelve thousand students. Only public secondary schools were used for the study. From two local governments in Ogbomoso, Nigeria, the researcher selected a school from each local government. Students from the first school were used to form three experimental groups while those in the second school were used for control group. Forty-eight (48) samples were assigned, that is twenty four male and twenty four female for the study. There were twelve (12) participants, six (6) male and six (6) female, in each of the four groups.

The results showed that the treatment packages of assertiveness skills training, self-efficacy skills training and the combination of both were effective in reducing aggressive behaviours among in-school adolescents. It was noted that the three experimental procedures were useful for reducing aggressive behaviours. Also, gender did not play significant difference in reducing aggressive behaviours among the three treatment groups. The

implication of Ojewola (2008)`s study was that secondary schools should be provided with counsellors who are trained to adopt preventive and remedial counselling. Counsellors in the schools and those in training should be empowered with necessary skills to handle adolescents behavioural problems especially aggression (Ojewola, 2008). This finding might be what it turned out to be because the participants were "normal" in-school adolescents.

Another aspect of aggression that the present research is interested in is bullying behaviour. Mustapha (2012) studied efficacy of Client-Centred Therapy (CCT) and Rational Emotive Behaviour Therapy (REBT) in reducing bullying behaviour among in-school adolescents in Ilorin, Nigeria. Seventy-two (72) secondary school students with ages ranging from 10 to 19 years were sampled, while 44 were male and 28 were female. The sample was divided into three groups (CCT, REBT & Control group) of twenty-four (24) each.

The study of Mustapha (2012) revealed a significant reduction in bullying behaviour of in-school adolescents who were exposed to two of the experimental treatments (CCT & REBT). It was noted that Client Centred Therapy showed a significant difference in the reduction of bullying behaviour among in-school adolescents in Ilorin, Nigeria. Also, there was a significant difference in the Rational Emotive Behaviour Therapy in reducing bullying behaviour among in-school adolescents in Ilorin, Nigeria. However, gender had no moderating effect on the reduction of bullying behaviour among in-school adolescents, but age had a moderating influence on the reduction of bullying behaviour among in-school adolescents. It was concluded that CCT and REBT were useful in reducing bullying behaviour significantly among in-school adolescents within the ages 15-19 than adolescents who were within the ages 10-14. The implication of this study was so that Nigerian school counsellors would be motivated to identify and assist in-school adolescents manage their aggressive behaviours. It was recommended that utilization of the CCT and REBT procedures by the school counsellors should be encouraged and discourages the use of

corporal punishments by the teachers and parents to curb aggressive behaviour. Also, the participants in this study were "normal" in-school adolescents.

Babaroglu (2014) conducted a study on effect of hearing impairment on children's aggressive behaviour in the public Seyhan School for the children with hearing-impaired in the province of Adana in South of Turkey. The sample of the children used ranged from 10-17years.

Another important aspect of this research was the therapeutic procedures adopted. Other researchers have also used both REBT and RT or one of the two. For example, Titiloye (2012) investigated efficacy of REBT and RT in order to reduce the fear of mathematics (Mathophobia) among in-school adolescents in Ilorin, Nigeria. The outcome of the findings showed that REBT produced significant reduction in mathophobia among in-school adolescents in Ilorin, Nigeria. It was also discovered that Reality Therapy produced significant reduction in mathophobia among in-school adolescents in Ilorin, Nigeria. These findings showed that both REBT and RT were effective in reducing mathophobia among in-school adolescents in Ilorin, Nigeria. Moderating variables were also tested in relation to the dependent variable. Mother's educational qualification had significant effect on mathophobia among in-school adolescents in Ilorin, Nigeria through the use of reality therapy while gender and father's educational qualification had no significant effect on mathophobia through the use of neither REBT nor RT. Mother's educational qualification had no significant effect on mathophobia among in-school adolescents through the use of REBT.

Another experimental study was also conducted by Agali (2004), it was relative efficacy of Reality Therapy and Assertive Therapy in assisting the imprisoned inmates so as to adjust to life after prison. The outcome of the study revealed that RT, AT and combination of both were all found effective in assisting the prisoners so that they can adjust to life after

being released from prison. It was noted that the combination of the treatments was most effective, although all the treatments groups differed from those in the control group. It was also found that the treatments and adjustment level of inmates were not affected by religious affiliation, age group, length of stay in prison, educational background and type of crime committed. The participants were "normal" individuals.

Fajonyomi (1997) conducted an experimental study on the effectiveness of Three Modes of Treatments on Anxiety and Performance in English Language among co-educational secondary school students in Maiduguri, Borno State, Nigeria. The three modes of treatments used were Study Skills Counselling, Rational Emotive Therapy and combined treatments group of Rational Emotive Therapy and Study Skills Counselling. The outcome showed that each of the treatments was effective in reducing the subjects' anxiety; the treatment groups showed considerable improvement in English language performance, there was clear direction as to the superiority of the combined treatments group over the others and sex treatment interaction did not contribute significantly to the variance in the scores on the Sarason Test Anxiety Scale (STAS), Worry and Emotionality Scale (WES) and English Language Performance Test (ELPT).

Empirical Studies on Gender, Age and Aggressive Behaviours

Gender is a very important moderating variable in this kind of study. For instance, previous study conducted by Bjorkqvist, Lagerspetz and Kaukiainen (1992) revealed that male students engaged in aggressive behaviours more often, in direct ways than females counterparts in the schools. Furthermore, Yamasaki and Nishida (2009) corroborated the findings that male students in the elementary schools exhibited aggressive behaviours than female students; these researchers concluded that aggression is commonly exhibited by male students in the schools. In the study conducted by Lussier and Corrado (2012), physical

aggressive behaviours such as kicking, bitting and hitting are age-typical expressions of innate and spontaneous reactions to biological drives such as anger, hunger and affiliation. A study conducted by Landsford (2012) in 9 countries indicated that boys were found more in the use of physical aggression.

Also, Derman-Taner (2013) reaffirmed that gender plays an important role in the aggressiveness of the students. It was concluded that male students were more aggressive especially those between the ages of 10 and 11 in the schools. A study conducted by Babaroglu (2014) corroborated all the findings of the earlier researchers. He also used gender as an intervening variable; the results showed that male hearing impairment children were more aggressive than female hearing impairment children. The difference was noted in the area of verbal aggression.

Age plays a very important role in influencing aggressive behaviours of students with hearing impairment. Babaroglu (2014) conducted a study in the province of Adana in South of Turkey, using the students who were between ages 10 and 17 that attended public Seyhan School for Children with Hearing impairment. The study researched into the effect of hearing impairment on Children' aggressive behaviour, it was discovered that age did not make any difference on level of aggressiveness demonstrated by students of those ages. Tremblay (2000) found out a different result when a study was conducted on the development of aggressive behaviour during childhood. This study noted that physical aggression in human being was at peak at ages 2-3, which started declining gradually thereafter on average. These observations by Tremblay suggested that physical aggression is not only a learned behaviour but that development provides opportunity for the learning and biological development of self-regulatory.

Summary of the Review of Related Literature

Aggression is an act of willfully hurting others in order to inflict pain on others. Aggressive Behaviours connotes violent behaviours which include verbal or physical aggression such as bullying, fighting and disobedience to constituted authority whether at home or in the school, all of which are considered as unacceptable behaviours that violate social norms. Theories of aggression were reviewed among which include frustration theory, cognitive behaviour theory, social learning theory, biological theories and drive theory, and the perception of the theorists were analyzed in relation to aggressive behaviours.

The literature review also discussed the subjects of aggressive behaviour and hearing impairment. Since hearing impairment is not an isolated word, the concept special education was examined. Special education has been explained to be the education for children and adults who have learning difficulty because of different sorts of handicaps: blindness, partial sightedness, deafness, hard of hearing, mental retardation, social maladjustment, physical handicap etc. some of these disabilities are due to birth, inheritance, social position, mental and physical health pattern, or accident in later life. Theory of hearing and hearing impairment was analyzed and discussed especially frequency theory; others were also highlighted such as place theory, volley theory and travelling wave theory.

Principles and theory of Rational Emotive Behaviour Therapy were also reviewed. This therapy is known worldwide as being effective for reducing maladaptive behaviours such as aggressive behaviours. It was reviewed that human beings are both rational and irrational beings, that the irrationality was the source of emotional problems such as aggressive behaviours. These Emotional problems lead to illogical, irrational and negative thinking, and since emotion cannot be separated from thinking, the individual implements his daily chores in an atmosphere of gloom. The basic idea of this therapy is that people`s problems are derived from maladaptive beliefs, illogical thoughts and they must be changed to bring about improvement in behaviours. The therapist will have to attack the false,

undesirable and irrational beliefs and change them to rational and functional behaviours that students with hearing impairment are supposed to manifest at school, home and in the society.

The principles and therapeutics process of Reality Therapy were analyzed. Reality Therapy is a form of therapy geared at training individuals to be responsible to themselves and to the world around them. The basic intervention technique is direct teaching of client to include correcting the misconceptions, challenging the students with hearing impairments wrong attitude to life including debunking of his half-truths which result in his/her irresponsible behaviours such as aggressive behaviours. The process of Reality Therapy involves the use of confrontation, persuasion, constructive debate, role play, humour, self disclosure, support, information, instruction of new skills or referral and so on.

Conceptual Model for the Study

A concept refers to an understanding retained in the mind, from experience, reasoning, idea or technique. Models are simplified representations used to explain the workings of a real world event. Models could be perceived as 'professional spectacles'. Therefore, a conceptual model implies a mental image of an object, system or process, which describes the general function relationship component of a representation used to explain the workings of a system. According to Mcquail and Windahs (1993), a conceptual model is a consciously simplified description of graphic form of a piece of reality, which seeks to show the main elements of any structure of process and the relationship between the elements. Esere (2000) perceived a conceptual model as an integration of ideas into a concise manner in such a way that people derived a "feel'' of how things work.

The conceptual model for this study is founded on behavioural equation called S-O-R, where S is the stimulus conditions (Predictors) or the independent variables; O is the

organismic variables which are the intervening variables and R is the response which is regarded as the outcome variables which is the dependent variable.

The independent variables are Rational Emotive Behavioural Therapy (REBT), and Reality Therapy (RT), which are the treatments that the researcher manipulated on the dependent variable. The dependent variable is aggressive behaviours. The intervening variables are the factors in A and B. The factors in column A are primary or endogenous factors which are deep-rooted in the students with hearing impairment such as gender, age, belief and identity. These factors could not be controlled; however the factors under column B are secondary /exogenous which are produced outside of students with hearing impairment that could be controlled by the researcher. These include school arena, peer group, learning condition and behavioural pattern. The researcher endeavoured, as much as possible, controlled these intervening variables (A & B) that were observed during the treatment phase. It was expected that the manipulation of the independent variables, would lead to reduction in aggressive behaviour among students with hearing impairment.

For clarity, SOR behavioural equation explained could be stated in a clearer manner:

S = Stimuli are predictors or independent variables

O = Organisms are intervening or moderating variables

R = Response

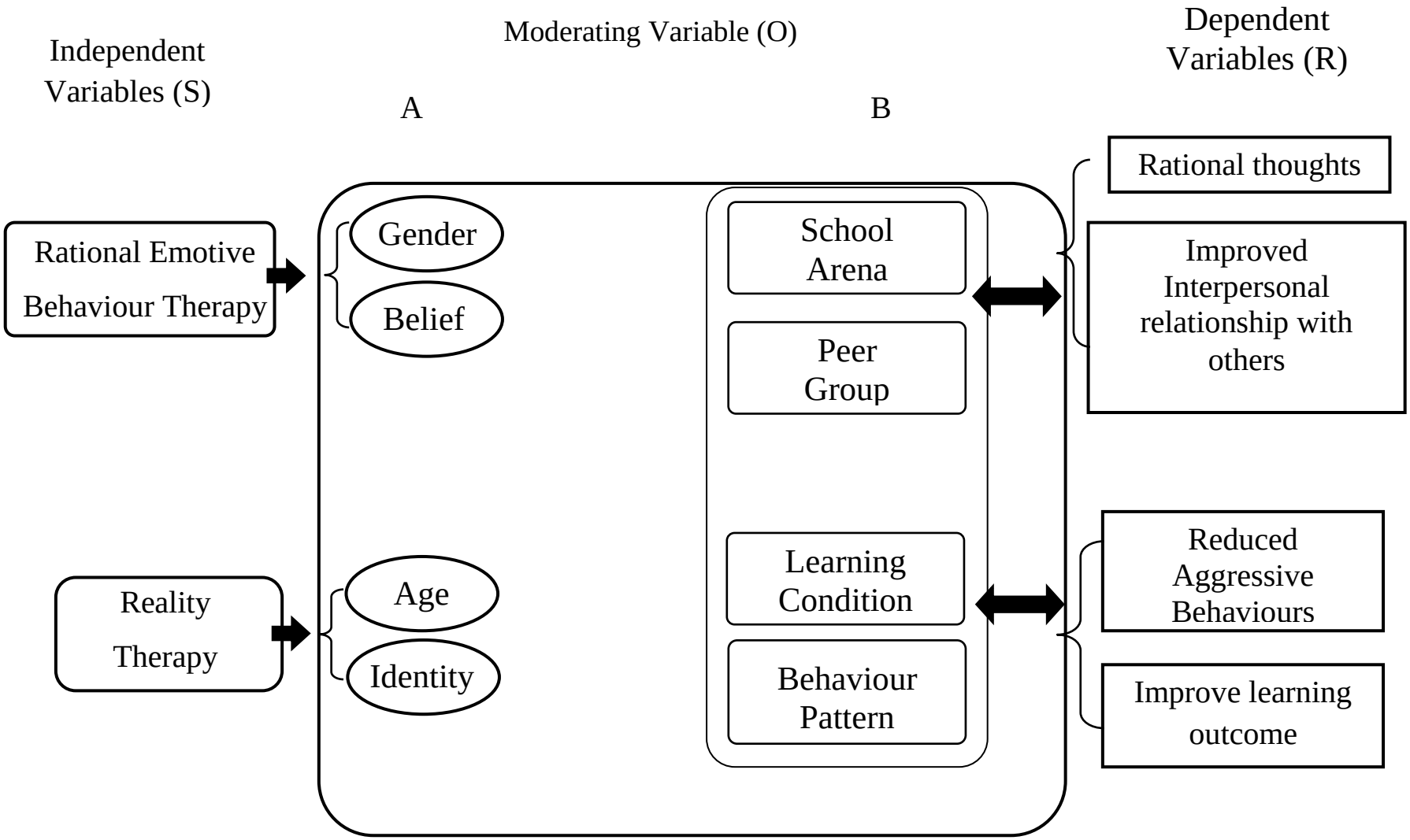

Fig. 1 Conceptual Model for the Study
Source: Researcher's Conceptualization

CHAPTER THREE

METHODOLOGY

Preamble

This chapter discusses the general procedure adopted for the conduct of the study. Specifically, it focused on the Research Design, Population, Sample and Sampling Procedure, Instrumentation, Procedure for Scoring, Procedures for Treatment, Control of Extraneous Variable and Method of Data Analysis.

Research Design

The researcher adopted pre-test, post-test, non equivalent, control, quasi-experimental design. This is so because the study required manipulation of the two independent variables (presumed cause) and observed the outcome of the changes on the dependent variable (presumed effect), which allowed the researcher to conduct statistical tests that provided answers to the research questions and hypotheses since the researcher was interested in determining the effectiveness of Rational Emotive Behaviour Therapy (REBT) and Reality Therapy (RT) in reducing Aggressive Behaviours among students with hearing impairment in Ilorin, Nigeria. Best (1981), described quasi-experimental design adopted for this study as the comparison of the effect of the treatments (REBT & RT) on the dependent variable (Aggressive behaviours). The researcher compared REBT and RT with the aggressive behaviours of the participants, which led to determining their effectiveness or otherwise. According to Adewumi (1998), experimental method is used to investigate possible cause-and-effect relationships by exposing one or more experimental groups to one or more control groups not receiving treatment.

For the purpose of this research, two experimental groups were involved, which comprised two treatment groups: Rational Emotive Behaviour Therapy and Reality Therapy and the control group labeled as A, B and C respectively. The design could be further explained as follows:

Experimental Groups	Pre-test	Post-test	
A (REBT)	01	X1	04
B (RT)	02	X2	05
C (Control)	03	-	06

Where groups A and B represented the two treatment groups, C stood for control group; 01, 02, 03 represented the pre-test for groups A, B and C while 04, 05, 06 represented the post-test for groups. X1 and X2 represented the treatment for groups A and B while the control group C did not receive treatment.

Study Area

The study was carried out in Kwara State School for Special Needs, Ilorin, Kwara State. Ilorin is the capital of Kwara State which is located in North Central geo-political zone of Nigeria. Kwara state has boundaries with other States such as Oyo, Osun and Ekiti to the south. It also borders Kogi State to the East and Niger State to the North. It also shares boundary with Benin Republic to the West. Ilorin metropolis has three Local Government Areas namely: Ilorin-South, Ilorin-East and Ilorin-West with their headquarters at Fufu, Oja-Oba and Oke-Oyi respectively. Kwara State School for Special Needs is located within Ilorin-East Local Government Area.

Population, Sample and Sampling Procedure

The population of this study comprised all students with hearing impairment (101 & 98) in Kwara State School for Special Needs, Ilorin. The target population comprised all students in SSS III (31), II (31) and I (36) in Kwara State School for Special Needs, Ilorin. Currently, there are 98 senior secondary school students with hearing impairment at Kwara State School for Special Needs, Ilorin. The sample size was 84 participants.

The multi-stage sampling procedure was employed to select the sample size. At stage one, Kwara State School for Special Needs, Ilorin was purposively selected. The choice of this school was due to the fact that this was the only secondary school where students with hearing impairment could be found in Kwara State. At stage two, stratified sampling technique was used to select 84 participants based on gender and age. None equal numbers of both male and female (18 male & 10 female in SS 3, 15 male & 12 female in SS 2 & 12 male & 17 female in SS 1) participants were selected. Age ranges 13 years and 21 years were also selected to participate. At stage three, purposive sampling technique was used to select all the students found at SS 3 (28), 2 (27), and 1 (29) respectively. The selection was done by labeling the participants' classes to experimental conditions A, B, and C (SS 3, 2, & 1). There were a total of eighty four (84) participants used for the three groups.

The pre-test screening was conducted with the use of standardized test developed by Orpinas and Frankowski (2001) for students with hearing impairment. It revealed that 8 students did not exhibit aggressive behaviours. There were 90 students with hearing impairment that exhibited aggressive behaviours out of 98 students met in the school. The researcher took a further step to re-explain the purpose of the research and that the participation was voluntary. At this point, 2 students declined to participate and 4 hard of hearing students who did not

understand sign language were excluded from the study. The remaining 84 Senior Secondary School Three, Two and One (SSS 3, 2 & 1) students with hearing impairment who met criteria were enlisted for the research.

Inclusion Criteria

All students with hearing impairment who were in SS 3, SS 2, and SS 1 who gave their consents and were skillful in sign language participated in the study. Also, all who met up with the benchmark/ baseline of 19.3 and 13.2 for male and female respectively were included and participated in the study.

Exclusion Criteria

All students with hearing impairment who cannot communicate effectively using sign language were excluded from the study; boys who scored less than 19.3 and girls who scored less than 13.2 on the aggressive scale were also excluded from the study.

Ethical Considerations

First, the researcher submitted a form for consideration by the ethical review committee through the Departmental Review Committee to the Faculty Review Committee and onward processing to the University Ethical Review Committee for approval to conduct this study (See the appendix G). Informed consent of the respondents was sought by asking them to sign an undertaking (See the appendix A) in order to show that they were not coerced into the study. They were also assured of strict confidentiality. The researcher respected the human rights of the participants, treated them as humans. The researcher explained the benefit of the research to the participants in order to put them at ease. The researcher promised not to reveal the

identity of the participants (except with their approval) as such they were all treated with anonymous.

Instrumentation

The researcher made use of the following instruments for data collection:

1. Aggressive Behaviour Scale (for Adolescents): This instrument was a psychological test developed by Orpinas and Frankowski in 2001. The researcher adopted the instrument. It was used during pre-test phase to screen the sample and at the post-test phase to determine the level of reduction of the aggressive behaviours (See the appendix B). The instrument had been validated by the developers**.** Validity is the most vital property of a measuring instrument which is described as the extent an instrument measures what it sets out to measure. The researcher adopted a standardized instrument. The construct validity of the standardized test had been established by Orpinas and Frankowski (2001). To buttress what the developers of the test have done, Araoye (2003) described construct validity as the extent to which a particular test relates with some theoretical concepts being measured. Therefore, construct validity is dealt with the compatibility of results with some theoretically derived hypothetical model. The reliability of the instrument was put into consideration; reliability of any instrument refers to the consistency of an instrument in administration over a period of time, in other word, reliability is a measure of stability of an instrument. To this end, the internal consistency of aggressive behaviour scale of the test was ascertained using Orpinas and Frankowski's (2001) Cronbach Alpha which yielded a coefficient of 0.88.

2. Aggressive Programme Evaluation Questionnaire (APEQ): This was adopted from Ojewola's (2008) study. The APEQ was designed to find out the honest opinion of people who participated in the study. They were encouraged to please provide genuine and sincere responses to the statements so as to improve on the future programmes (See the appendix F).

Treatment Packages

The treatments used for the purpose of this study are as follows:

1. Rational Emotive Behaviour Therapy Treatment Package: This package was developed by the researcher reviewing related literature and highlighting procedures used by Albert Ellis. It was applied on students with hearing impairment at Kwara State School for Special Needs, Ilorin (See the appendix C).

2. Reality Therapy Treatment Package: This package was developed by the researcher following the procedures used by William Glasser as found in the literature. It was applied on students with hearing impairment at Kwara State School for Special Needs, Ilorin (See the appendix D).

Procedure for Scoring

There are two major types of scoring done in the study. The first was on the demographic section A of the instrument. It was scored using percentage. The second type of scoring was the 6-point likert type scale of response which was used to score

the section B as follows 6, 5, 4, 3, 2, 1, 0 as follows: 0 time, 1 time, 2 times, 3 times, 4 times, 5 times, 6 times.

Since the instrument is a standardized test the possible lowest score for any secondary school hearing-impaired student who was considered aggressive was obtained by using the index of Orpinas and Frankowski (2001) which was for boys 19.3 scores and for girls 13.2 scores. Therefore, hearing-impaired boys who scored 19.3 and girls who scored 13.2 were considered aggressive and thus selected to participate in the study.

Procedure for Treatment

The treatment for this study was divided into three phases, thus:

1. Pre-treatment phase
2. Treatment phase
3. Post-treatment phase

The Pre-treatment phase

The researcher paid a familiarization visit to the school. Official letter of introduction obtained from the Department of Counsellor Education, University of Ilorin and submitted same to the principal of Kwara State School for Special Needs, Ilorin. The researcher also discussed with the Principal about the benefits of the research to the students, parents and the School authority.

The researcher explained the purpose of the research and sought the cooperation of all the students. The researcher personally administered pre-test using the standardized test known as the Aggressive Behaviour Scale (for Adolescents)

developed by Orpinas and Frankowski (2001) to screen all 98 students with hearing impairment (participants) found in their classes to determine their levels of aggressive behaviours in SSS 3, 2, 1 and immediately collected the instrument from them. The researcher scored the filled copies of the standardized test. Therefore, hearing-impaired boys who scored 19.3 girls, 13.2 were picked total 84, out of 98 that were in SSS 3, 2, 1. There were 31, 31, and 36 students with hearing impairment in the classes SSS 3, 2, 1 respectively. Thereafter, 28, 27, 29 were picked from SSS 3, 2, 1 respectively to sum up 84. The rest of them were not picked for three reasons, first, 8 students did not exhibit aggressive behaviours, secondly, 4 hard of hearing students did not understand sign language and lastly, 2 declined given the consents. In order to control extraneous variable, students with hearing impairment in SSS3, 2, and 1 were purposely assigned to group, SSS 3 as group A, SSS 2 as group B, and SSS 1 as group C.

The researcher selected males and females who were students of SS 3, 2, and 1 with age range of between thirteen (13) and twenty-one (21) years who exhibited aggressive behaviours. The School Principal signed the consent form on behalf of students who were less than 18 years and those of 18 years and above signed the consent form themselves. The consent forms were collected immediately to avoid any loss of data. The samples were assigned to experimental and control groups using SS3 for Rational Emotive Behaviour Therapy, SS2 for Reality Therapy and SS1 for control group. Students with aggressive behaviours who were in SS3, SS2, SS1 were assigned to groups A, B, C respectively.

Treatment Phase

The research had two experimental groups namely Rational Emotive Behaviour Therapy (Experimental Group A), Reality Therapy (Experimental Group

B) and a Control (Group C). It lasted for an 8-week of one hour session per week. The participants that received treatment were only those in experimental groups A and B. The control group (C) did not receive treatment; they were only exposed to a lecture on how to improve their academic performance.

Experimental Group A: Rational Emotive Behaviour Therapy (See appendix C for details)

There were eight sessions of one hour session per week.

Session 1: Introduction, Orientation and Preliminary Activities.

Session 2: The concept of aggressive behaviour: Meaning, Behaviour that constitute aggressiveness and forms of aggressive behaviours.

Session 3: Students role played the aggressive behaviours exhibited and identify why students exhibit such behaviours.

Session 4: Students were taught the consequences of aggressive behaviour to self, victims and society at large.

Session 5: The A-B-C-D-E-F of aggression.

Session 6: Teaching participants about life, advantages of non-involvement in such behaviour and rational philosophy of living free of such behaviour.

Session 7: Practical application of, internalization of rational emotive ideas and the use of rational emotive imagery for the effectiveness of REBT.

Session 8: Review of treatment procedures, post-test administration and formal closing.

Experimental Group B: Reality Therapy Group (See appendix D for details)

Session 1: Introduction, orientation and preliminary activities

Session 2: The concept of aggressive behaviour: Meaning, the behaviours that constitute aggressiveness and the forms of aggressive behaviour.

Session 3: Students role played the aggressive behaviours exhibited and identifying why the students exhibit such behaviours.

Session 4: Students were taught the consequences of aggressive behaviour to self, victims and society at large.

Session 5: The psychological and identity of aggressive behaviour as related to reality therapy.

Session 6: Teaching participants about life advantages of non-involvement in aggressive behaviour and the benefits of living free of such behaviour.

Session 7: Practical application of cycle of counselling and suggestions for the effectiveness of reality therapy.

Session 8: Review of treatment procedures, post test administration and formal closing.

Control Group C (See appendix E)

Participants in the control group received no skill training. The group was, however, exposed to general discussion on topics relating to how the students can perform optimally in their academics which was not part of the treatment package. The following procedures were carried out within the period of eight weeks.

Session 1: Introduction, orientation, and preliminary activities.

Session 2: The students were taught the meaning of reading

Session 3: The students were taught how to use Library to better their performance.

Session 4: The students were taught the essence of writing notes in the class.

Session 5: The importance of assignment in the overall performance of student's results.

Session 6: Habit of reading in advance.

Session 7: How to prepare for examination without stress.

Session 8: Review of work done, post-test administration and formal closing.

The Post-treatment Phase

At the end of the experimental treatments, the researcher administered the same instrument- Aggressive Behaviour Scale (ABS) that was used to screen the participants in order to ascertain the level of reduction of aggressive behaviours exhibited by the participants. The researcher also allowed the participants complete the Aggressive Programme Evaluation Questionnaire (APEQ) used to evaluate the effectiveness of the treatment packages and improve future programmes.

Control of Extraneous Variables

Extraneous variables are the characteristics that prevent attributing all the changes in the dependent variable to the independent variables for examples gender and age of the participants. Therefore, control of extraneous variable is the ability of the researcher to control the presumed relations of the natural phenomena from intervening into the results of the treatments so as not to affect the critical investigation of the hypothetical propositions. The extraneous variables operate whenever there is a time interval between pre-test and post-test, so the key problem in experimentation is how to establish a suitable control so that any change in the post-test can be attributed only to the experimental treatments that were manipulated by the researcher.

To this end, the researcher took certain steps to prevent or at least minimize to the barest level, the incursion of extraneous variables into the experimental programme. These include:

- Non-preferential selection of participants to experimental and control groups was helpful, the selection was done using pre-test of Orpinas and Frankowski's (2001) instrument to screen the participants.

- The screened participants were assigned to the three groups- two treatments and a control group. The class level technique was used in that students in SSS classes 3, 2, 1 were used for REBT, RT and control respectively to minimize the extraneous variables.
- In order to avoid any bias, hypotheses were stated in non-directional form i.e null hypotheses.
- In order to avoid experimental mortality, the participants were motivated by providing light refreshments, and souvenirs such as biros and notebooks. Also, the treatment sessions were kept lively and interesting.
- None equal numbers of participants (28, 27, 29) were selected for each group which consisted of uneven number of male and female secondary school students with hearing impairment.
- The same psychological test developed by Opinas and Frankowski (2001) was used for both pre-test and post test for all the groups.
- Analysis of Covariance was used to analyze the data so as to eliminate the effects of any environmental source of variation that could otherwise inflate experimental error.

Method of Data Analysis

The data obtained from this study were analyzed to determine the effectiveness of the independent variables – Rational Emotive Behavioural Therapy (REBT) and the Reality Therapy (RT). Descriptive statistics such as percentage and mean scores were used to collect demographic data of the participants. Also, inferential statistics such as t-test was used to analyse hypotheses 2, 3, 4 and Analysis of Covariance (ANCOVA) was used to analyse hypotheses 1, 5-10 while Scheffe Multiple Comparison Test was used

as the post-hoc to determine which set of the experimental group means differed when the F-value was significant.

CHAPTER FOUR

RESULTS

Preamble

This study investigated the Effectiveness of Rational Emotive Behaviour and Reality Therapies in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria. The descriptive statistics used included percentage and mean score while inferential statistics such as Analysis of Covariance (ANCOVA) and t-test were used. Ten hypotheses were tested to determine if significant differences existed among participants exposed to REBT, RT and Control groups.

Demographic Data

The demographic data of the respondents is illustrated in Table 1.

Table 1: Distribution of Participants by Group, Gender and Age

Variables	No of Participants	Percentage (%)
Group		
REBT	28	33.33
Reality Therapy	27	32.15
Control	29	34.52
Total	84	100.00
Gender		
Male	45	53.60
Female	39	46.40
Total	84	100.00
Age Range		
13-15 Years	11	13.10

16-18 Years	67	79.80
19-21 Years	6	7.10
Total	84	100.00

Table 1 reveals that 28 (33.33%); 27 (32.15%) and 29 (34.52%) of the students with hearing impairment sampled participated in the study. In the same vein, 45 (53.60%) of the participants were males while 39 (46.40%) were females. Also, 11 (13.10%) of the participants were within the age range of 13-15 years, 67 (79.80%) were in the age range of 16-18 years, while 6 (7.10%) were within the age range of 19-21 years.

Research Question 1: *What is the aggressive behaviour index of the students with hearing impairment before and after the treatments?*

Table 2: Pre- test and Post-test Mean Scores for the Three Groups

Group	**Pre-Test**	**Post-Test**
REBT	31.68	4.93
RT	38.63	3.00
Control	35.14	40.66

The pre-test mean scores of REBT (31.68), RT (38.63) and Control (35.14) represented index of aggressive behaviours before the treatment packages were administered while the post-test mean scores of REBT (4.93), RT (3.00) and Control (40.66) comprised the index of aggressive behaviours after the treatment packages had been administered. A closer look at the pre-test mean scores indicated that there was no substantial difference in the index of aggressive behaviours of the participants in all the groups. It was, therefore, concluded that the two experimental and control groups were not significantly different from one another before the treatments were

administered. This suggested that the treatments given to the two experimental groups were effective in reducing aggressive behaviours of students with hearing impairment.

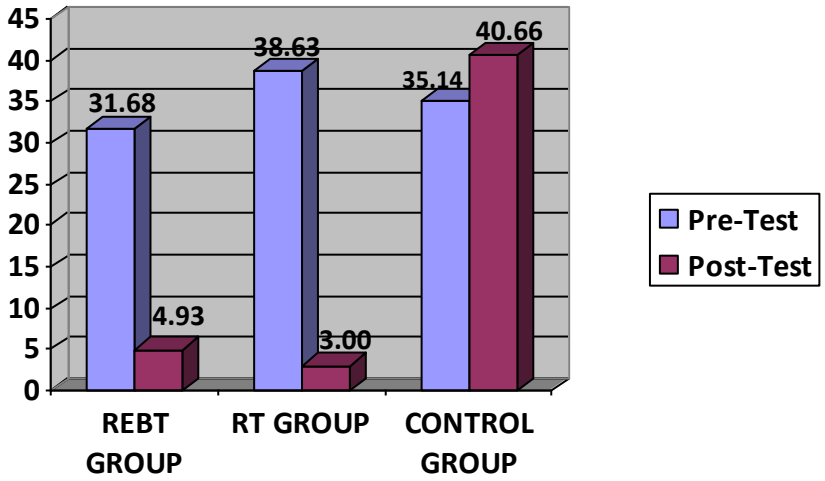

Figure 1: Pre- test and Post-test Mean Scores for the Three Groups

The Bar Chart shows substantial differences between the pre-test mean scores and post-test mean scores of the treatment groups (RT & REBT), although there is no difference in those of the control group, it rather increased.

Research Question 2: *What is the aggressive behaviour index of the students with hearing impairment before and after the treatments on the basis of gender?*

Table 3: Mean X and Y of participants' scores on the basis of Experimental and Control groups by gender

	Gender					
Group		Male			Female	
	N	X	Y	N	X	Y
REBT	18	33.56	4.94	10	28.30	4.90
RT	15	37.13	2.93	12	40.50	3.08
Control	12	35.25	45.17	17	35.06	37.47

X = Pre-test mean

Y = Post-test mean

N = Number of subjects in a group

A careful look at the pre-test mean scores shows that there was no difference in the three groups. However, there was substantial difference in that of post-test mean scores of both males and females. The bench mark, according to Orpinas and Frankowski (2001), aggressive behaviours index for the boys was 19.3 and above while for the girls was 13.2 and above, therefore, all the three groups were aggressive as showed in the males' pre-test mean scores (REBT 33.56, RT 37.13 & Control 35.25), likewise that of the females pre-test mean scores (REBT 28.30, RT 40.50 & Control 35.06). After the treatment packages were administered the males' post-test mean scores (REBT 4.93, RT 3.00 & Control 40.66) showed significant reduction in both REBT (4.93) and RT (3.00), which were less than the bench mark or index of the standardized test (boys 19.3 & girls 13.2) used for the study. This reduction showed that both treatments were very effective

techniques for aggressive behaviours of students with hearing impairment. The mean scores of REBT, RT and Control groups on age are presented in Table 4.

Research Question 3: *What is the aggressive behaviour index of the Students with hearing impairment before and after the treatment on the basis of age?*

Table 4: Mean X and Y of participants' scores on the basis of Experimental and Control groups by age

					Age				
Group		13-15 Years			16-18 Years			19-21 Years	
	N	X	Y	N	X	Y	N	X	Y
REBT	0	0	0	24	32.04	4.88	4	29.50	5.25
RT	1	18.00	3.00	25	39.88	3.04	1	28.00	2.00
Control	10	30.00	42.00	18	37.39	39.67	1	46.00	45.00

X = Pre-test mean

Y = Post-test mean

N = Number of subjects in a group

The pre-test mean scores of X and that of post-test mean scores Y of the experimental conditions (REBT & RT), Control Groups by age are presented in table 4 . The pre-test scores indicated that there was no substantial difference in the index of aggressive behaviours of the participants in all the groups. It was, therefore, concluded that the two experimental and control groups were not significantly different from one another before the treatments. This suggests that the treatments given to the two experimental groups were effective in reducing aggressive behaviours of students with hearing impairment based on age.

Hypotheses Testing

The results of ten null hypotheses tested in the study using ANCOVA, t-test and Scheffe Multiple Comparison Test as post-hoc test are hereby presented.

Hypothesis 1: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to experimental conditions (RT & REBT) and that of Control group*

Table 5: ANCOVA results comparing scores of the two Experimental groups (REBT & RT) and Control group.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected Model	26080.03	3	8693.34	585.78		.00	Rejected
Intercept	625.66	1	625.66	42.16		.00	
Pretest	491.15	1	491.15	33.10		.00	
Group	25674.94	2	12837.47	*865.02	3.07	.00	
Error	1187.26	80	14.84				
Total	50534.00	84					
Corrected Total	27267.29	83					

$P < 0.05$

Table 5 indicates that the calculated F- value of *865.02 was higher than the critical F-value of 3.07 at 0.05 level of significant (*p*-value is .000 at 0.05 alpha level). On the basis of this result, it was concluded that there was a significant difference in the aggressive behaviours of students with hearing impairment exposed to Rational Emotive Behaviour Therapy and Reality Therapy treatments than in those of the control group ($F_{2, 80} = 865.06$, $p < 0.05$). Hence, the null hypothesis was rejected.

In order to determine where the significant difference lies, the mean scores of the three groups were compared. It must be noted in this study that for mean scores comparison to be significantly different, the mean scores of the post-test must be lower than the mean scores of the pre-test as it was observed in the summary of scheffe' results of Table 6.

Table 6: Summary of Scheffe test of the two treatment groups with the Control group.

Group	N	Subsets for alpha = 0.05	
Scheffe		1	2
REBT Group	28	4.93	
RT Group	27	3.00	
Control Group	29		40.66

Note: Means in the same grouping / subset are not significantly different

Table 6 shows the Scheffe test indicating the significant difference noted in the ANCOVA results of table 5 was caused by the relatively large difference between the mean scores of the Control Group (40.66) and those of the RT (3.00) and REBT (4.93) groups, the two treatments are effective and they are in the same subset 1; however, RT is more effective than REBT.

Hypothesis 2: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT and RT*

Table 7: Mean, Standard Deviation and t-test Value of REBT and RT

Participants' Scores on Aggressive Behaviour Scale

Group	N	Mean	SD	Df	Calculated t-value	Critical t-value	p-value	Decision
REBT	28	4.93	1.59					
				54	*3.80	1.98	0.00	Rejected
RT	27	3.00	2.15					

$P < 0.05$

Table 7 indicates that the calculated t-value of *3.80 was higher than the critical t-value of 1.98 at 0.05 level of significant (*p*-value of .00 at 0.05 alpha level). Hence, the null hypothesis 2 was rejected. On the basis of this result, it was concluded that there was significant difference in the effectiveness of REBT and RT in the reduction of aggressive behaviours of students with hearing impairment.

Hypothesis 3: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT treatment and those in the control group*

Table 8: Mean, Standard Deviation and t-test Value of REBT and Control Group

Participants' Scores on Aggressive Behaviour Scale

Group	N	Mean	SD	Df	Calculated t-value	Critical t-value	p-value	Decision
REBT	28	4.93	1.59					
				56	*25.33	1.98	0.00	Rejected
Control	29	40.66	7.30					

$P < 0.05$

Table 8 shows that the calculated t-value of *25.33 was higher than the critical t-value of 1.98 at the 0.05 level of significant (*p*-value of .00 at 0.05 alpha level). On the basis of this result, it was concluded that the null hypothesis 3 was rejected. Hence, there was a significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT treatment and those in the Control group ($t\ 56 = 25.33$, $p<0.05$). However, REBT was very effective compared with that of control group because the mean score of REBT (4.93) was much lower than that of the mean score of control group (40.66). This implies that there is significant reduction in the aggressive behaviours among participants exposed to REBT than those in control group.

Hypothesis 4: *There is no significant difference in the reduction of Aggressive behaviours of students with hearing impairment exposed to RT treatment and those in the control group*

Table 9: Mean, Standard Deviation and t-test Value of RT and Control Group Participants' Scores on Aggressive Behaviour Scale

Group	N	Mean	SD	Df	Calculated t-value	Critical t-value	p-value	Decision
RT	27	3.00	2.15					
				54	*25.78	1.98	0.00	Rejected
Control	28	40.66	7.30					

$P < 0.05$

Table 9 indicates that the calculated t-value of *25.78 was higher than the critical t-value of 1.98 at the 0.05 level of significant (*p*-value of .000 at 0.05 alpha level). Therefore, the hypothesis 4 was rejected (t-54 = 25.78, p<0.05). On the basis of this result, it was concluded that there was a significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT than those in the control group. This implies that there is significant reduction in the aggressive behaviours among participants exposed to RT treatment than those in control group.

Hypothesis 5: *There is no significant difference in the reduction of Aggressive behaviours of students with hearing impairment exposed to REBT and RT treatment on the basis of gender*

Table 10: ANCOVA results comparing REBT and RT participants' aggressive behaviours on the basis of gender.

Source	Sum of	Df	Mean	Calculated	Critical	p-value	Decision

	Squares		Squares	f-value	f-value		
Corrected Model	56.05	2	28.03	7.97		.00	Not Rejected
Intercept	6.27	1	6.27	1.78		.19	
Pretest	55.86	1	55.86	15.88		.00	
Gender	.14	1	.14	.04	3.92	.84	
Error	182.93	52	3.52				
Total	1111.00	55					
Corrected Total	238.98	54					

$p > 0.05$

Table 10 shows that calculated F-value of .04 was lesser than the critical F-value of 3.92 at 0.05 level of significant (*p*-value of .84 at 0.05 alpha level). On the basis of this result, it was concluded that the null hypothesis 5 was not rejected. This means that there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT and RT treatments on the basis of gender. This implies that gender does not play a significant role in the reduction of aggressive behaviours among students with hearing impairment exposed to REBT and RT treatments.

Hypothesis 6: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT and RT treatments on the basis of age*

Table 11: ANCOVA results comparing REBT and RT participants' aggressive behaviours on the basis of age.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected	63.30	3	21.10	6.13		.00	Not Rejected

Model						
Intercept	7.73	1	7.73	2.24		.14
Pretest	60.33	1	60.33	17.51		.00
Age	7.38	2	3.69	1.07	3.07	.35
Error	175.69	51	3.45			
Total	1111.00	55				
Corrected Total	238.98	54				

$p > 0.05$

Table 11 shows that calculated F-value of 1.07 was lesser than the critical F-value of 3.07 at 0.05 level of significant (*P* value of .35 at 0.05 alpha level). Thus, hypothesis 6 was not rejected. This means that there was no significant difference in the reduction of aggressive behaviours exposed to REBT and RT based on age which implies that age does not play any significant role in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT and RT treatments.

Hypothesis 7: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT treatment on the basis of gender*

Table 12: ANCOVA results comparing REBT participants' aggressive behaviours on the basis of gender.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected Model	49.60	2	24.80	33.96		.00	Not Rejected
Intercept	150.67	1	150.67	206.32		.00	

Pretest	49.59	1	49.59	67.90		.00
Gender	2.71	1	2.71	3.71	3.92	.07
Error	18.26	25	.73			
Total	7172.00	28				
Corrected Total	67.86	27				

$p > 0.05$

Table 12 shows that the calculated F-value of 3.71 was lesser than the critical F-value of 3.92 at 0.05 level of significant (p-value of .07 at 0.05 alpha level). On the basis of this result, it was concluded that hypothesis 7 was not rejected. It means that there was no significant difference in the aggressive behaviours of students with hearing impairment exposed to REBT on the basis of gender.

Hypothesis 8: *There is no significant difference in the reduction of Aggressive behaviours of students with hearing impairment exposed to REBT treatment on the basis of age*

Table 13: ANCOVA results comparing REBT participants' aggressive behaviours on the basis of age.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected Model	48.59	2	24.30	31.52		.00	Not Rejected
Intercept	164.28	1	164.28	213.16		.00	
Pretest	48.11	1	48.11	62.42		.00	
Age	1.70	1	1.70	2.20	3.92	.15	

Error	19.27	25	.77
Total	7172.00	28	
Corrected Total	67.86	27	

$p > 0.05$

Table 13 indicates that the calculated F-value of 2.20 was lesser than the critical F-value of 3.92 the null hypothesis 8 was not rejected. (p-value of .15 at 0.05 alpha level). It means that there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT treatment on the basis of age.

Hypothesis 9: *There is no significant difference in the reduction of Aggressive behaviours of students with hearing impairment exposed to RT treatment on the basis of gender*

Table 14: ANCOVA results comparing RT participants' aggressive behaviours on the basis of gender.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected Model	53.25	2	26.63	9.57		.00	Not Rejected
Intercept	121.33	1	121.33	43.62		.00	
Pretest	53.10	1	53.10	19.09		.00	
Gender	.32	1	.32	.11	3.92	.74	
Error	66.75	24	2.78				

Total	5412.00	27
Corrected Total	120.00	26

$p > 0.05$

Table 14 reveals that the calculated F-value of .11 was lesser than the critical F-value of 3.92, the null hypothesis 9 was not rejected. (p-value of .74 at 0.05 alpha level). It means that there is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT treatment on the basis of gender.

Hypothesis 10: *There is no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT treatment on the basis of age.*

Table 15: ANCOVA results comparing RT participants' aggressive behaviours on the basis of age.

Source	Sum of Squares	Df	Mean Squares	Calculated f-value	Critical f-value	p-value	Decision
Corrected Model	58.88	3	19.63	7.39		.00	Not Rejected
Intercept	124.68	1	124.68	46.92		.00	
Pretest	57.84	1	57.84	21.77		.00	
Age	5.95	1	2.97	1.12	3.92	.34	
Error	61.12	23	2.66				
Total	5412.00	27					

Corrected Total	120.00	26

$p > 0.05$

The results from Table 15 reveals a calculated F-ratio of 1.12 was lesser than the critical F-value of 3.07, thus hypothesis 10 was not rejected (p-value of .34 at 0.05 alpha level). This means that there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT on the basis of age.

Summary of Findings

After the analysis of the data, the following findings obtained emanated from the study:

1. There is a significant higher reduction in the aggressive behaviours of participants exposed to therapeutic treatments (REBT & RT) than those in the control group;
2. RT treatment package was found to be more effective in reducing aggressive behaviours of students with hearing impairment than REBT;

3. REBT and RT treatment packages were effective in reducing aggressive behaviours of the participates irrespective of gender;

4. REBT and RT treatment packages were effective in reducing aggressive behaviours of the participants irrespective of age;

5. REBT treatment package was effective in reducing aggressive behaviours of the participants than control group package;

6. RT treatment package was effective in reducing aggressive behaviours of the participants than control group package;

7. REBT treatment package was effective in reducing aggressive behaviours of the participants irrespective of gender;

8. REBT treatment package was effective in reducing aggressive behaviours of the participants irrespective of age;

9. RT treatment package was effective in reducing aggressive behaviours of the participants irrespective of gender;

10. RT treatment package was effective in reducing aggressive behaviours of the participants irrespective of age.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Preamble

This chapter discussed the findings of the study, conclusion was drawn and implications arising from the findings were stated. Some recommendations and suggestions for future research were also stated in the chapter.

Discussion

The main thrust of this study was to find out if REBT and RT manipulations produced significant effectiveness in reducing aggressive behaviours of students with hearing impairment in Ilorin, Nigeria. The findings showed that both experimental packages [Rational Emotive Behaviour Therapy (REBT) & Reality Therapy (RT)]

actually produced significant reductions in aggressive behaviours among students with hearing impairment in Ilorin, Nigeria.

The null hypothesis 1 was rejected because there was reduction in aggressive behaviours among students with hearing impairment exposed to treatments (REBT & RT) than those in the control groups. It was further observed that Post-test mean scores of students with hearing impairment who received either of the treatments (REBT or RT) were much lower than those in the control group who did not receive any therapeutic treatment. This finding revealed that the treatment packages (REBT & RT) were effective in producing significant reduction in aggressive behaviours of students with hearing impairment. This may be as a result of the participants' interaction with the counsellor, they were able to see their concerns (Aggression) from a different viewpoint and they can change their behaviours through the treatments applied during the counselling sessions whereas those in control group did not receive such treatment. The finding of this study corroborates that of other findings carried out using REBT and RT together. For instance, in the study conducted by Adewuyi (2006) using both REBT and RT to change the negative attitude of Federal Civil Servants in Lagos State towards retirement found that the two packages were more effective than that of control group. Azekhueme (2007) used REBT and RT to reduce HIV-Risk bahaviours among adolescents in Ogun State and found that both treatments (REBT & RT) were effective than those in the control group. Additionally, Adeoye (2009) conducted a study on effectiveness of REBT and RT in reducing the academic-stress of Sandwich undergraduates, Oro Campus of University of Ado-Ekiti, Nigeria, the two treatments (REBT & RT) were found to be effective in ‘‘achieving this remarkable and limestone achievements’’. Moreover, Titiloye (2012) carried out another study on efficacy of REBT and RT in reducing

Mathophobia among in-school adolescents in Ilorin, Nigeria and it was found that both REBT and RT were effective in reducing ‘‘the fear of Mathematics that were common among students in secondary schools’’ far better than the placebo, control group. It may interest the readers to note that, all the cited studies used participants that were so called “normal” in the context of special education while this study used challenged students who had hearing-problems and got similar findings which only underscored the supremacy of these treatments (REBT & RT) over other treatments.

Also, hypothesis 2 was rejected because there was a significant difference in the reduction of aggressive behaviours between those exposed to the REBT and RT treatments. The findings revealed that Reality Therapy (RT) technique was more effective in reducing the aggressive behaviours of students with hearing impairment than the Rational Emotive Behaviour Therapy technique in this study. This may be as a result of the content of the RT package which consisted of detailed lecture on causes, consequences of aggressive behaviours to self, victims and society, advantages of non-involvement in aggressive behaviours and application of cycle of counselling and practical suggested solutions to aggressive behaviours in the schools. The finding is similar to that of Agali (2004) which indicated that reality therapy technique was effective in assisting prison inmates to adjust to life after prison in Ilorin, Nigeria. In the work, Agali (2004) noted that reality therapy is very effective. This attests to the fact that reality therapy is an important therapy that handles the here and now of any situation.

Hypothesis 3 was rejected due to the fact that there was significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT technique than those in the control group. It therefore meant that REBT treatment package achieved significant reduction in aggressive behaviours of

participants while those in control group that did not receive any skill training did not show any reduction in aggressive behaviours of students. This may be as the result of effectiveness of REBT, realizing that REBT is very directive teaching and educating the participants using didactic approach because it concerns more with thinking and belief system as the root of personal problems. It is noted by the researcher that REBT has taught members of the group how to rethink leading to the avoidance of erroneous thoughts thereby disputing those negative thoughts using the Ellis' ABCDEF paradigm.

REBT has been used by other researchers such as Fajonyomi (1997) who conducted an experimental study on the effectiveness of Three Modes of Treatments on Anxiety and Performance in English Language among co-educational secondary school students in Maiduguri, Borno State, Nigeria. The researcher employed rational emotive therapy (RET) as it was known then. One of the findings revealed that RET was also found effective in reducing test anxiety. Olusakin (2000) used the treatment package of REBT to reduce examination anxieties in Lagos; it was revealed that REBT was useful in reducing anxiety. Also, REBT was one of the treatments used by Mustapha (2012), the study found that REBT was effective in reducing an aspect of aggressive behaviours (Bullying behaviour) among in-school adolescents in Ilorin, Nigeria.

Hypothesis 4 was rejected because there was significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT technique than those in the control group. The control group was not exposed to any treatment package. This probably explains why there was significant difference in reducing aggressive behaviours of the participants. The difference noted was as a result of RT technique being effective in reducing aggressive behaviours of students

with hearing impairment. This finding is consistent with the findings of Agali (2004) that RT was effective in assisting prison inmates in order to adjust better to life after prison in Ilorin, Nigeria. In the same vein, Adewuyi (2006) used RT treatment for the purpose of changing the negative attitude of Federal Civil Servants in Lagos State towards retirement and the study found out that RT was effective. In the same vein, Titiloye (2012) found RT effective in reducing mathophobia among in-school adolescents in Ilorin. The result of this finding might be because of the detailed nature of the content of the RT package which included causes of aggressive behaviours and suggested technique of reducing the aggressive behaviours of students with hearing impairment. This included basic principles of reality therapy which affected the participants' personality, value judgment, planning and commitment. This enhanced positive thinking, change their behavioural values and instill high esteem in them.

Hypothesis 5 was not rejected due to the fact that there was no significant difference observed in the reduction of aggressive behaviours of students with hearing impairment exposed to both treatments (REBT & RT) on the basis of gender. This implied that gender did not play any significant role in the reduction observed in both REBT and RT techniques. This may be as a result of the fact that both male and female participants do exhibit aggressive behaviours towards each other which is contrary to the erroneous belief that male is proned to aggressive behaviours than female. This finding is consistent with that of Titiloye (2012), which revealed that gender did not play any significant role in the reduction of mathophobia among in-school adolescents exposed to REBT and RT.

Previous studies contradicted this finding such as that conducted by Bjorkqvist, Lagerspetz and Kaukiainen (1992) which revealed that gender played a significant role in aggressive behaviours. It was specifically stated that male students

engaged in aggressive behaviours more often in direct ways than females counterparts in the school. Furthermore, Yamasaki and Nishida's (2009) findings also contradicted the findings of this study. It found that male students in the elementary school exhibited aggressive behaviours than female students; these researchers concluded that aggression is commonly exhibited by male students in the school. Also, Derman-Taner (2013) reaffirmed that gender played an important role in the aggressiveness of the students. It was concluded that male students were more aggressive especially between the ages of 10 and 11 in the schools. A study conducted by Babaroglu (2014) corroborated the findings of the earlier researchers. He used gender as an intervening variable; the results showed that male hearing-impaired children were more aggressive than female hearing-impaired children. The difference was noted in the area of verbal aggression.

Hypothesis 6 was not rejected because there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to both treatments (REBT & RT) on the basis of age. This implied that age did not play any significant role in the reduction observed in both REBT and RT techniques. The possible explanation for none age significant difference in the reduction of aggressive behaviours could be ascribed to the fact that people of all ages exhibited aggressive behaviours. Also, the fact that this category of students has hearing challenged put them at disadvantaged in terms of being more aggressive towards one another. Hence, all of them could be aggressive irrespective of age differences. Moreover, this result possible probably was due to the fact that age at which all of the participants were either acquired deafness or were born as deaf which led to no difference in the age brackets reported by the researcher. Previous study like the study conducted by Babaroglu (2014) in the province of Adana in the South of Turkey

corroborated the present research, Babaroglu used ages 10 and 17 who attended public Seyhan School for the Children with Hearing impairment as participants. The study found out that irrespective of age of the students with hearing impairment who participated, they all exhibited aggressive behaviour.

Hypothesis 7 was not rejected due to the fact that there was no significant difference noted in the reduction of aggressive behaviours of students with hearing impairment exposed to REBT on the basis of gender. This showed that gender did not have any influence in the reduction observed in REBT technique. Based on this result, hypothesis seven was not rejected. This result possible because, the male and female students with hearing impairment displayed aggressive behaviours, for they are both humans who passed through the same peculiar rigorous situations in the school. They are faced with a lot of situations that could possibly lead to aggressive behaviours especially in their interactions with both mates and junior students during breakfast, lunch and dinner. Also peculiar situations like pep time which is used to cultivate reading culture in the young minds of these students. Most of them bullied one another in attempt to send juniors errand.

This result was in line with the study conducted by Adewuyi, (2006) which found that males do not differ from females in their attitude towards retirement in Lagos State, Nigeria. Although, this result was not in consonance with the findings of Makinde (2000) that gender plays a significant role in reduction of test anxiety among adolescents, the study thus found that REBT was effective in reducing test anxiety on the basis of gender.

Hypothesis 8 was not rejected due to the fact that there was no significant difference in the reduction of aggressive behaviours of students with hearing

impairment exposed to REBT on the basis of age. This showed that age did not play any significant difference in the reduction observed in REBT technique. The possible reason could be the fact that students with hearing impairment of different ages could display aggression at any time, especially when they are being provoked by their fellow(s). The result of this finding contradicted Mustapha (2012), which found significant reduction on bullying behaviours of participants exposed to Client-Centred Therapy and REBT between the age ranges 15-19years more than those within the age ranged of 10-14years.

Hypothesis 9 was not rejected due to the fact that there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT on the basis of gender. This showed that gender did not play any significant difference in the reduction observed in RT technique. The possible reason may be because neither male nor female students with hearing impairment are immune to aggression, as human beings they may be pushed beyond their limits which may lead to reacting negatively to issues. The study conducted by Mustapha (2012) revealed that there was no significant reduction in bullying behaviour of in-school adolescents exposed to two of the experimental treatments-Client Centred Therapy (CCT) and Rational Emotive Behaviour Therapy (REBT) on the basis of gender. Thus, it showed that gender had no moderating effect on the reduction of bullying behaviour among in-school adolescents.

The study conducted by Yusuf (2008) examined comparative effectiveness of Relaxation Technique and Reality Therapy (RT) in reducing examination's anxiety among secondary school students in Osogbo, Nigeria. The study found that there was a significant difference in the effects of reality therapy treatment on the level of examination anxiety among female participants while there was no significant

difference in the effect of reality therapy on the level of examination anxiety among male participants.

Hypothesis 10 was not rejected due to the fact that there was no significant difference in the reduction of aggressive behaviours of students with hearing impairment exposed to RT on the basis of age. This showed that age did not play any significant difference in the reduction observed in RT technique. The possible reason for this result may be due to the fact that irrespective of age of the students with hearing impairment, both younger and older are used to displaying aggressive behaviours at all levels of their educational pursuit. This finding did not corroborate the findings of Mustapha (2012) where a significant difference was noted on CCT and REBT that reduced bullying behaviour among in-school adolescents within the age range of 15-19years than adolescents within the age range of 10-14years.

Limitations of the Study

The researcher has difficulty in fixing days for the experimental due to the fact that sports activities were fixed for Wednesdays. Therefore the participants agreed with the researcher to fix Mondays and Tuesdays between 3.00pm and 5.00pm for the experimental because it was the most convenient time for the participants. This arrangement did not in any way affect the conduct and outcome of the study.

Secondly, the problem of late arrival to the training programme was due to being served their lunch late in the first week. This was reported to the Principal who gave a directive to the cooks to serve the students of that class first before 3.00pm which resulted to an improved situation.

Thirdly, in the second and third weeks, two of the participants from each group came late because of a programme organized by Kwara State Government on Internal Revenue Generation. However, with the intervention of the Principal, the participants were excluded from further participation in the programme organized by the State Government.

Fourth, interaction among the participants is possible because of the use of only one school especially so as the students reside in the school hence the researcher used Analysis of Covariance (ANCOVA) to equalize the initial mean differences that would have affected the results due to interaction of the participants.

Fifth, another statistical tool has just been discovered MANCOVA, this would assist to sustain the results found on the field. Sustainability of the treatment would have also been ascertained but it was out of the scope of this study.

Conclusion

Based on the findings of this study, the following conclusions were drawn:

(1.) Both Rational Emotive Behaviour Therapy and Reality Therapy were effective in reducing aggressive behaviours among students with hearing impairment.

(2.) RT was more effective than REBT.

(3.) REBT and RT treatment packages were effective in reducing aggressive behaviours of the participants irrespective of gender and age.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Since REBT and RT were effective in reducing aggressive behaviours among students with hearing impairment, it was recommended that counsellors should adopt them in the schools.
2. Since RT was more effective in reducing aggressive behaviours among students with hearing impairment, it was recommended that Reality therapy should be used more by the counsellors in the schools to reduce aggressive behaviours among students with hearing impairment.
3. Counsellors should irrespective of gender of students with hearing impairment apply the REBT and Reality Therapy on them in the school to reduce aggressive behaviours at all levels.
4. Counsellors can assist all students with hearing impairment irrespective of age, thus reduce their aggressive behaviours which will in turn improve the learning outcomes of these students.
5. Counsellors can assist all students with hearing impairment irrespective of gender, thus reduce their aggressive behaviours which will in turn improve the learning outcomes of these students.
6. Counsellors should also use the principles of the therapies in inculcating anti-aggressive behaviours in the minds of students with hearing-impairment thus improve interpersonal relationship with other students.

Suggestions for Further Studies

This kind of study can be replicated using a similar sample in the Special Schools in other states of the Federation, using the same variables. Similar studies can

also be replicated using other counselling therapies in Kwara State. Similar studies can be replicated using the same counselling therapies in other Geo-Political Zones in Nigeria.

Implications of the Findings for Counselling

The implication of the findings is that students with hearing impairment need to be assisted using REBT and RT to minimize aggressive behaviours exhibited among them. The counselors would be able to apply the therapies in providing the assistance to them.

The findings of this study will acquaint Counsellors with information on REBT and RT skills that could be used whenever the counsellors deem it fit to apply the techniques in order to reduce aggressive behaviours of students with hearing impairment. This will enable students with hearing impairment deal with negative thoughts that could lead to fight and bully one another in the schools.

Counsellors are in the best position to enlighten other students with hearing impairment who are aggressive, parents, teachers and other school administrators on the usefulness of REBT and RT in order to address challenges arising from their social interactions thus lead to good relationships. Therefore, counsellors need to sensitize students with hearing impairment who are aggressive become aware of the damaging effects that their behaviours may result to and assist them realize that using REBT and RT can greatly assist them to reduce the aggressive behaviours exhibited by them in the schools, at home and in the society.

Counsellors need to incorporate REBT and RT in Community-based programmes organized in different areas of life so as to improve relationships in the

society. Professional counsellors who work with students with hearing impairment need to realize that aggression is a serious problem; as such, students with hearing impairment need to be motivated to develop positive attitude towards self and the society. By so doing, this will lead to fruitful and productive lives.

Teachers, other school administrators and family members could assist students with hearing impairment by giving more attention to them. Avoiding abusive languages when communicating with Sign Language in the schools and at home will not lead to frustration. Also, the findings of this study might guide policy-makers and government in designing programmes for students with hearing impairment by incorporating how to use REBT and RT reduce aggressive behaviours; this will improve their cognitive, emotional and behavioural life pattern, thereby improving their academic performance.

REFERENCES

Adeoye, A. B. (2009). *Effectiveness of rational emotive behaviour therapy and reality therapy on academic stress of sandwich undergraduates, Oro, Nigeria.* Unpublished Ph.D. thesis, Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria.

Adewumi, J. A. (1988). *Introduction to educational research and techniques*. Ilorin: Gbenle Press.

Adewuyi, T. O. (2006). *Effect of rational emotive behaviour and reality therapies on attitude of federal civil servants in Lagos State toward retirement.* Unpublished Ph.D. thesis, Department of Educational, Guidance and Counselling, University of Ilorin, Ilorin, Nigeria.

Agali, O. O. (2004). *Relative efficacy of reality therapy and assertiveness training in assisting prison inmate adjust to life after prison.* Unpublished Ph.D. thesis, Department of Educational Guidance and Counselling, University of Ilorin, Ilorin, Nigeria.

Akinade, E. A. (2005). *Dictionary of guidance and counselling: Counselling psychology.* Ibadan: Brightways Publishers.

Akinade, E. A. (2008). *Abnormal psychology: Psychopathology introduction.* Ibadan: Brightways Publishers.

Akinade, E. A. (2012). *Introduction to modern guidance and counselling.* Ibadan: Brightways Publishers.

Akinade, E. A. (2013). *Anger management and counselling techniques* (2nd ed.). Ibadan: Brightways Publishers.

Akinpelu, O. F. (1998). The psychological needs of the hearing-impaired students in a regular university setting. *Ilorin Journal of Education, 182,* 39-45

Araoye, M. O. (2003). *Research methodology with statistics for health and social sciences.* Ilorin: Natadex Publisher.

Asonibare, J. B. (2006). *Behaviour modification*. Unpublished lecture notes. Department of Educational Guidance and Counselling, University of Ilorin, Nigeria.

Azekhueme, K. U. (2007). *Effects of rational emotive behaviour and reality therapies on HIV risk behaviour among adolescents in Ogun State, Nigeria.* Unpublished Ph.D. thesis, Department of Educational Guidance and Counselling, University of Ilorin, Ilorin, Nigeria.

Babaroglu, A. (2014). Effect of hearing impaired on children's aggressive behaviour. *International Journal of Psychology and Behavioural Sciences, 4* (5), 179-188. Doi:10.5923/j.ijpbs.20140405.03

Bakare, C. A. (2013). *Hearing disorder: Symptoms, diagnosis and management.* Ibadan: BookBuilders Publishers

Best, J. W. (1981). *Research in education.* (5th ed.). New Jersey: Prentice Hall.

Berkowitz, L. (1993). On the information and regulation of anger and aggression. *American Psychologist, 45,* 494-503.

Bjorkqvist, K., Lagerspetz, K. M. & Kaukiainen, A. (1992). Do girls manipulate and boys fight? Developmental trends in regard to direct and indirect aggression.

Aggressive Behaviour,18 (2), 117-127.doi:10.1002/1098-2337(1992)18:2<117::AID-AB2480205>3.0.C0;2-3.

Bulus, I. (1980). *Essentials of counselling theories.* Jos: ABIC Books.

Buss, A. H. & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology, 63* (3), 452-459.

Corey, G. (2005). *Student manual: Theory and practice of counselling and psychotherapy.* Los Angeles, CA.: Brooks/Cole Publisher.

Corey, G. (2009). *Theory and practice of counselling and psychotherapy.* Los Angeles, CA.: Brooks/Cole Publisher.

Cunningham, N. J. & Whitten, M. (2007). *The role of the middle school counsellor in preventing bullying.* Retrieved from http://library.csum.edu/egarcia/apacitfionelectron.article.html.

Derman-Taner, M. (2013). Determining the relationship between aggressiveness and Hopelessness levels of 10-11years of children. *International Journal of Social Science, 6* (2), 879-889.

Dollard, J., Doob, L., Miller, N. Mowrer, O. H. & Sears, R. R. (1939). *Frustration and aggression.* New Haven: Yale University Press.

Durosaro, I. A., Ibrahim, B. B. & Ogungbade, O. K. (2015). Gender-based violence and child abuse: The need for counselling. *The Counsellor, 34 (1),* 165-173

Egbochuku, E. O. (2010). *Guidance and counselling*. Benin City: UNIBEN Press.

Ekiyor, M. O. (2009). Person-Centred therapy. In Anselm Uba (Ed.), *theories of counselling and psychotherapy (2nd ed.), 96-111*. Okada: Okada Publishers.

Ellis, A. (1962). *Reason and emotion in psychology.* New York: Lyle Stuart.

Ellis, A. & Dryden, W. (1997). *The practice of rational emotive therapy.* New York: Springer

Ellis, A. (1999). Why rational emotive therapy to rational emotive behaviour therapy? *Psychotherapy: Theory, research, practice, training, 36,* 154-159.

Ellis, A. (2001). *Overcoming destructive beliefs, feelings and behaviours.* Amherst, NY: Prometheus. Retrieved on October 30, 2016, from http://citeseerx.ist.psu.edu/viewdoc/.

Ellis, A. (2004). *Rational emotive behaviour therapy: It works for me- It can work for you.* Amhert, NY: Prometheus Books.

Eron, L. D. (1980). Prescription for reduction of aggression. *American psychologist,* 244-252.

Fajonyomi, M. G. (1997). *Effectiveness of three modes of treatment on anxiety and performance in english language among co-educational secondary school students in Maiduguri, Borno State.* Unpublished Ph.D. thesis, School of Postgraduate Studies, University of Maiduguri, Nigeria.

Federal Republic of Nigeria (2004). *National policy on education.*(Revised). Abuja: Ministry of Education.

Federal Republic of Nigeria (2013). *National policy on education.*(Revised). Lagos: NERDC.

Gilman, E. W. (1989). *Webster's dictionary of english usage.* Springfield, Massachusetts: Werriam-Webster Inc., Publishers.

Glasser, W. (1965). *Reality therapy.* New York. Harper & Row

Glasser, W. (1981). *Station of mind: New direction for reality therapy.* New York: Harper & Row.

Harper, D. (2008). *Weekley an etymological dictionary of modern English.* USA: The Sciolist

Hornby, A. S. (2005). *Oxford advanced learner's dictionary (7th Ed.).* Toronto: Oxford University Press.

Hull, C. L. (1943). *Principles of behaviour.* Englewood Cliffs, NJ: Prentice-Hall.

Jorn, A. (2009). *Rational emotive behaviour therapy*. Retrieved from http://psychcentral.com/lib/rational-emotive-behaviour therapy/0001563.

Kegleg, J. A. K. (1996). *Genetic information and genetic essentialism: Will we betray science and the individual and community?* Unpublished manuscript, California State University Bakerfield.

Krucik, G. (2013). *Aggressive behaviour: A health issue.* Retrieved May16, 2015 from www.healthline.com/health/ aggressive-behavioiur#causes

Landsford, J. E. (2012). Boys and girls relational and physical aggression in nine Countries. *Aggressive Behaviour, 38* (4), 298-308.doi.10.1002/ab.21433.

Lucki, I. (1998). The spectrum of behaviours influenced by serotonin. *Biological Psychiatry, 44*, 151-162.

Lussier, P. & Corrado, R. (2012). Gender differences in physical aggression and associated developmental correlates in a sample of Canadian Preschoolers. *Behavioural Sciences and the Law, 30* (5), 643-671,doi.10.1002/bsl.2035.

Makinde, B. O. (2000). Behaviour modification strategies as a tool to reduce fears and anxiety in children and youth in Lagos State. *West African Journal of Counselling and Pschotherapy, 1 (2),* 41-51.

Maxon, S. C. (1998). Homologus genes, aggression and models. *Development Neuropsychology, 14,* 143-156.

Mazhari, Q. M. M. (N.D.). *Holy quran sharif.* Lagos: RAJ P. NIG. LTD.

McElliskem, J. E. (2004). Affective and predatory violence: A bimodal classification system of human aggression and violence. *Aggression and Violent Behaviour 10 (1),* 1-30.doi:10.1016/j.avb.2003.06.002.

Mcquail, D. & Windahs, S. (1993). *Communication models for study of mass communication (2nd ed.)* Harlow: Longman.

Mustapha, M. L. A. (2012). *Efficacy of client-centred and rational emotive behaviour therapy in reducing bullying behaviour among in-school adolescents in Ilorin, Nigeria.* Unpublished Ph.D. thesis, Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria.

Nwachukwu-Agbada, J. O. J. (2009). Rational emotive therapy. In Anselm Uba (Ed.), *theories of counselling and psychotherapy.* Okada: Okada Publishers.

Nwoye, A. (1988). Reality therapy of William Glasser. In Christie C. Achebe (Ed.), *Techniques of individual counseling: Relevance to the Nigerian situation.* USA: Five College Black Studies Press.

Ogungbade, O. K. (2006). *Factors responsible for school drop-out among hearing impaired secondary school students as expressed by teachers in Oyo and Kwara States, Nigeria.* Unpublished Bachelor of Education (B.Ed.) Project, University of Ilorin, Ilorin, Nigeria.

Ogungbade, O. K. (2017a). *Incidence of aggressive behaviours of students with hearing impairment as expressed by teachers in Kwara and Oyo, Nigeria.* Unpublished Ph.D. empirical paper, Department of Counsellor Education, University of Ilorin, Nigeria.

Ogungbade, O. K. (2017b). *Rational emotive behaviour therapy as a counseling strategy for handling aggressive behaviours of students with hearing-impairment in Nigeria*. Unpublished Ph.D. theoretical paper, Department of Counseling Education, University of Iloerin, Nigeria.

Ojewola, F. O. (2008). *Effects of assertiveness and self-efficacy skills training in reducing aggressive behaviour among in-school adolescents in Ogbomoso, Nigeria.* Unpublished Ph.D. thesis, Department of Educational Guidance and Counselling, University of Ilorin, Nigeria.

Olawuyi, O. B. (2008). Special education in Nigeria. In J. O. O. Abiri & A.A. Jekayinfa (Eds.), *perspectives on the history of education in Nigeria (Rev. ed.).* Ibadan: Emola-Jay Communication Inc.

Olusakin, A. M. (2000). Effect of rational emotive behaviour therapy on the level of general and examination anxieties among students. *The Nigeria Journal of Guidance and Counselling, 7 (1),* 12-23.

Orpinas, P. & Frankowski, R. (2001). The aggression Scale: A self-report measure of aggressive behaviour for young adolescents. *Journal of Early Adolescence, 21* (1), 50 – 67.

Pietrofesa, J. J. (1978). *Counselling: Theories, research and practice.* Chicago: Rand McNally College, Publishing Co.

Rogers, C. R. (1951). *Client centred therapy. It's current practice, implications and theory*. Boston: Houghton Mifflin.

Sharf, R. S. (2012). Theories *of psychotherapy and counselling- concepts and cases (5th Ed.)*. USA: Brooks/Cole Cengage Learning.

Smith, F. (2006). Going after cyber bullies. *Prevention, 58(9*), 103-114.

Titiloye, R. O. (2012). *Efficacy of rational emotive behaviour therapy and reality therapy in reducing mathophobia among in-school adolescents in Ilorin, Nigeria.* Unpublished Ph.D. thesis, Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria.

Tor-Anylin, S. A. &Baaki, J. L. (2006). Influence of single parenting on aggression of offspring in Benue State. *The Counsellor, 22*, 1-10.

Tremblay, R. E. (2000). The development of aggressive behaviour during childhood: What have we learned in the past century. International *Journal of Behavioural Development 24* (2): 129-141:doi:10.1080/016502500383232.

Uba, A. (2009). Behaviour modification-Skinner's operant approaches. In Anselm Uba (Ed.), *theories of counselling and psychology (2nd. ed.), 3-18.* Okada: Okada Publishers.

Umoh, S. H. (2009). Reality therapy. In Anselm Uba (Ed.), *theories of counselling and psychotherapy (2nd ed.).* Okada: Okada Publishers.

Wadsworth, M. E. J. (1976). Delinquency, pulse rates and early emotional deprivation. *British of Journal of Criminology, 16*, 245-256.

Watch Tower Bible and Tract Society of Pennsylvania (2013). *New world translation of the holy scriptures.* Brooklyn: WatchTower Bible and Tract Society of New York, INC.

Wubbolding, R. E. (2000). *Reality therapy for the 21st century*. Philadelphia: Brunner-Routledge.

Yamasaki, K. & Nishida, N. (2009). The relationship between three types of aggression and peer relations in elementary school children. *International Journal of Psychology, 44* (3), 179-186.doi:10.1080/00207590701656770.

Yusuf, A. F. (2008). *Comparative effectiness of relaxation technique and reality therapy in reducing examination anxiety among secondary school students in*

Osogbo, Nigeria. Unpublished Ph.D. thesis, Department of Counsellor Education, University of Ilorin, Ilorin, Nigeria.

APPENDIX A

UNIVERSITY OF ILORIN

COUNSELLOR EDUCATION DEPARTMENT

EFFECTIVENESS OF RATIONAL EMOTIVE BEHAVIOUR AND REALITY THERAPIES IN REDUCING AGGRESSIVE BEHAVIOURS AMONG HEARING-IMPAIRED STUDENTS IN ILORIN, NIGERIA

CONSENT FORM

I……hereby pledge to participate willingly and voluntarily in this research work, having understood the concept and procedure of the study. It has no risk whether I participate or not. It shall cost me no money to participate. The researcher has assured strict confidentiality of the information as it shall be used for research purpose only, it shall be only be published either as project or in the journals. The purpose of this research is to assist the participant reduce aggressive behaviours. I, therefore, agree to participate in this study without coercion or intimidation for one hour per week for eight weeks.

…… ……..……..

Participant`s Signature **Date**

…….

OGUNGBADE, Oyelakin Kunmi

+2348035671950 / ogungbadeo.k@unilorin.edu.

APPENDIX B

UNIVERSITY OF ILORIN
FACULTY OF EDUCATION
COUNSELLOR EDUCATION DEPARTMENT
AGGRESSIVE BEHAVIOUR SCALE (FOR ADOLESCENTS)
(Adopted from Orpinas & Frankowski 2001)

Dear Respondent,

This questionnaire is designed to elicit information on aggressive behaviours of students with hearing impairment in Kwara State School for Special Needs, Ilorin, Nigeria. You are, therefore, encouraged to respond to the items on the scale with utmost sincerity. Kindly be assured of the confidentiality of the information provided, as the information will be used for research purposes only. You do not need to write your name and there is no right or wrong answer.

Thanks

SECTION A: DEMOGRAPHIC DATA

Direction: Please tick (✓) the responses as they apply to you:-

1. **Gender:** Male ( ); Female ( ).
2. **Age:** 13 -15years ( ); 16 -18years ( ); 19 -21years ( ).

Ogungbade, O. K.

Section B: Aggressive Behaviour Scale (for Adolescents)

Please answer the following questions based on things you actually do during the last 7days. For each question, circle how many times you did that behaviour during the last 7days.

During the last 7days		0 times	1 time	2 times	3 times	4 times	5 times	6 or more times
1.	I teased students to make them angry	0	1	2	3	4	5	6+
2.	I got angry very easily with someone	0	1	2	3	4	5	6+
3.	I fought back when someone hit me first	0	1	2	3	4	5	6+
4.	I said things about other kids to make other students laugh	0	1	2	3	4	5	6+
5.	I encouraged other students to fight	0	1	2	3	4	5	6+
6.	I pushed or shoved other students	0	1	2	3	4	5	6+
7.	I was angry most of the day	0	1	2	3	4	5	6+
8.	I got into a physical fight because I was angry	0	1	2	3	4	5	6+
9.	I slapped or kicked someone	0	1	2	3	4	5	6+
10.	I called other students bad names	0	1	2	3	4	5	6+
11.	I threatened to hurt or to hit someone	0	1	2	3	4	5	6+

APPENDIX C

TREATMENT PACKAGE

Preamble: The study was designed to assist aggressive students with hearing impairment reduce their aggressiveness and to be better adjusted in order to have meaningful lives. The package included the application of Rational Emotive Behavioural Therapy (REBT), Reality Therapy and Control group. The procedures used for these treatment packages were taken from the review of literature. The experimental procedure was divided into three sections- Rational Emotive Behavioural Therapy (A1), Reality Therapy (A2) and the control group (A3). The control group received placebo treatment, meaning the treatment that was given to the participants differed from that of the other two groups. They were exposed to a lecture that added value to their lives. The study utilized various methods and techniques ranging from teaching, coaching, lecturing, modeling, role-playing, skill training and assistance to individuals to handle their aggressive challenges.

The experimental programme ran for eight weeks (a total of eight sessions for the group) and each session ended with an assignment that was completed by those members of the group before the next session. Each of the sessions lasted for 60 minutes. The participants were given refreshment and they were also given some other materials such as exercise books, and other writing materials. At the completion of the whole exercise, a get-together party was organized for the students to enhance a more cordial relationship among the participants.

EXPERIMENTAL GROUP A: REBT GROUP

Session 1: Introduction and Preliminary Activities for the first week

Objectives:

- ❖ In order to give a general orientation of treatment.
- ❖ To establish a good and enabling environment to kick-start programme among members of the group.
- ❖ Assist members get to know one another.
- ❖ To institute the purpose of the experiment.
- ❖ To encourage openness, self disclosure and boldness among members by developing rules that will guide the members.

Activities:

- o Exchange of pleasantries.
- o Establishment of rapport between the therapist and members of the group.
- o Explanation of the purpose of the programme by the therapist to the group.
- o Development of guiding principles by the group members to guide the conduct of the experiment and explaining confidentiality
- o Explanation of the modality of the training programme which include lecturing, teaching, logical reasoning, modeling, role-playing, questioning, persuasion, homework or assignment and so on.
- o Distribution of writing materials for group members.

- Administration of pre-test to the participants for screening and randomization into groups.

Presentation:

Establishment of rapport, assigning of participants, pre-test administration, and arrangement for meeting was carried out. The participants assigned to group; the pre-test was administered on the participants to obtain base-line scores. The group members were arranged and time of the meeting was fixed. Similarly the rules and regulations that will guide the group operation will be set out.

Assignment: Participants are to find out about the concept of aggressive behaviour and the behaviour that constitutes aggressive behaviour.

Closing remarks: Appreciating participants for their cooperation, serving refreshments and encouraging them to do the assignment and be punctual in the next session.

Session 2: The concept of aggressive behaviour: meaning, the behaviour that constitutes aggressiveness and forms of aggressive behaviour.

Objectives:

- To sensitize the participants about the meaning of aggressive behaviour.
- To explore with the participants various behaviours that constitute aggression (bullying & fighting)
- To assist the participants group aggressive behaviour into different forms.

Activities:

- Welcomed participants and encouraged interaction among group members.

- The researcher gave a quick reminder on the rules guiding participants.
- Allowing participants explain what they found out about the concept of aggressive behaviour and the behaviour that constitute aggressive behaviour.

- Discussion on the concept of aggressive behaviour and different behaviour that constitutes aggression.
- Classifying aggressive behaviour into their forms.

Presentation:

Therapist allows participants explain what they understand by aggression, he added to what they have stated by defining the variable.

- ❖ Aggression is defined as verbal or physical attack inflicted on another person in order to hurt the feelings, personality or power of the offending victims.
- ❖ Aggression consists of various behavours such as bullying and fighting. Other forms of aggression are destructiveness, grandiosity, disobedience to constitute authority whether at home or in the school, hurtfulness, manic behaviours and so on which are considered as unacceptable behaviours that violate the norms of the society.

Forms of Aggressive Behaviours

The researcher then gave them examples of aggressive behaviours which included the following:

- Physical aggressive behaviour such as bullying, fighting, pushing, hitting, kicking, physical fighting, beating-up someone, strangling a person.
- Verbal Aggressive behaviour: Involves when a person makes deliberate loud noises, shout angrily, yells, mild personal insult such as- "you're stupid'', curses viciously, uses foul

language in anger, makes moderate threats to others or self, makes clear threat of violence towards others making such statement as I'm going to kill you.

- Bullying: This includes threatening people directly, persecuting, pushing or shoving using power to oppress, shouting, pushing someone in the class or assembly, playing on people`s weaknesses.
- Fighting: This includes fighting physically with fellow students in the school, especially the junior ones.

Assignment: Participants were encouraged to think about how they participated in role-playing behaviour that causes aggressive behaviour.

Session 3: Students roles played aggressive behaviours and identify why they such behaviours.

Objectives:

- ❖ To determine the level of understanding that each participant has, in relation to the roles that aggressive interaction plays.
- ❖ To explain the various roles played by different people involved in such interaction.
- ❖ To sensitize participants and make them understand the reasons why they engage in such behaviour.
- ❖ To assist participants identify the various causes of aggressive behaviour.

Presentation/Activity:

The therapist explained to the participants that aggressive behaviour involves willfully hurting others in order to inflict pains on them. He allowed them to mention various people involved in aggressive behaviours. He then added to their points i.e. aggressive behaviours involved the perpetrator who deliberately hurt others.

He/she may possess some physical or behavioural characteristics that make an aggressor pick on him/her or may be competing with the other aggressive person. It may also be that the aggressor envies him/her because of certain potential that he/she possesses. There are also supporters who reinforced the aggressor's desire to hurt others, while victim supporters assist in opposing the aggrieved. There are also the onlookers who do nothing about aggressive behaviour exhibited by someone but only walk away from the scene played as reported in the self-report test.

The therapist then allowed the participants to mention the reasons why they engaged in such behaviour. After paying attentions to participants' points, he made a list of other causes which include:

- Lack of empathy on the part of the person demonstrating aggressive behaviour.
- Problem with moral reasoning – they rely on rationalization which made antisocial behaviour acceptable.
- Behaviour pattern: people with behavioural pattern have been found to be more aggressive and bully others
- Family background: people that come from abusive home who are exposed to violence regularly and may bully other children since they may witness such actions at home and develop the irrational idea that there is nothing wrong to act in such a way.
- Peer Influence: adolescents who are associated with peers that are delinquent/display aggressive behaviour are likely to behave in a similar way.
- Social learning: individuals who are exposed to models who are aggressive are likely to assimilate illogical ideas that make them become aggressive.

- ❖ Misinterpretation of other people's intention: an individual may misinterpret the other person's intention or act and may not bother to find out the reason why they act in a way different from their own expectations.
- ❖ Social reinforcement from home: parent's upbringing/peer may reinforce aggressive behaviour. If peers hail a bully for hurting others, it may serve as social reinforcement
- ❖ Need to dominate others: It could be because of making dogmatic demands, commands or the insistence that the desire of the bully must be granted in an inappropriately hostile manner.

Assignment: Asked the participants to find out about the consequences of aggressive behaviour to the self, victims and the society at large

Session 4: Students were taught the consequences of aggressive behaviour to self, victims and society at large.

Objectives:

- ❖ To ascertain the level of understanding of participants on the consequences of aggressive behaviour.
- ❖ To assists participants have a better understanding of the devastating effects of aggressive behaviour on individuals involved and the society at large.

Activities:

- o Welcomed participants and exchanged pleasantries with the participants.
- o Reviewed last week's activities.
- o Allowing participants mention the consequences of aggressive behaviour on self, victims and the society at large.

- Discussion on the consequences of aggressive behaviour on the school and society at large
- Home assignment

Presentation:

Consequences of aggressive behaviour:

✓ To self

- ❖ Inability to develop and maintain positive relationship
- ❖ Absence of close association with delinquent peers
- ❖ Aggressive students are popular but other students do not like them
- ❖ Aggressive students are likely to grow up with the aggressiveness thus exhibiting the following
  - ➔ Child abuse
  - ➔ Wife battering
  - ➔ Harassment
  - ➔ Gang attack
  - ➔ Cultism
  - ➔ Violence

✓ To the victims: persistent bullying behaviour can lead to:

- ❖ Being depressed
- ❖ Low self-esteem
- ❖ Feeling shy
- ❖ Low academic achievement
- ❖ Poor school attendance

- ❖ Suicide attempts
- ❖ Self-harm

- ✓ To the society
- ❖ It makes the society unsafe
- ❖ It leads to high number of maladjusted youth in the society

Assignment: The therapist asks participants to review all what they have learnt in session's two to four before next session.

Session 5: The A - B - C - D – E - F of aggression

Objectives:

- ❖ To facilitate their understanding on the causes of irrational/aggressive behaviour to others.
- ❖ To assist participants examine and identify the various irrational thoughts they have which can lead to being angry.
- ❖ To help participants understands that internalized issues, self-talk or beliefs about others are the real cause of aggressive behaviour to others.

Activities:

- o Teach participants the A - B - C - D - E - F's of aggressive behaviours of Albert Ellis.
- o Leading participants to highlight few of the irrational thoughts they have.
- o Explanation on how these thoughts lead to aggressive behaviour.

Presentation:

- ❖ Therapist highlighted the A – B – C – D – E - F model as well as given an explaination on how individuals acquire aggressive behaviour: The A – B – C – D – E - F model

beliefs that emotions such as anger or hostility are mainly thinking, and that it may control one's emotions by controlling one's thought, thinking and the way they feeling.

- The A – B – C – D – E - F technique of personality disturbance, which leads to aggressive behaviour, can be illustrated as follow:

A person experiences hearing loss (A= Activating event/hearing loss) e.g. he wants to control others/or he has certain desire and those he expects must comply or grant his desire refuses.

The students' belief (B) concerned the activating events (hearing impairment) were aroused. The person's beliefs may take one of two courses: rational or irrational. The consequences of the students' irrational or rational beliefs about activating events (C), may take the form of the students' experiencing disturbance, the feelings or behaviour is the aggressive behaviours such bullying or fighting. Disputing the irrational or illogical`s (D) belief will eventually reduce the behaviour which constitute new Effect (E), more effective behaviour that result from more reasonable thinking about the original event. New feelings (F) is the effect of the therapeutic pprocedures applied on the students with hearing impairment who exhibited aggressive behaviours.

For example;

A participant has a well developed physique in class, he beliefs that everybody must give him respect, another participant (not as big as the first) beliefs that they are both students and cannot give him special respect, thinking that the first's participant belief about respect is reciprocal. As the event turn out, the other participant's belief consists of self-talk that he tells himself about how he should react to the criticism by first participant. The first participant's

belief system caused him to respond rationally or irrationally about the event. He may earn due respect from his junior. He may also tell himself that he needs the honour/respect of his junior and that he feels bad about the event. A more rational self-talk for the first participant would be to talk to himself that it was unfortunate for him to be disrespected by a junior student, that he will set to redress such disrespect but that it is not horrible or catastrophic that he should be disrespected.

The emotional consequence (C) of the 1st participant's belief will vary depending on whether they were rational or irrational. If his beliefs are irrational, he may become very aggressive and exhibited bulying behaviour or may fight 2nd participant, if his beliefs are rational, he may view the incident as just unfortunate happening, which needed to be corrected.

The therapist then explained those illogical ideas, which may lead student manifest aggression to others. These include:

- It is absolutely essential for a person to be loved, approved or respected by almost everyone in the environment.
- This idea is irrational because, it is impossible to be loved by every person one comes in contact with, even family members and significant others, all of the time. Demanding that one must be approved, loved, respected by all those whose approval one seeks is perfectionist and therefore, unattainable. It is therefore healthy to make it a preference rather than a necessity.
- Another irrational idea is to belief that some people are wicked and bad and they should be punished for their acts.
- It is also an irrational idea that one or other person should be completely competent, adequate, and achieving in all areas if one is to consider oneself or such other person as

worthwhile. For a student to insist that he or other student must be respected is to open oneself to anxiety, threat and feeling of worthlessness which a student leads to humiliate or ridicule other student(s).

- It is irrational to belief that it is terrible or to feel awful when things are not going on the way one would like them to be or when another person fails to behave in a manner that we expect him/her to behave. It is not possible that everything will go in the way we plan it.
- It is illogical to belief that other student /event shape another student into the way he/she behaves; and that, it is only when those students or event could be change that they can have positive relationship with fellow being. It is possible to control one's emotion provided the student refuses to get annoyed by the behaviours of fellow students or events.
- It is irrational idea to belief that avoiding life's responsibilities is better than to face them. Facing up life's responsibilities and difficulties leads an individual to become self-confident and makes it possible to earn self-respect.
- It is irrational to belief that past events in one's life completely control or determine one's present behaviour. Therefore, past event should not govern one's present behaviour and it should not be an excuse not to change.

These irrational ideas are the major causes of emotional problem such as anger and hostility, which leads to aggressive behaviour. Irrational insistence is the major cause of what we call emotional upset. An aggressive person dogmatically demands, insist commands or dictate that his desires be granted and made himself inappropriately hostile when such an attitude is unnecessary.

The therapist and other group members explain each of the irrational ideas and give examples of these irrational ideas in relation to how it caused aggressive behaviour.

Assignment: The therapist asked the participants to think about at least two occasions in which they had demonstrated aggression towards fellow students and remember the irrational thought that came to their mind at that time.

Session 6: Teaching participants about life, advantages of non-involvement in such behaviour and rational philosophy of living free of such behaviour.

Objectives:

- ❖ To help participants to develop and internalize a rational philosophy of life.
- ❖ To help participants surrender self-defeating and peer relations myths superstitions and the dogmas.

Activities:

- o Establishment of a therapeutic relationship.
- o Review of the assignments given to the participants and discussing the irrational thought that came to their mind while engaging in aggressive behaviour.
- o Therapist taught the participants rational ideas that could replace the irrational thought led to display of aggressive behaviour.

Presentation:

Therapist taught participants the rational philosophy of life as postulated by Ellis (1958, 1962 and 1974). These include

- ❖ Student should focus on his/her own self respect rather than other student's approval.
- ❖ Almost all human disturbances are caused or maintained by the view students take of situations rather than by situation itself. For instance, what participant view as the reason

why they bully are not the real cause per se but the view they have of the event or situation.

- ❖ Acts performed by other students should not be viewed as wrong, wicked or bad but rather as inappropriate to the situation and antisocial. The student who performed such act should be viewed as deficient or psychologically disturbed.
- ❖ It is unfortunate when things are not the way one would like or prefer them to be, and one should make the effort to change or control them. However, if it were almost impossible to change such things, it would be better to acknowledge their existence and stop telling oneself how horrible they are. For instance, if a student physique or character is not in such a way that the other student likes, the student can try to change those things that are possible and those that cannot be changed the student should acknowledge the existence of such deficiency and quit telling others how horrible such a student is. This will prevent aggressive behaviour.
- ❖ When a situation is dangerous, it is better to face them frankly and find solution to render it non-dangerous. For example, having learnt about the consequences of aggression, it is clear that aggression has devastating consequences, it is therefore necessary to find solutions and be committed to reducing the act of being aggressive.
- ❖ The only way to refrain from aggressive behaviour and gain self-respect is to get rid of the behaviour.
- ❖ Student should accept him/herself as imperfect with normal human limitations rather than continually striving for unreachable perfection in every area. A student's goal to do well is often based on doing well for others.

- ❖ A student should learn from experience but should not be governed by experience or past events.
- ❖ Students have control over their emotions if they choose to work at controlling such emotions e.t.c.

Assignment: Therapist motivated participants to think about rational thought they can use to replace irrational ideas that led them to being aggressive toward others before next session.

Closing Remark: The therapist appreciated members who are the participants for their cooperative attitude during the session. The therapist served light refreshment to all participants.

Session 7: Practical application of, internalization of Rational Emotive ideas and the use of Rational Emotive Imagery for the effectiveness of REBT.

Objectives:

- ❖ To help participants develop and internalize rational philosophy in relating with their peers, develop rational thought, respect for others, and be well behaved.

Activities:

- o Allowing participants to state various irrational thought that comes to their mind which lead them to being aggressive toward others
- o Challenged those irrational ideas and taught them to replace such ideas with rational ones through the use of rational emotive imagery

Presentation:

- ❖ Therapist asked one of the participants to present one of the situations that led him/her to being aggressive toward others. The participants or group members questioned and challenged the presenter concerning his feelings. This helped the presenter discovered and identified the illogical belief which was the source of his emotional disturbance.
    - ❖ The group members then taught one another the appropriate or rational ideas that can be used to replace the illogical idea in order to cause a change in the student's feelings and behaviour. The presenter was asked to repeat his feeling and his behaviour. The presenter asked them to repeat this exercise at home until they were able to change irrational belief and adopted more healthy behaviour or relationship with peers.

Assignment: The therapist tasked the participants to practice at home rational emotive imagery to replace irrational thought they have until they were able to change their irrational idea to rational ones.

Closing Remark: The therapist appreciated the participants for the perseverance, punctuality and cooperation. He enjoined them to arrive punctually for the final session.

Session 8: Review of treatment procedures, administration of post-test and final closing.

Objectives:

- ❖ To summarize all what has been learnt during the treatment sessions
- ❖ To evaluate the training programme.

Activities:

- o Brief discussion on the treatment procedures
- o Administration of post-test assessment tool
- o Termination of the training skill

Presentation:

Therapist allowed the participants review the procedures or activities of the training programme. After the review, the therapist administered the post-test assessment tool to participants.

Follow-up Service: Participants are encouraged to contact the facilitator for the follow-up programme, if there was the need for such opportunity.

Closing Remarks: The therapist formally closed the treatment session. He appreciated the participants and encouraged them to make use of all that they have learnt during the training. There was a brief get together party for the group members and exchanged of pleasantries.

APPENDIX D

EXPERIMENTAL GROUP (B) RT GROUP

Session 1: Introduction and Preliminary Activities for the first week.

Objectives:

- In order to give a general orientation of the programme.
- To establish a good and enabling environment for the starting, of the treatment session among the members of the group.
- To assist participants get acquainted with one another.
- To institute the purpose of the experiment.

- ❖ To encourage openness, self disclosure and boldness among group members through development of rules.

Activities:

- o Exchange of pleasantries
- o Established the rapport between the therapist and members of the group.
- o Explained the purpose of the training to members of the group.
- o Developed rules and regulations for members to guide the conduct of the experiment and its confidentiality.
- o Highlighted the mode of the training which included lecture, teaching, discussion, relaxation, question, and home assignment.
- o Distribution of writing materials for group members.
- o Administration of pre-test to the participants for the screening into group B.

Presentation:

The researcher established the rapport and made arrangement for meeting. Participants were assigned to group; the therapist administered the pre-test on the participants to obtain base-line scores. The group members were arranged and time of the meeting was fixed. Similarly, the rules and regulations that guided the group's operation were outlined.

Assignment: To find out about the concept of aggressive behaviour and actions that constitutes aggressive behaviour.

Closing remarks: Appreciating participants for their cooperation, serving refreshment and encouraging them to do the assignment and also be punctual in the next session.

Session 2: The concept of aggressive behaviour: Meaning, the behavionrs that constitute aggressiveness and forms of aggressive behaviours.

Objectives:

- ❖ To sensitize the participants about the meaning of aggressive behaviour.
- ❖ To explore with the participants various behaviours that constitutes aggression.
- ❖ To assists the participants group aggressive behaviour into different forms.

Activity:

- o Welcomed participants and encouraged interaction among group members.
- o The researcher gave a quick reminder on the rules guiding participants.
- o Allowing participants explain what they found out about the concept of aggressive behaviour and actions that constitute aggressive behaviour.
- o Discussion on the concept of aggressive behaviour and different behaviours that constitute aggression.
- o Classifying various aggressive behaviours into their forms.

Presentation:

Therapist allows participants explain what they understand by aggression, he added to what they have stated by defining the variable.

- ❖ Aggression is described as verbal or physical attack inflicted on another person in order to hurt the feelings, personality or power of the offending victim.
- ❖ Aggressive behaviours consist of behavours such as bullying and fighting. Other forms of aggressive behaviours are destructiveness, grandiosity, disobedience to constitute authority whether at home or in the school, hurtfulness, manic behaviours and so on which are considered as unacceptable behaviours that violate the norms of the society.

Forms of Aggression

The researcher then gave them examples of aggressive behaviours which included the following:

- Physical aggressive behaviour such as bullying and fighting.
- Verbal Aggressive behaviour: Involves when a person makes loud noises, shout angrily, yells mild personal insult such as- "you're stupid'', curses viciously, uses foul language in anger, makes moderate threats to others or self, makes clear threat of violence towards others through statement such as I'm going to kill you.
- Bullying: This includes threatening people directly, persecuting, pushing or shoving using power to oppress, shouting, pushing someone in the class or assembly, playing on people`s weaknesses.
- Fighting: This includes engaging in physical fight with fellow students in the school, especially the junior ones.

Assignment: Participants were encouraged to think about how they participated in role-playing the behaviour that causes aggressive behaviour.

Session 3: Students roles played aggressive behaviours and identify why they exhibit such behaviours.

Objectives:

- ❖ To determine the level of understanding that each participant has, in relation to the roles that aggressive interaction plays.
- ❖ To explain the various roles played by different people involved in such interaction.
- ❖ To sensitize participants and make them understand the reasons why they engage in such behaviour.
- ❖ To assist participants identify the various causes of aggressive behaviour.

Presentation:

The therapist explained to the participants that aggressive behaviour involves willfully hurting others in order to inflict pains on them. He allowed them to mention various students involved in aggressive behaviours. He then added to their points' i.e. aggressive behaviours invoved the perpetrator who deliberately hurt other students.

He/she may possess some physical or behavioural characteristics that make an aggressor pick on him/her or may be competing with the other aggressive person. It may also be that the aggressor envies him/her because of certain potential that he/she possesses. There are also supporters who reinforced the aggressor's desire to hurt others, while victim supporters assist in opposing the aggrieved. There are also the onlookers who do nothing about aggressive behaviour exhibited by someone but only walk away from the scene played as reported in the self-report test.

The therapist then allowed the participants to mention the reasons why they engaged in such behaviour. After paying attentions to participants' points, he made a list of other causes which include:

- ❖ Lack of empathy on the part of the person demonstrating aggressive behaviour.
- ❖ Problem with moral reasoning – they rely on rationalization which made antisocial behaviour acceptable.
- ❖ Behaviour pattern: people with behavioural pattern have been found to be more aggressive and bully others
- ❖ Family background: people that come from abusive home who are exposed to violence regularly and may bully other children since they may witness such actions at home and develop the irrational idea that there is nothing wrong to act in such a way.

- ❖ Peer Influence: adolescents who are associated with peers that are delinquent/display aggressive behaviour are likely to behave in a similar way.
- ❖ Social learning: individuals who are exposed to models who are aggressive are likely to assimilate illogical ideas that make them become aggressive.
- ❖ Misinterpretation of other people's intention: an individual may misinterpret the other person's intention or act and may not bother to find out the reason why they act in a way different from their own expectations.
- ❖ Social reinforcement from home: parent's upbringing/peer may reinforce aggressive behaviour. If peers hail a bully for hurting others, it may serve as social reinforcement
- ❖ Need to dominate others: It could be because of making dogmatic demands, commands or the insistence that the desire of the bully must be granted in an inappropriately hostile manner.

Assignment: Asked the participants to find out about the consequences of aggressive behaviour to the self, victims and the society at large

Session 4: Students were taught the consequences of aggressive behaviour to the self, victims and society at large.

Objectives:

- ❖ To ascertain the level of understanding of participants on the consequences of aggressive behaviour.
- ❖ To assists participants have a better understanding of the devastating effects of aggressive behaviour on individuals involved and the society at large.

Activities:

- Welcomed participants and exchanged pleasantries with the participants.
- Reviewed of last week's activities.
- Allowing participants mention the consequences of aggressive behaviour on self, victims and the society at large.
- Discussion on the consequences of aggressive behaviour on the school and society at large.
- Give home assignment

Presentation:

Consequences of aggressive behaviour:

✓ To self

❖ Inability to develop and maintain positive relationship

❖ Development of close association with delinquent peers

❖ Aggressive people are popular but people do not like them

❖ Aggressive students are likely to grow up with the aggressiveness thus exhibiting the following

➔ Child abuse

➔ Wife battering

➔ Harassment

➔ Gang attack

➔ Cultism

➔ Violence

✓ To the victims: Persistent bullying behaviour can lead to:

❖ Being depressed

- ❖ Low self-esteem
- ❖ Feeling shy
- ❖ Low academic achievement
- ❖ Poor school attendance
- ❖ Suicide attempts
- ❖ Self-harm
- ✓ To the society
- ❖ It makes the society unsafe
- ❖ It leads to high number of maladjusted youth in the society

Assignment: The therapist asked the participants to review all what they have learnt in session's two to four before next session.

Session 5: The psychological and identity of aggressive behaviour as related to Reality Therapy

Objectives:

- ❖ To facilitate their understanding on the causes of aggressive behaviour to others.
- ❖ To assist participants examine and identify the various psychological need which can lead to being angry.
- ❖ To help participants understands Reality Therapy approach to counselling.

Activities:

- o Teach participants what the Reality Therapy is based on.
- o Leading participants to identify psychological needs that each one has.
- o Explanation on how loss of identity leads to aggressive behaviour.

Presentation:

- Therapist highlighted the Reality Therapy, explain how individual acquire aggressive behaviour: the need for power, which leads to displaying anger or hostility. Reality therapy was developed by William Glasser in 1965. Its focus was directed towards students` current behaviour. It identified the behaviour the therapist needed in order to correct the client(s). The therapist focused on the basic psychological need of all human across all cultures which were the needs for an identity. Its approach to counselling is on here-and-now actions of the client(s) and the ability to create and choose a better future.
- The four basic psychological needs for survival by William Glasser, which if not catered for, led to aggressive behaviour, include:
  - Need for love and for being loved by another student or group for a feeling of belonging.
  - The need for power through learning, achieving, feeling worthwhile, wining and through being competent.
  - The need for freedom including independence and autonomy while simultaneously exercise personal responsibility.
  - The need for fun, pleasure seeking, enjoyment and relaxation which are very important for good psychological health. It is obvious that one of the core principles of Reality Therapy is that, whether students were aware of it or not, they are always trying to meet these essential human needs.

Inability to meet these psychological needs were the major causes of aggressive behaviour such as verbal abusing others, physical assault, hostility, spitefulness, hitting, bullying, destroying people`s properties and so on, which resulted to low self-esteem and unhappiness.

- Aggressive insistence is the major cause of emotional upset. An aggressive students dogmatically demanded, insisted, commanded or dictated that their desires be granted and made themselves inappropriately hostile when these desires were not granted.

The therapist and other group members explain what can lead to aggressive behaviour.

Assignment: The therapist asked the participants to think about at least two occasions in which they had demonstrated aggression towards other student(s) and remember bad thought that came to their mind at that time.

Session 6: Teaching participants about life, advantages of non-involvement in aggressive behaviour and benefits of living free of such behaviour.

Objectives:

- To help participants live a well adjusted and satisfactory life.
- To help participants surrender self-defeating and peer relations myths superstitions and the dogmas.

Activities:

- Welcomed the participants and exchanged of pleasantries.
- Established the therapeutic relationship.
- Reviewed the assignment given to the participants and discussed the bad thoughts that come to their minds while engaging in aggressive behaviour.
- Therapist taught the participants good ideas that could be used to replace the bad thought that came to their minds when exhibited aggressive behaviour.

Presentation:

Therapist taught the participants the counselling techniques of William Glasser 1965. These include:

- ❖ Establishing a relationship with the persons involved.
- ❖ Focusing on the present behaviour and how to correct that behaviour.
- ❖ Helping the participants involved evaluate their behaviours.
- ❖ Developing a plan of actions.
- ❖ Getting a commitment from the people involved.
- ❖ Not accepting excuses.
- ❖ Allowing reasonable consequences but refusing to use the punishment.
- ❖ Help the people involved use the slogan- ``Never give up`` until changes in behaviour occurred.
- ❖ When situation is dangerous, it is better to face them frankly and find solution to render it non-dangerous. For example, having learnt about the consequences of aggression, it is clear that aggression has devastating consequences, it is, therefore, necessary to find solutions and be committed to reducing the act of being aggressive.

Assignment: Therapist motivated the participants to think about good thoughts they can use to replace bad ideas that usually lead them to being aggressive toward other students before next session.

Closing Remark: The therapist appreciated members of the group for their patient and cooperation during the session. The researcher served refreshment to all members.

Session 7: Application of cycle of counselling and practical suggestions for the efficiency of Reality Therapy.

Objectives:

- ❖ To familiarize the participants with practical suggestions that will assist in relating with their peers, develop self-worth, enjoy good moral values and live a satisfying life.

Activities:

- Allowed the participants state various bad thought that come to their minds which usually lead them to being aggressive toward others.
- Challenged those bad ideas and helped them replace such ideas with good ones through the use of ``cycle of counselling``.

Presentation:

- ❖ Therapist asked one of the participants to present one of the situations that leds him/her to being aggressive toward other students. The participants or group members questioned and challenged the presenter concerning his feelings. This helped the presenter discovered and identified his excuses which was the source of his bad behaviour.
- ❖ The researcher/group members then taught one another the appropriate ideas that can be used to replace the bad ideas in order to cause a change their feelings and behaviour. The presenter was asked to repeat his/her feelings and his/her behaviour. The therapist asked all participants to repeat this exercise at home until they were able to change bad thought and adopt healthier behaviour or relationship with peers.
- ❖ The therapist explained the Realty Therapy`s view of the specific ways of creating a positive climate in which counselling can occur which was the proper therapeutic environment that provide the foundation for the implementation of counselling techniques.
- ❖ The therapist helped the participants learn effective way of controlling their lives.

Assignment: Therapist tasked the participants to practice at home the exercise of using good thoughts to replace bad thoughts they have until they were able to change their bad ideas to good ones.

Closing Remark: The therapist appreciated the participants for the perseverance, punctuality and cooperation. He enjoined them to arrive punctually for the final session.

Session 8: Review of treatment procedures, administration of post-test and final closing.

Objectives:

- ❖ To summarize all what has been learnt during the treatment sessions.
- ❖ To evaluate the training skill.

Activities:

- o Brief discussion on the treatment procedure.
- o Administration of post-test assessment tool.
- o Termination of the training skill.

Presentation:

Therapist allowed the participants review the procedure or activities of the training skill. After the review, the therapist administered the post test assessment tool to participants.

Follow-up Service: Participants were encouraged to contact the facilitator for the follow-up programme, if there is the need for such opportunity.

Closing Remarks: The therapist formally closed the treatment session. He appreciated the participants and encouraged them to make good use of all that they have learnt during the programme. There was a brief get together party for the group members and exchanged of pleasantries.

APPENDIX E

Package for Control Group C

Group C is known as the control group. At this stage, there was no treatment regarding the reduction of aggressive behaviours given to the group. The aim of this group was to form the basis upon which the effect of the treatment on those in groups A and B would be judged. It was

a closed group consisting of boys and girls in S.S.S 1. Participants in the control group did not receive any skill training. But the group was exposed to general discussion on topics not relating to aggressive behaviour. The following procedures were carried out within the period of eight weeks.

Session 1: Introduction and Preliminary Activities for the first week.

Objectives:

- To provide a general information about the purpose of the programme.
- To establish a good and enabling environment for the kick-starting of the placebo session among the members of the group.
- To assist participants get to know one another.
- To clearly explain the purpose of the group.
- To encourage openness and self disclosure among members of the group through development of rules.

Activities:

- Exchange of pleasantries among members of the group
- Established the rapport between the therapist and participants.
- Explained the reason behind forming the group.
- Developed rules and regulations for members to guide the conduct of the members and its confidentiality.
- Highlighted the mode of the operation which included lecture, teaching, discussion, relaxation, question, and home assignment.
- Distribution of writing materials for group members.

- Administration of pre-test to the participants for the screening into group C.

Presentation:

The researcher established the rapport and made arrangement for meeting. Participants were assigned to group; the therapist administered the pre-test on the participants to obtain base-line scores. The group members were arranged and time of the meeting was fixed. Similarly, the rules and regulations that guided the group's operation were outlined.

Assignment: To find out about the meaning of reading.

Closing remarks: The researcher thanked the participants for their cooperation, light refreshment was shared and encouraged members to do the assignment and also be punctual in the next session.

Session 2: Concept of Reading.

Objectives:

- To sensitize the participants about the meaning of reading.
- To explore with the participants various process of understanding the reading.
- To assists the participants identify factors that may positively or negatively affect reading.

Activity:

- Welcomed participants and encouraged interaction among group members.
- The researcher gave a quick reminder on the rules guiding participants.
- Allowing participants explain what they found out about the concept of reading.
- Discussion on the concept of reading, process of understanding the reading and factors that may positively or negatively affect reading.

Presentation:

Therapist allowed participants explain what they understand by reading, he added to what they have stated by defining the variable.

- ❖ Reading entails a conscious activity of trying to get information/meaning of a given text in order to be able to value the essence of the text.
- ❖ Process of understanding the reading was briefly explained. They were paraphrasing, summarizing and questioning. Paraphrasing in this context means restating a sentence or statement in different words. For instance, the man is blind can be reworded as the man cannot see. Also, summarizing means representation of a text in a reduced form, such that only important facts in the passage are contained in the summary. Lastly, questioning is another important step of understanding, asking relevant to explicit or even implicit to elicit the relevant information.
- ❖ Various factors that may positively or negatively affect reading. They are as follows:
    - Place of study
    - Time of study
    - Learners' personality
    - Availability of textbooks and material
    - Attitude of the student
    - Attitude of the teacher
    - Lateness of the teacher
    - Lateness by the students
    - Good reading chair and table
    - Attentiveness during the class

Assignment: Participants were encouraged to find out how to use library to better their performance in school.

Closing remarks: Appreciating members of the group for their cooperation, serving refreshment and encouraged them to do the assignment and also be punctual in the next session.

Session 3: The students were taught how to use Library to better their performance.

Objectives:

- ❖ To state the meaning of library.
- ❖ To explore how to use library for best performance in their examinations.

Activity:

- o Welcomed participants and encouraged interaction among group members.
- o Allowing participants explain what they found out about the use of library to better their performance.
- o Discussion on the concept of library and how to use library to better their performance.

Presentation:

Therapist allowed participants explain what they understood by library, he added to what they have stated by defining the concept.

- ❖ Library is a place where collections of books are kept and it is also a place for the acquisition of knowledge in order to further assimilate the concept under consideration.
- ❖ The therapist also focused attention on how they could use library to better their performance in the examination. They needed to consult textbooks in the library, sit comfortably on the chair that would not lead to sleep, quiet place where there is no noise and good heart conditions would help them.

Assignment: Participants were encouraged to identify the importance of writing notes in the class.

Closing remarks: The therapist appreciated members of the group for their cooperation, served refreshment and encouraged them to do the assignment and also be punctual in the next session.

Session 4: The students were taught the essence of writing notes in the class.

Objectives:

- ❖ To explain what writing notes entail.
- ❖ To explore importance of writing notes in the class.

Activity:

- o Welcomed participants of the group.
- o Allowing participants to describe what writing notes entail.
- o Discussion on the essence of writing notes in the class.

Presentation:

Therapist allowed participants to explain what writing notes entail and highlighted the importance of writing notes in the class.

- ❖ Writing notes is an act of skillfully copy what the teacher has written on the board for the purpose of learning and teaching. The students used exercise books to perform the task. It is very import to write note in the class
- ❖ The following are the importance of writing notes:
    - It helps the students read further at a later time.
    - It guides to improve good study habit
    - It enhances future success.
    - It promotes understanding of the concept taught by the teacher
    - It helps the students prepare adequately for the examination

Assignment: Participants were encouraged to search for the importance of assignment in the overall performance of student's results.

Closing remarks: Appreciating members of the group for their patient and served refreshment and encouraged them to do the assignment. They were also enjoyed to be punctual in the next session.

Session 5: The importance of assignment in the overall performance of student's results.

Objectives:

- ❖ To explore the importance of assignment in the overall performance of the student's results.

Activity:

- o Welcomed participants of the group.
- o Describe what assignment means to the students
- o Discussion on the importance of assignment in the overall performance of student's results.

Presentation:

Therapist allowed participants explain what they know about assignment and highlighted the importance of assignment.

- ❖ Assignment is described as take home task given to students in order to identify areas the teacher needs to assist the students more.
- ❖ Assignments are given by the teacher to the students for various reason, these are few discussed with the members of the group:
    - It helps the students to be hard working.
    - It helps the students refresh their memory
    - It gives students gist of the day's work.

- It facilitates their learning in the class.
- It assists students read in advance

Assignment: Participants were encouraged to search for habit of reading in advance.

Closing remarks: Appreciating the participants for their patient, serving refreshment and they were encouraged to do the assignment at home and also be punctual for the next session.

Session 6: Habit of reading in advance

Objectives:

❖ To explain habit of reading in advance.

❖ To highlight steps involved in engaging in advance reading.

Activity:

o Welcomed participants of the group.

o Explained the habit of reading in advance

o Allowing participants highlight steps they follow in reading daily.

Presentation:

Therapist allowed participants explain the habit of reading in advance.

❖ Habit of reading in advance involved painstaking efforts put on by the students to read before the time that what was read would be needed.

❖ The following are the steps needed to read in advance:

- Extraction of key points.
- Asking some else to explain areas that were not cleared.
- Scheduling ones affairs to accommodate 2-3 hours reading every day.
- Consulting relevant textbooks during additional period of reading
- Exercise books were placed in the appropriate positions for learning to take place.

Assignment: Participants were encouraged to study how to prepare for the examination without stress.

Closing remarks: Appreciating the participants for being around, serving refreshment and they were encouraged to do the assignment and also be punctual during the next session.

Session 7: How to prepare for examination without stress.

Objectives:

- ❖ To explore how to prepare for examination without stress.

Activity:

- ○ Welcomed participants of the group.
- ○ Highlight how to prepare for examination without stress.

Presentation:

Therapist allowed participants explain how to prepare for examination without stress.

- ❖ Preparation for an examination is an important step in the right direction. Its essence is to improve quality of remembering what have been taught within the term.
- ❖ These are some of the steps that students may take to pass the examinations:
    - Students should read thoroughly ahead of the period of the examination.
    - Students should sleep for at least 6 hours each day to facilitate remembering what has been read.
    - Students should eat balanced diet.
    - Students should not allow a day to pass without reading the lesson taught by the teachers.
    - Students should read slowly, not voicing words.
    - Students should read when the brain will understand best.

- Students should read on tables and not on the beds.
- Students should make sure all the assignments were done at the right time and submitted to the teachers-in-charge.
- Students should also find time to relax when necessary.
- Students should use library for further study.

Assignment: Participants were encouraged to revise all the activities of the last seven sessions.

Closing remarks: The participants were appreciated for their cooperation, served refreshment and encouraged them to do the assignment and also be punctual for the final session.

Session 8: Revising the lecture notes, administrating the post-test and final closing.

Objectives:

❖ To summarize all what has been learnt during the placebo sessions.

❖ To evaluate the session.

Activities:

o Brief discussion on the placebo procedure.

o Administration of post-test assessment tool.

o Termination of the session.

Presentation: Therapist allowed the participants review the procedure or activities of the placebo. After the review, the therapist administered the post test assessment tool to participants.

Follow-up Service: Participants were encouraged to contact the facilitator for the follow-up programme, if there is the need for such opportunity.

Closing Remarks: The therapist formally closed the session. He appreciated the participants and encouraged them to make good use of all that they have learnt during the programme. There was a brief get together party for the group members and exchanged of pleasantries.

APPENDIX F
University of Ilorin
Counsellor Education
Aggressive Programme Evaluation Questionnaire (APEQ)

(Adopted from Ojewola, 2008)

This questionnaire is designed to find out your honest opinion about the exercise that you have just participated in. Please provide genuine and sincere response to the statement so as to improve this programme in the future. Your comments and suggestions will be highly appreciated as well.

Gender: Male ( ); Female ( ).

Age: 13-15 years **(**); 16-18 years ( ); 16-21 years ( ).

Class Level: SS 1 ( ); SS 2 ( ); SS 3 ( ).

1. Will you assess your participation in this programme as interesting?

   Yes ( ); No ( ); Not Certain ( ).

2. Did you notice any concrete change in your behaviour since you started participating in this programme? Yes ( ); No ( ); Not Certain ( ).

3. Can you recommend this programme to other youths with aggressive behaviour?

   Yes ( ); No ( ); Not Certain ( ).

4. Can you advocate for this programme to be included in the school curriculum?

   Yes ( ); No ( ); Not Certain ( ).

5. Do you think this programme has helped you improve your relationship with your parents? Yes ( ); No ( ); Not Certain ( ).

6. Has this programme helped you improve your relationship with your peers?

   Yes ( ); No ( ); Not Certain ( ).

7. With your exposure to this programme, can you say no to bully?

   Yes ( ); No ( ); Not Certain ( ).

8. With your exposure to this programme, can you say no to fight?

   Yes ( ); No ( ); Not Certain ( ).

9. Has this programme helped you improve your relationship with your teachers?

   Yes ( ); No ( ); Not Certain ( ).

10. Is there need for a follow-up to monitor your progress after the programme?

    Yes ( ); No ( ); Not Certain ( ).

11. Are you now determined to change your behaviour as a result of this programme?

    Yes ( ); No ( ); Not Certain ( ).

12. Do you think the programme can help you have a better tomorrow?

    Yes ( ); No ( ); Not Certain ( ).

13. Which aspect of the programme will you recommend for removal?

    Treatment ( ); Placebo ( ); None ( ).

14. Which aspect of the programme has been most meaningful/ helpful to you?

    Treatment ( ); Placebo ( ); None ( ).

15. What kind of improvement or comment will you suggest for the programme?

    ……...

RESPONSES FROM AGGRESSIVE PROGRAMME EVALUATION QUESTIONNAIRE (= 84)

S/N	ITEM	YES %	NO %	NOT CERTAIN	TOTAL%
1	Will you assess your participation in this programme as interesting?	82 97.61	2 2.39		84 100
2	Did you notice any concrete change in your behaviour since you started participating in this programme	55 65.48	29 34.52		84 100
3	Can you recommend this programme to other youths with aggressive behaviours	55 65.48	29 34.52		84 100
4	Can you advocate for this programme to be included in the school curriculum?	82 97.62	0	2 2.38	84 100
5	Do you think this programme has helped you improve your relationship with your parents	55 65.48	29 34.52		84 100
6	Has this programme helped you improve your relationship with your peers?	55 65.48	29 34.52		84 100
7	With your exposure to this programme, can you say no to bully?	55 65.48	29 34.52		84 100
8	With your exposure to this programme, can you say no to fight?	55 65.48	29 34.52		84 100
9	Has this programme helped you improve your relationship with your teachers	55 65.48	29 34.52		84 100
10	Is there need for follow-up to monitor your progress after the programme	55 65.48	29 34.52		100
11	Are you now determined to change your behaviour as a result of this programme	55 65.48	29 34.52		55 100
12	Do you think the programme can help you have a better tomorrow	84 100			84 100

		Treatment	Placebo	None
13	Which aspect of the programme will you recommend for removal?			84 100
14	Which aspect of the programme has been most helpful to you?	55 65.48	29 34.52	

APPENDIX G

UNIVERSITY OF ILORIN, ILORIN, NIGERIA.

UNVERSITY ETHICAL REVIEW COMMITTEE

Our Ref: UIL/UERC/02/GTO80319

Date: 9th June, 2016

Protocol Identification Code: UERC/ASS/2016/387

EFFECTIVENESS OF TWO COUNSELING TECHNIQUES IN REDUCING AGGRESSIVE BEHAVIOURS AMONG STUDENTS WITH HEARING LOSS IN KWARA STATE

Name of applicant/Principal Investigator: OGUNGBADE, Oyelakin Kunmi
Address of Applicant: Department of Counselor Education
Faculty of Education
University of Ilorin, Ilorin

Type of Review: Full Committee Review
Date of Approval: 14/04/2016

Notice of Full Committee Approval

I am pleased to inform you that the research described in the submitted proposal has been reviewed by the University Ethical Review Committee (UERC) and given full Committee approval.

This approval dates from 14/04/2016 to 13/04/2019, and there should be no participant activity or any activity related to this research to be conducted outside these dates.

You are requested to inform the committee at the commencement of the research to enable it appoint its representative who will ensure compliance with the approved protocol. If there is any delay in starting the research, please inform the UERC so that the dates of approval can be adjusted accordingly.

The UERC requires you to comply with all institutional guidelines and regulations and ensure that all adverse events are reported promptly to the UERC. No changes are allowed in the research without prior approval by the UERC. Please note that the UERC reserves the right to conduct monitoring/oversight visit to your research site without prior notification.

Thank You

Ismaila Isah
For: University of Ilorin Ethical Review Committee

APPENDIX H

UNIVERSITY OF ILORIN, ILORIN, NIGERIA

Department of Counsellor Education

OFFICE OF THE HEAD OF DEPARTMENT
DR. L. A. YAHAYA
(Head of Department)

P.M.B. 1515
Cables & Telegrams: UNILORIN
Telex: 33144 UNILORIN, NG
Phone: 031-221691-4 Ext 507

Our Ref: UIL/CED/142

Date: 27th September, 2016

The Principal,
Kwara State School for Special Needs,
Ilorin
Kwara State.

Dear Sir/Ma,

PH.D RESERACH

The bearer, **OGUNGBADE, Oyelakin Kunmi** with Matriculation Number 02/67GR019 is a bonafide Ph.D Student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: **"Effectiveness of Rational Emotive Behaviour Therapy and Reality Therapy in Reducing Aggressive Behaviours among Students with Hearing Impairment in Ilorin, Nigeria"**. The Department would be grateful, if you could provide him with the assistance needed to facilitate his research work.

Thank you, Sir.

Yours faithfully,

Professor L. A. Yahaya
Head of Department

APPENDIX I

KWARA STATE SCHOOL FOR SPECIAL NEEDS

Founded 1st March, 1974

Motto: EQUAL OPPORTUNITY

A B C D E

APPENDIX J

With permission from the participants

With permission from the participants

APPENDIX J (CONT.)

With permission from the participants