EFFECTIVENESS OF CLIENT-CENTRED THERAPY IN REDUCING BULLYING BEHAVIOUR AMONG IN-SCHOOL ADOLESCENTS BASED ON GENDER AND AGE

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ABSTRACT

Bullying behaviour refers to the intimidation of a weaker person: it is the process of intimidating or mistreating someone who is weaker or in a more vulnerable situation. This study established the effectiveness of Client-Centred Therapy (CCT) in reducing Bullying Behaviour among In-school adolescents. The study was Quasi experimental in nature using a 2×2×2 factorial design made up of two (2) row groups (one experimental and one control) and two (2) column groups (age and gender). Instrument used for the study was Bullying Identification Questionnaire

(BIQ). Bullying behaviour was studied; only those that scored high in bullying items and less in victimisation items participated in the study. CCT was found effective in the reduction of bullying behaviour among in-school adolescents F=105, df (1, 47); gender and age have moderating effects on the reduction of bullying behaviour among in-school adolescents, F (df = 1, 47) =34.6); F(df = 1,47) =52.5. p<0.05) respectively. CCT reduced bullying behavior more significantly among in-school adolescents within the age range of 15-19 years than adolescents within the age range of 10-14 years. It was recommended that CCT be used in the treatment of in-school adolescents with bullying behaviours.

***Key words:** Bullies, Bullying behaviour, Client-Centred Therapy, In-School Adolescents, Power struggle.*

INTRODUCTION

Bullying behaviour has been described as a particularly destructive form of aggression affecting physical, social and emotional well-being of the individuals involved (Slee & Mohyla, 2007). Sampson (2002) identified two components of bullying behaviour as: repeated harmful acts and imbalance of power. Bullying behaviour is a common phenomenon in schools across the world irrespective of the size, nature and location of the school. In Nigeria, studies (Egbochuku, 2007; Omoteso, 2010; Yusuf, 2010) reported high prevalence of bullying behaviour among secondary schools across the states of Nigeria.

Causes of aggressive behaviour such as bullying behaviour have been identified from various theoretical points of view ranging from innate or biological theories, drive theories and social learning theories among others. Client-Centred theory as propounded by Carl Rogers attributes bullying behaviour and other forms of aggression to misbalance between the ideal and real selves of individuals that bully others.

Since Olweus (1978) first alerted the world to the problem of bullying behaviour in schools, researchers from several nations – Australia, Canada, England, Ireland, Japan and the United States - have provided some insights into the type, nature, prevalence and effect of bullying behaviour among school children. Their findings provide compelling reasons for initiating interventions to prevent bullying. McCrone (2004) however suggested the use of Client-Centred Therapy, Rational-Emotive Behaviour Therapy as well as Behavioural Analysis in dealing with bullying behaviour in schools.

Client-Centred therapy among other humanistic therapies focuses on the phenomenology (conscious experience) of the client. It viewed bullying behaviour as disturbances in awareness or undue restriction on existence. According to this therapy, a client's problem can be understood only when viewed from his or her own point of view. The aim is to help people get in touch with their feelings, experience their true selves and develop meaning in their relationship with peers. This is done through the nature of the therapeutic relationship and the client

tendency to grow as a unique individual.

The choice of CCT in reducing bullying behaviour is on the premise that bullying behaviour is an interpersonal relationship problem. It perceives a bully as someone who is alienated from himself and others: he communicates to himself and others by the act of bullying to the extent that his process of striving towards authenticity has become disturbing thus needing counseling intervention to achieve self-healing. Since client-centred therapy emphasises client-counsellor relationship as basic ingredient in facilitating the process of self-healing capacities in the clients, it is believed that experiencing this form of relationship will facilitate growth and personality development of the participants.

Purpose of the Study.

The main purpose of this study was to determine whether CCT would be effective in reducing adolescents' bullying behaviour.
Specifically, the purpose of this study was to:

- identify in-school adolescents that bully others, then treat them using Client-Centred Therapy (CCT)
- to create awareness on how effective CCT is in reducing bullying behaviour among in-school adolescents;
- to help participants modify their behaviour using Client-Centred (CCT) Therapy and observe whether gender will affect treatment or not.
- to investigate effect of age on treatment.

The following research hypotheses were generated to sharpen the focus of this study:

Hypotheses

1. There is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred therapy and those in the control group.
2. There is no significant difference in the reduction of bullying behaviour among participants exposed to CCT based on gender.
3. There is no significant difference in the reduction of bullying behaviour among participants exposed to the CCT based on age.

METHODOLOGY

This study employed the quasi-experimental research design using 2 X 2 X 2 factorial design. Several factors were involved in this study and each factor such as age and gender had two levels each. Four independent variables were involved in the study; these are experimental groups (2), gender (2 levels) and age (2 levels). The independent variable of interest is Client-Centred Therapy (CCT) and the dependent variable is bullying behaviour. Gender and age were used as moderating variables. Scores obtained from pre-test were used to identify in-school

adolescents that perpetrate bullying and to classify respondents into bullying categories namely; bullies, victims and bully-victims.

Participants were those that ticked 1 or 2 on victimisation items and 3 and 4 on the bullying items. Bullies were selected to participate in the study. The researchers randomly selected twenty-four participants for treatment group and twenty- four for the control group making a total of forty-eight participants for the study. The choice of small sample is necessary for therapy group since emphasis is usually on self-disclosure, exploration of feelings, intimacy and support. Experimental study of this nature required small sample size that is manageable which can produce effects that can be noticed and measured easily especially with Client-Centred Therapy.

The population of the study comprised all in-school adolescents in Ilorin metropolis. Only co-educational senior secondary schools were used. The reason for this was to investigate whether gender has effect on treatment. Stratified random sampling was used in the selection of school: using the stratum of school location, two schools were randomly selected. Purposive sampling technique was used in the selection of participants using the Bullying Identification Questionnaire.

Table 1: Demographic Data of the Respondents

Variable	Freq	Perc
Male	24	50
Female	24	50
Total	48	100
Client-Centre Thera	24	50
Control Group	24	50
Total	48	100

Treatment Procedure

The study was conducted in the following stages:

Pre-treatment Assessment

The main Instrument used for assessment was Bullying Identification Questionnaire, (BIQ). The Bullying Identification Questionnaire is adapted from Bullying Categories Measures: A Self report measure of bullying behaviour which was originally developed by McConville & Cornell (2003) but was adapted by Stein, Dukes & Warren (2007). BIQ has 2 sections; the first

required demographic data on age, school and gender. The second section contains self-report survey to identify the bullies among secondary school students. The 18 items cover physical, verbal and relational bullying behaviour categorised into bullying and victimisation items with 4 point Likert-type scale of response. The inventory was administered to the randomly selected sample intact classes. Responses were scored according to the two levels; bullying items and victimisation items. Only subject that scored high on bullying items alone were included in the treatment. The cut off point for bullying items was 22; however, students that scored higher on at least three or four bullying items were not excluded from treatment programme even if they scored less than 22 in the section. A sample of forty- eight went through the treatment procedure. The number of participants varied with gender, with more male than females.

Treatment Programme

The treatment programmes are of two types:

1. Client-Centred group
2. Control group

The treatment took a session per week at one hour per session. The whole treatment programme covered eight weeks. The last session was used for the evaluation of the total programme and the post treatment assessment. Client-Centred Therapy was not applied to the Control group. They were only exposed to lecture on factors threatening the environment and the efforts to protect the environment

Method of Data Analysis

The data obtained from this study were analysed to determine whether the independent variables: Client-Centred Therapy, had effect on the reduction of bullying behaviour among in-school adolescents in secondary schools in Ilorin metropolis, Nigeria.

The analysis covered the effectiveness of Client-Centred Therapy, as well as the moderating effects of age and gender (in column) on the reduction of bullying behaviour among participating adolescents.

The analysis was carried out using manual and computer analysis

The scores obtained from the administration of Bullying Identification Questionnaire were analysed using mean scores and Analysis of Covariance (ANCOVA) to test the three hypotheses.

RESULTS

Table 2: Means (X and Y) in-school adolescents bullying behaviour scores on experimental levels (rows), gender and age levels (columns)

No	Experimental Level	Male			Female			10 – 14 yrs			15 – 19 yrs		
		N	X-?	Y-?	N	X-?	Y-?	N	X-?	Y-?	N	X-?	Y-?
1	Client-Centred Therapy	15	23.3	11.9	9	24.6	12.8	9	23.2	12.7	15	24.1	10.9
2	Control Group	15	26	24	9	23.7	25.1	14	24.6	24.9	10	25.9	23.7

Keys:

x- □=Pre-test mean scores

y- □ =Post-test mean scores□

N =Number of participants in a group

M =Male

F =Female

Results on Table 2 show that the pre-test mean scores of the two experimental groups are 23.3 and 26.0 for the males while the females had the scores of 24.6 and 23.7 respectively. For participants within the age range of 10 – 14 years, the pre-test scores were 23.3 and 24.6 while those within the age range of 15 – 19 years had scores of 24.1 and 25.9 respectively.

The post-test means scores for the males in the two groups were 11.9 and 24. For the female, the scores were 12.8 and 25.1 for those in Client-Centred Therapy and Control group respectively.

Participants within the age range of 10 – 14 years had post-test scores of 12.7, and 24.9 while those within age range of 15 to 19 years had mean scores of 10.9, and 23.7 across experimental groups after treatment: the results of the comparison of post-test mean scores of the treatment groups indicated reduction in bullying behaviour.

Participants within the age range of 10-14 yrs gained from the treatment procedures, CCT than those in CG. The mean scores of the participants within the age range of 10-14 years exposed to CCT & CG were 10.1 and -0.36 respectively.

Participants exposed to CCT within the age range of 15-19 years also gained significant reduction in their bullying behaviour than those in the CG with mean scores of 12.5 and 2.2 respectively.

In order to determine the effect of CCT on bullying behaviour, the following hypotheses were tested using Analysis of Covariance (ANCOVA)

HO1: There is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred Therapy and those in the Control group.

Table 3: Analysis of co-variance showing pre and post treatment comparison of in-school adolescents bullying behaviour based on CCT and control.

Source	df	Sum of square	Mean square	Cal. F	F - Crit.
Row	1	1397.5	1397.5	105.6*	4.08
Within	47	608.9	13.3		
Total	48				

*Significant, $p < 0.05$

Table 3 shows that Client-Centred Therapy package had a significant effect on the reduction of bullying behaviour. Cal. F value of 105.6 is greater than the critical F-value of 4.08 was found which is significant.

Ho2: There is no significant difference in the reduction of bullying behaviour among participants exposed to experimental treatments based on gender.

Table 4: ANCOVA showing reduction in bullying behaviour across two groups based on gender.

Source	df	Sum of square	Mean square	Cal. F	Cri. F
Row	1	1608.7	1608.7	34.6*	4.08
Column	1	1608.7	1608.7		
Within/error	47	2186.2	46.5		
Total	48	3795.0			

Keys:
Row = group
Column = gender

Table 4 indicates that the reduction in the bullying behaviour of participants exposed to CCT is dependent on gender. Calculated F-value of 34.6 which was considerably greater than critical F-value of 4.08, showed that being a male or female did influence the prevalence of bullying behaviour in the experimental groups. This indicated that gender had moderating effect in the reduction of bullying behaviour among in-school adolescents based on the group. This significant effect needs more clarification using simple effect analysis and simple

comparisons if the simple effects were significant.

Table 5: Simple effect analysis and comparisons of interaction between gender, and between the experimental and control groups

Parameter	B	Std. Error	t	Sig.
Client-Centred Therapy	13.8	1.6	8.5	0.000
Control group	0			
Male	4.1	1.5	2.9	0.006
Female	0			
CCT male	-5.1	2.1	-2.5	0.015
CCT female	0			

This parameter estimate reiterates the result revealed in Table 5 which spelt out the mean of each gender in relation to the experimental groups. The interaction between the two experimental groups and gender revealed that interactive effect is reflected in the Client-Centred and control group. When the groups were statistically controlled, significance of 0.006 was found which is less than alpha level of 0.05. This indicated that females were able to reduce their bullying behaviour more in the treatment group than males.

The table also revealed the interaction effect that occurred in Client-Centred therapy in relation to gender with 0.015 significance which is less than 0.05 alpha level, thus indicating that females exposed to Client-Centred Therapy were able to reduce their bullying behaviour more than their male counterparts.

Hypothesis 3: There is no significant difference in the reduction of bullying behaviour among participants exposed to experimental treatments based on age.

Table 6: ANCOVA comparing means of bullying behaviour reduction based on group and age

Source	Df	Sum of squares	Mean square	Cal. F	Critical F
Row	1	2002.1	2002.1		
Column	1	2002.1	2002.1	52.5*	4.08
Within/error residual	47	1979	38.1		
Total	48	3795.0			

*Significant $p < 0.05$

Keys:
Row = group
Column = age

Table 6 further demonstrates that age has moderating effect on the reduction of bullying behaviour using CCT. Significant difference existed as Calculated F-value of 52.5 compared to critical F-value of 4.08 at $p < 0.05$. Hence, there is significant difference in the reduction of bullying behaviour of participants exposed to treatment groups based on age.

Discussion of Results

Hypothesis one stated that " there is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred therapy (CCT) and those in the control group. The results of the statistical analyses disaffirm this hypothesis as significant difference was discovered. This indicates that in-school adolescents that were exposed to CCT group were able to reduce their bullying behaviour more than those who are in the control group who did not receive any treatment. The finding is in line with the findings of previous researchers like Horvath and Symonds (1991), Lambert and Bergin (1994) who had earlier asserted that counsellors facilitative skills in CCT such as acceptance, warmth, empathy and genuineness are fundamental in establishing good counsellor-client relationship and are related to positive outcomes. Similarly, Zimring & Tausch (2001) stated that the real potency of successful therapy is the client and the counsellor attention to the individual client's frame of reference fostering the client's utilisation of inner and outer resources. Empirically, Mosher, Vallone and Menn (1995) found outcomes in a humanistic (CCT) low drug residential programme to be equivalent to a high drug in-patients programme. He demonstrated that some psychotic patients in the study were successfully treated using CCT without medication. Prouty (2001) also argued that CCT has value in treatment for Schizophrenia.

The results obtained correspond with national and international researches such as Strang (2001) who worked on justice for victims of young offenders. The centrality of Emotional Harm and Restoration, (Marshall, Shaw & Freeman, 2002; Vanfranechem, 2003; & Vanfranechem, 2005, Burssens and Vettenburg 2006).The finding of this study is consistent with the assertion of Lickona (1991), who stated that bullying behaviour should be addressed through programme that emphasises assessing feeling, empathy and improving interpersonal skills, peer mediation that

focus on alternatives to aggression, anger and bullying prevention programmes that emphasise students and adult awareness as well as involvement. The finding of this study confirms his submission.

Family and Youth Service Bureau (1997) stressed that adolescents bully others because they have not achieved their full potentials in positive developmental pathways which serves as a pointer to the fact that there is a relationship between bullying behaviour and poor development of individual potentiality. The counselling interaction which these adolescents have been engaged in using Client-Centred therapy that focused on helping individual to develop personally in their way of interacting with peers and significant others underscored the reduction in bullying behaviour.

Hypothesis two stated that there is no significant difference in the reduction of bullying behaviour among participants exposed to experimental treatments based on gender. This hypothesis was rejected as the results revealed significant difference in the reduction of bullying behaviour among participants who are males and those that are females. This shows that both male and females do not differ in their level of response to the treatment.

The results revealed that females in Client-Centred Therapy were able to reduce their bullying behaviour more than male participants in the control group due to interaction effect. The finding is in line with the assertion of previous researchers such as Dodge, Cole & Lynam (2006) which stated that the links between early bullying behaviour and subsequent bullying behaviour may not be strong for females as they are for males. Similarly, Crick, Nelson, Norales, Cullerton-Den, Cases & Hickman (2001) and Underwood, (2002; 2003) found that girls are more likely than boys to engage in relational bullying behaviour which involves such behaviours like spreading malicious rumours in order to get others to dislike a child or ignoring someone when angry at him or her.

However, the finding is not in congruence with the results obtained by Egbochuku, Obodo & Obadan (2008) when they treated examination anxiety with a counselling strategy. Similarly, Ojewola (2008) also revealed no significant difference in the reduction of aggressive behaviour between male and female across treatment groups.

Hypothesis three stated that there is no significant difference in the reduction of bullying behaviour among participants exposed to experimental treatments based on age. The hypothesis was rejected because significant difference exists in the reduction of bullying behaviour among participants who are

within the age range of 15 and 19 years and the participants who are within the age range of 10 and 14 years.

The result of this finding was in line with findings of researcher like Borg (1998) who worked on the effectiveness of victim's impact statement in reducing bullying behaviour among the bullies. He found that age of the bully had an effect on the bully's sympathy or regret after the event had been perpetrated. The difference between this finding and Borg's work was that the later researcher found that victim's impact statement was more effective at influencing the bully's moral development and reduction in bullying behaviour in the elementary school child than in an older child. However, the present research work found Client-Centred Therapy to be more effective for adolescents between the age range of 15 to 19 years. The reason for this might be due to the level of cognitive development of the older bullies who have reached the formal operational stage according to Piaget. The therapeutic methods deal with participants' emotion, values as well as interpersonal relationship and the older adolescents are capable of exploring and utilizing them more effectively than the younger bullies.

Summary and Conclusion

The study examined the effectiveness of Client-Centred Therapy on the reduction of bullying behaviour of Adolescents in Nigerian secondary schools. It also determined the effect of gender and age on the reduction of bullying behaviour. The following were the findings:

- Client-Centred Therapy produced significant reduction in bullying behaviour among in-school adolescents in Ilorin, Nigeria
- There was significant gender difference in the reduction of bullying behaviour among in-school adolescents. Female participants had significant reduction in their bullying behaviour than male
- Age of participants had moderating effects on the reduction of bullying behaviour among in-school adolescents exposed to treatment groups. Participants between the ages 15 and 19 had significant reduction in their bullying behaviour than participants between ages 10 and 14 years.

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

Client-Centred Therapy is effective in reducing bullying behaviour among in-school adolescents. On gender effect, both males and females responded positively to treatment, however, sex does affect reduction of bullying behaviour, Thus, female participants exposed to Client-Centred Therapy were able to reduce

their bullying behaviour more than the male participants exposed to Client-Centred Therapy. The female participants exposed to Client-Centred Therapy were able to reduce their bullying behaviour than female participants in CG. Age had moderating effect on the reduction of bullying behaviour among participants exposed to treatment groups. Participants within the age range of 15–19 years were able to reduce their bullying behaviour than those within the age range of 10–14 years.

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