



JOURNAL OF COUNSELLING AND SCHOOL PSYCHOLOGY

ADEKUNLE AJASIN UNIVERSITY
P.M.B. 001, Akungba-Akoko
Ondo State, Nigeria.

Volume 1, Number 1 2017

JOURNAL OF COUNSELING AND SCHOOL PSYCHOLOGY

JOURNAL OF COUNSELING AND SCHOOL PSYCHOLOGY



ADEKUNLE AJASIN UNIVERSITY

P. M. B. 001, Gbongbo Aja, Ondo State, Nigeria

JOURNAL OF COUNSELING AND SCHOOL PSYCHOLOGY

Journal of Counselling and School Psychology

© Copyright, 2017

Department of Guidance and Counselling,
Adekanle Ajasin University,
Akungba-Akoko.

ISSN: 2682-5112

Vol. 1, No. 1 2017

Published by:

Department of Guidance and Counselling,
Faculty of Education,
Adekanle Ajasin University,
Akungba-Akoko, Ondo State, Nigeria.

Printed by:

De-Trust Honesty Nigeria Limited
Tel: 08038613850

Journal of Counselling and School Psychology,

Vol. 1, No. 1

NOTE TO CONTRIBUTORS

The Journal of Counselling and School Psychology accepts papers on reports of original empirical studies or theoretical discussion from the fields of education, social sciences and humanities. The journal is published once a year. Submissions of manuscripts are permitted throughout the year. Two copies of manuscripts not exceeding 15 pages of double-spaced typed written A4 paper are accepted for peer review. It should possess an abstract of not more than 250 words. Contributions should adhere strictly to the latest APA format of writing research reports.

CORRESPONDENCE

All correspondence should be directed to the Editor
Journal of Counselling and School Psychology
Department of Guidance and Counselling,
Adekunle Ajasin University, Akungba-Akoko
Ondo State, Nigeria

Journal of the American Medical Association

Journal of the American Medical Association
Vol. 6, No. 1

REPORTS TO CONGRESS

Department of Commerce

Department of State

For 1914

Department of State

For 1914

Department of State

For 1914

For 1914

For 1914

For 1914

For 1914

Department of State

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

Department of State

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

For 1914

Journal of Counselling and School Psychology, Vol. 1, No. 1

EDITORIAL COMMENTS

Journal of Counselling and School Psychology is an official Journal of the Department of Guidance and Counselling, Faculty of Education, Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria. Journal of Counselling and School Psychology publishes empirical and theoretical articles dealing with topical issues on humanities that constitute significant contributions to the understanding of development of excellence in human life. Journal of Counselling and School Psychology is designed purposely for disseminating and promoting information about empirical research findings and theoretical reports of researchers from local and international levels for the benefit of others around the world.

This first edition of Journal of Counselling and School Psychology is a compendium of well researched original written articles of scholars on contemporary issues in diverse disciplines such as Counselling Psychology, Educational Psychology, Special Education, Technical and Vocational Education and Social Sciences.

We will like to use this medium to sincerely appreciate the scholars whose articles constituted this first edition, editors and counselling editors for the support and cooperation that led to the successful production of this maiden edition of Journal of Counselling and School Psychology.

While we invited original researched articles for publication in the forthcoming second edition, we want to assure you that high quality standard will be ensured through careful peer-review system of articles and papers. All submitted manuscripts shall be given prompt attention and the decisions of the Editorial Board on the results of the peer reviewers shall be made known to authors without delay.

Dr. Gbere, L. O.
Managing Editor

CONTENTS

	Pages
Differential Effects of Rational Emotive Behaviour Therapy and Social Skills Training in Enhancing Married and Unmarried Prison inmates Psychological Adjustment in Ondo State. by Adams A. B. (Ph.D), Prof. Daramola, C. A. and Gbore L. O. (Ph.D)	1
Sexual Dysfunction as correlates of Marital Satisfaction Among Married People in Nigeria. By Akintoke Victor Akin (Ph.D) and Alowolodu Odunayo Olawumi (Ph.D)	17
Effectiveness of Cognitive Behavioural Therapy on Teaching Self-Efficacy of Career -Frustrated Teachers by Moyosola Jude Akomolade (Ph.D)	32
Influence of Home Background on Lagos State Technical College Students Academic Performance by Fakorede S. O. A. (Ph.D)	54
Depression and Suicidal Attitude Among Adolescents: Implications for Counselling by Dr. B. O. Ajidahun	76
Relationship Between Sports Participation and Self-Esteem of Secondary School Adolescents in Ibadan North Local Government Area of Oyo State by Esther M. Oladejo (Ph.D)	97
Influence of Demographic variables on Women participation in politics in Ado-Ekiti by Yarseah, D. Alphonso and Prof. Lanre S. Adebayo	111
Nigeria Secondary School Teachers perception and Readiness for Inclusive practices in Education by Prof. Adegoroye A. O. S. and Ajagbe, Adesina Adufe	136
Counselling parents of the Visually Impaired An Overview by Alade Temitope T. (Ph.D)	148
Child Early Marriage and Women Empowerment in Nigeria: Implication for Curriculum Development in Social Studies by Salawudeen Mujidat Olabisi	166
Rational Emotive Behaviour Therapy as a Counselling Technique for Handling Aggressive Behaviours of Students with Hearing-Impairment in Nigeria. by Ogunbade Oyelakin Kunmi, Dr. (Mrs) Aina Josephine Shola and Prof. M. (Mrs) M. G. Fajonyemi	182

**EMOTIONAL POSITIVE BEHAVIORAL THERAPY AS A
COUNSELLING TECHNIQUE FOR HANDLING
AGGRESSIVE BEHAVIORS OF STUDENTS WITH
RELEASING DEPARTMENT IN NIGERIA**

Dr. Mrs. A. O. Ojo, Ph.D., M.Ed.,

Psychology, Oyo State University, Oyo, Nigeria

Centre for Supportive Services, Oyo State, Oyo

Faculty of Education, University of Ilorin

Dr. Mrs. A. O. Ojo, Ph.D., M.Ed.,

National Open University of Nigeria

Kano State, Kano

or

Prof. Mrs. M. A. Ojo, Ph.D., M.Ed.,

College of Education, Faculty of Education

University of Ilorin

Abstract

Aggression is an act of inflicting physical, mental, emotional or another person or object or the act of inflicting, or threatening to inflict, either by words or actions, if avert, other through a accident, environment and even violent interaction with the intention of inflicting damage or other consequences upon another individual.

Aggression can take a variety of forms, which may be expressed physically and communicated verbally and/or non-verbally. Students with hearing impairment often exhibit aggression. It is, therefore, imperative to assist students with hearing impairment because of incessant display of aggressive behaviours in the school, at home and in the society at large. This paper, therefore, delves into Rational Emotive Behaviour Therapy as a counselling technique for handling aggressive behaviours of students with hearing-impairment in Nigeria. It also examines concept of aggression, aggressive behaviour, theories of aggression and how Rational Emotive Behaviour Therapy (REBT) can be used in handling aggressive behaviours of students with hearing-impairment in Nigeria. It is recommended that counsellors should assist students with hearing impairment to appreciate the need to imbibe rational thoughts. The counsellors should apply the therapeutic procedure of REBT to improve student with hearing impairments' interpersonal relationship with others.

Key words: *Aggression, aggressive behaviours, hearing-impairment, Rational Emotive Behaviour Therapy(REBT).*

Introduction

The term aggression comes from Latin word *aggressio*, meaning attack. The Latin word was a combination of *ad*-and *gradi*- which means step at. It was first used in 1611 to mean an unprovoked

attack (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).

There are two broad categories of aggression. The first is affective aggression; this is regarded as emotional, hostile, reactive or retaliatory aggression which is the response to provocation (Bertowitz, 1993). 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. An example of instrumental form of aggression would be armed robbery (McElliskem, 2004). Adults are not the only group exhibiting aggression, children also do. Eron (1980) stressed that aggressive behaviour in children include among others such as hitting, shoving, kicking, biting, scratching, 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, extensive use of drug, all of which may result to low self-esteem and unhappiness. Different scholars defined aggression, for instance, Hornby (2005) defined aggression as feelings of anger and hatred that may result in threatening or violent behaviour while Tor-Anylin and Baaki (2006), observed aggression as the verbal or physical attack released by a person to

and the feelings, personality, or power of the victim's victim. They also asserted that such interventions could increase the risk of re-victimization, abuse, or resulting with a perpetration of aggression in some manner. As they went further to state the period that they would bring history, reflecting on the self-willing, interrupting, and a desire to be in a position of the victim (The National Council, 2009). The main goal of an aggressive behavior is to dominate or win a competition or to be dominating, regarding, belittling, or overpowering other people as they do through weaker and less able to express and defend their own rights and needs. According to Council (2009), aggressive behavior could cause physical or emotional harm to others or threat to cause such harm to others. It used the emotional problems were the most common cause of aggressive behavior. It further stated that occasional victims of aggression or assault and a victim has observed that it can become a problem only if it occurred frequently or consistently rather.

[illegible]

saying are suffering from hearing loss or hearing-impairment. Hearing impairment is not an isolated word. It is derived from the field of Special Education. Special education simply refers to the education that is tailored to meet the special needs of the learners. Also, 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. It becomes very pertinent to properly identify how to use counselling technique to handle aggressive behaviours of these categories of students in Nigeria.

In this regard, the roles of professionally trained counsellors in schools cannot be overemphasized. Counselling is a profession that is dedicated to handling diverse behaviours including maladaptive behaviours such as aggressive behaviours, change the students' thinking to rational thought and improve interpersonal relationship with fellow students, therefore, improving learning outcome in an increasingly complex and chaotic school environment. One of the roles of the school counsellor is to properly handle such aggressive behaviours exhibited among the students.

In order to handle maladaptive behaviours in schools, such as aggressive behaviours, series of 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, its

problem has to do with 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 necessitates trying another therapy that would care for this gap. Client-Centred-Theory is another good counselling technique; it 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). This necessitates trying another technique to handle aggressive behaviours. Another psychological therapy that may be useful to handle 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 emphasizes change in behaviours of the counsellors (Makinde, 2009). However, it does not handle illogical belief and dispute such belief from the client's mind. The conclusions of the findings of these therapies (Behaviour modification, Client-Centred Therapy and Indigenous African Counselling Therapy) might not have provided the desired results expected to handle the aggressive behaviours of students with hearing-impairment, hence, the need to try another therapy.

This paper explored how REBT can be used in handling aggressive behaviours among students with hearing-impairment. It becomes imperative to use this counselling technique (REBT) in handling aggressive behaviours among students with hearing-impairment because to the best of the authors' knowledge, the technique chosen might not have been used in handling aggressive behaviours of hearing impaired student in this locality. The choice of REBT for this study was because it is known worldwide for handling maladaptive behaviours which include but not limited to aggressive behaviours (Sharf, 2012). REBT was developed by Albert Ellis in 1955. Ellis believed that human beings are both rational and irrational; their innate irrationality has been the source of their emotional problems such as aggression, anger, guilt, anxiety, and depression (Pietrofesa, 1978). Emotional problems, Ellis believes lies in illogical, irrational, negative thinking, feelings and since emotion cannot be separated from thinking and feelings, 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 was that people's problems are derived from maladaptive beliefs, illogical thoughts and that these must be changed to bring about improvement in behaviour. The therapist will have to help clients attack the false, undesirable and irrational beliefs and change them to rational and functional behaviours which they are supposed to manifest in the society

(Akinade, 2008).

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 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 getting one's basic desires for love, approval, comfort and achievement or success met (Jorn, 2009).

These 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. These students were chosen because of the peculiar nature of their hearing disabilities.

Theoretical Perspectives of Aggression and Aggressive Behaviour

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

Frustration Theory: Frustration theory was developed by Dollard,

Doob, Miller, Mowrer and Sears in 1939. It was known as the Frustration-Aggression Hypothesis (F-A). The fundamental assumption of F-A technique was stated categorically by Dollard et al (1939) that aggression is always a consequence of frustration. These researchers concluded that the occurrence of aggressive behaviour always presupposes the existence of frustration.

Dollard et al (1939) viewed aggression as the cause of frustration, projecting a view known as frustration-aggression hypothesis. They thus suggested that aggression occurred as a result of frustration which can have a number of reactions. Researchers perceived frustration as a feeling of tension that occurs when efforts to reach some goals are blocked. When this occurs, it can produce feelings of anger, which in turn can generate feelings of aggression and aggressive behavior.

Cognitive Behaviour Theory: It implied 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 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. Rational Emotive Behaviour Therapy (REBT) was developed by Albert Ellis in 1955, where he highlighted the irrational beliefs such as "why does he or she not love me as I love

leads to aggressive behaviour, can be illustrated as follow:

Incidence of aggressive Behaviours (A= Activating event/problem) for instance, he wants to control others or he has certain desire and those he expects must comply or grant his desire. The person's belief (B), about the problem or the activating events aroused. The person's beliefs may take one of two courses: rational or irrational. The consequences of the person's irrational or rational beliefs about activating events (C), may take the form of the person's experiencing disturbance, the feelings or behaviour such as anger and or hostility. Disputing the irrational or illogical's (D) belief will eventually reduce the behaviour which constitute new Effect (E) or the new, more effective behaviour that result from more reasonable thinking about the original event. New feelings (F) that come as a result of the effect of the therapeutic procedures applied on the students with hearing-impairment who exhibited aggressive behaviours.

In order to effectively handle 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 attention or consciousness of students with hearing-impairment who are aggressive: At the B-C connection (between the belief and the

teacher" or thinking that others must take my suggestion.

Biological Theory: It was observed that biologists to biological scientists believed that aggression is an innate behaviour. For example, Wilson (1978) and Locks (1998) agreed that aggression is caused by some genetic or biological factors. The authors further thought that cases involving aggression should be treated with chemical therapies instead of psychotherapy. These views of genetic claim that physical characteristic, social roles, behaviours and relationship of an individual are determined by genetic inheritance also have biological genetic base (Kagley, 1996).

Counselling Strategy Used in Handling Aggressive Behaviours of Students with Hearing-Impairment

The word "counselling" is perceived differently by various scholars. For instance, Durajaya (1987) defined counselling as involving the development of interaction through the relationship between a trained therapist (Counsellor) and a troubled person (Client or Counsellee) in a perceived temporal state of indecision, confusion, malfunction, habit disorder, distress or despair. It is true that the process of counselling which lasts over several sessions between counsellor and counsellee helps the later make his own decisions and choices in order to resolve his/her own confusion and correct his/her behavioural disorders such as aggressive behaviours. According to Salawu and Abdulkadir (2011), counselling is a process by means of

consequence, the counsellor discusses with the client what is believed to influence the emotions and behaviours are caused by beliefs and thinking. The counsellor asks the materiality of the demonstration in the client (for example a biography of a student who has displayed aggressive behaviour in the school). According to Ellis (1988), for effective counselling to occur, first and foremost, the counsellor should teach the client to be perceptive or to think the events. The counsellor leads the client to have insight into the problem and various irrational thoughts and negative self-talks that contributed to the problems they are currently experiencing (Ellis, 1988). For example, of such negative self-talks as "I am a violent person for displaying aggressive behaviour". Essentially, the counsellor helps the client to identify further irrational beliefs and attitudes. "If possible for activating event, he teaches to the client that it is not the activating event (A) nor the occurrence of displaying aggressive behaviour that leads to emotional and behavioural consequences (C), rather it is the client's belief system (B) about being aggressive that leads to irrational thoughts. In other words, if a person experiences low self-esteem, unhappiness, fear, shame or guilt after being aggressive, it is not the incidence of aggression itself that causes such but the person's belief about it. The 'B' stands for our irrational belief about the event (A), the counsellor maintains that the irrational belief a person B is what is mainly causing the low self-esteem, unhappiness, fear, shame or guilt at C. This 'C' stands for

the emotional and behavioural Consequences. The counsellor gives him or her homework in order to assess his or her understanding of what has been discussed.

Stage 2: Showing how aggressive behaviours are causing irrational thoughts thus led to unhappiness: 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 maintains his disturbance, the counsellor asks him or her to note the 'C' (For example other students are His' enemies) and then the 'A' (Incidence of aggression). Having understood them well, the client is invited to ask (at B): What was I telling myself about A, to feel and behave 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 teaching may be achieved through reading, direct explanation and by self-analysis with the therapist's help or given homework between sessions as well.

Stage 3: Demonstrating exactly what the illogical links in internalized sentences are: The counsellor teaches the client how to dispute and change the irrational beliefs, replacing them with more rational alternatives. Again, teaching will aid the client here. "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. Thus, disputing involves debating and challenging the irrational beliefs of an aggressive student by the counsellor at point D, explaining why the belief is irrational, and correcting the belief to form more rational ones. Ellis (2001) suggested that the best way to dispute an irrational belief is through realistic, logical and practical means. REBT counsellor, therefore, teaches aggressive student to dispute his or her irrational thought by continuously asking him or her questions such as, where is the evidence that it is not awful for me to be aggressive? And what shows that I am a worthless person because I am aggressive?

The counsellor should give homework to his client in between the sessions; tease him or her to help him or her overcome fear. He could also use role playing technique to challenge his 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 holds. 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:

"E" stands for New Effect or the new, more effective emotions and behaviours that results from more reasonable thinking about the original event (Aggressive Behaviours). So, Point E is the point of changed verbalizations and behaviour; it is the point that client, having subjected himself to cognitive, emotive and behavior therapy, now questions his irrationality. At this point, he changes his basic philosophy and can now say, "it is not to my interest to be aggressive and I am not a worthless person because I have exhibited aggressiveness in the past".

The REBT counsellor helps the client to internalize a rational philosophy of life just as he or she originally learned and internalized the irrational view of his or her parent and that of the community (Ellis, 1962). The counsellor would also teach him or her practical means to handle aggression as much as possible by asking him or her to take active part in interacting with others in order to avoid being **ashamed**. The counsellor would encourage him to smile most of the time rather than frowning and to recite words like 'I can stop it'. I can improve in my relationship with others and so on. "F" stands for an improved feelings that results from the adjusted irrational thinking and feelings of the students with hearing-impairment who previously exhibited aggressive behaviours.

At point F, the counsellor would 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 disputing irrational thoughts - is an essential component of REBT. Thus, human beings are largely responsible for creating their emotional reactions and disturbances. This is revealed in how REBT counsellors are capable of assisting students who are aggressive change irrational beliefs that cause their emotional disturbances or embarrassments. Its emphasis on both rethinking and action makes it a powerful tool change. This is a cognitive effect to be followed by an emotive behavioural effect when the client having handled his aggressive behaviours to the minimum, now determines to work harder so as to stop the aggression thus resulting to improved self-esteem, happiness, humility, no longer mock fellow students and become innocent in reverent behaviours. The REBT counsellor would help the students with hearing-impairment work through the negative feelings, and then help the client identify the root cause of aggressive behaviours exhibited which would help the clients avoid the situations that trigger it. The theory is, therefore, useful in carrying out counselling sessions with students with hearing-impairment who are aggressive. According to Corey (2005), the therapist takes the role of an authoritative figure. This is achieved through teaching and didactic during the counselling sessions with

the use of sign language.

Conclusion

It is evident that aggressive behaviour stems from an inability to control ones behavior or from a misunderstanding of what appropriate behaviours could be. Frustration theory of aggression was highlighted among others. It plays a vital role in the aggressive behaviours of students with hearing-impairment, which include feelings of tension that occurred when efforts to interact with teachers, cooks, attendants, nurses, school heads e.t.c. are stopped. The role cochlear plays in the inability to hear sound by students with hearing-impairment was highlighted. In order to handle aggressive behaviours of students with hearing impairment in Nigeria, Rational Emotive Behaviour Therapy (REBT) was used. It emphasized the need for replacing irrational thoughts with pleasant and rational thinking. It is, therefore, useful when a new feeling occurs in the mind of the students with hearing-impairment.

Recommendations

Hence it is recommended that for the effective handling of the aggressive behaviours of students with hearing impairment:

- the School Counsellors should assist students with hearing impairment appreciate the need to imbibe rational thoughts.

- the School Counsellors should organize enlightenment programmes for students with hearing-impairment on good interpersonal relationship expected among students.
- the School Counsellors should assist the students with hearing-impairment who have exhibited aggressive behaviours understand how they can channel their grievances into useful thoughts and behaviours to achieve their goals in school.
- governments should employ more professional counsellors who are skilled in sign language to assist students with hearing-impairment.
- parents should be enlightened through PTA meetings on how to appreciate and assist these children with hearing-impairment.

References

- Akinade, E. A. (2008). *Abnormal psychology: Psychopathology introduction*. Ibadan: Brightways Publishers.
- Akinade, E. A. (2012). *Introduction to modern guidance and counselling*. Ibadan: Brightway Publishers.
- Bertowitz, L. (1993). On the information and regulation of anger and aggression. *American Psychologist*, 45, 494-503.
- Bulus, I. (1980). *Essentials of counselling theories*. Jos: ABIC Books.

- Corty, G. (2005). *Students manual: Theory and practice of counseling and psychotherapy*. Los Angeles, CA: Brooks/Cole Publishers.
- Dollard, J., Doob, L., Miller, N., Mowrer, O. H. & Sear, R. R. (1939). *Frustration and aggression*. New Haven: Yale University Press.
- Durojaiye, M. O. (1987). Cross-cultural perspectives on guidance and counselling. In Fagbamiye E. O. (Ed.), *Introduction to education*. Lagos: Nelson Publisher.
- 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 behavior therapy? *Psychotherapy: Theory, research, practice, training*, 36, 154-159.
- Ellis, A. (2001). *Overcoming destructive beliefs, feelings and behaviours*. Amherst, NY: Prometheus.
- Eron, L. D. (1980). Prescription for reduction of aggression. *American psychologist*, 244-252.

- Federal Republic of Nigeria (2013). *National policy on education (Revised)*. Lagos: Ministry of Education, NERDC Press.
- Gilman, E. W. (1989). *Webster's dictionary of english usage*. Springfield, Massachusetts: Merriam-Webster Inc. Publisher.
- 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.
- Jorn, A. (2009). Rational Emotive Behaviour Therapy. *Psych Central* 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 from www.healthline.com/health/aggressive-behavior#causes.
- Lucki, I. (1998). The Spectrum of behaviours influenced by serotonin. *Biological Psychiatry*, 44, 151-162.
- Makinde, O. (2009). Indigenous African Counselling Therapy. In Anselm Uba (Ed.), *Theories of counseling and therapy*. 212-220. Okada: Okada Publishers.

- Maxon, S. C. (1998). Homologous genes, aggression and models. *Development Neuropsychology*, 14, 143-156.
- 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.
- 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
- Salawu, A. A. & Abdulkadir, O. R. (2011). *Intorduction to the theory and practice of guidance and counseling*. Ilorin: Integrity Publications.
- Sharf, R. S. (2012). *Theories of psychotherapy and counselling – concept and cases (5th Ed.)*. USA: Brooks/Cole Cengage Learning.
- Tor-Anylin, S. A. & Baaki, J. L. (2006). Influence of single parenting on aggression of offspring in Benue State. *The Counsellor*, 22: 1-10.
- Uba, A. (2009). Behaviour modification-Skinner's operant approaches. In Anselm Uba (Ed.), *Theories of counseling and psychology (2nd ed.)*, 3-18. Okada: Okada Publishers.