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EFFECT OF REALITY THERAPY ON AGGRESSIVE BEHAVIOUR OF SCHOOL ADOLESCENTS IN IFE EAST LOCAL GOVERNMENT, ILE-IFE, OSUN STATE, NIGERIA

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ABSTRACT
The study determined the prevalence of aggressive behaviour among secondary school students in Ife-East Local Government Area and examined the effect of reality therapy in reducing aggressive behaviour. The study employed pre-test post-test control group designs. The study population comprised 1,515 senior secondary school students two (SSS II). A total of 398 students were selected using multistage sampling procedure. Only 80 (5.3%) students that manifested severe level of aggressive behaviour from the analysis of the first phase and who were willing to participate in the counselling treatment were randomly assign into experimental and control groups. An instrument titled "Aggressive Behavior Scale (ABS) was used to collect data for the study. Data collected were analysed using frequency counts, percentages and Analysis of Covariance. The results showed that 31.7% of the participants manifested a severe aggressive behaviour while 51.8% and 16.5% exhibited a moderate and mild aggressive behaviour respectively. The results showed a significant effect of reality therapy [F (1, 158) = 7.153, p-value = 0.008 < 0.05] on aggressive behaviour among students. The study concluded that aggressive behaviour was prevalent among secondary school students in Ife-East Local Government Area and that reality therapy was an effective treatment in the reduction of aggressive behaviour among secondary school students.
Keywords: Behaviour, Aggressive behaviour, Reality Therapy, Students

INTRODUCTION

Aggression is one of the behavioural problems commonly manifested by adolescents and young adults all over the globe. In a society where the magnitude of aggression is high, there may be state unrest and various forms of violence (Newburn, 2021), relationship breakdown (Curtis, Epstein, Wheeler, 2017) with increased negative mental health conditions (Kitayama et at., 2015). Within the context of education, aggressive behaviour is a serious behavioural problem that can endanger students and entire schools, homes, or communities. Students, especially high or secondary school students are generally at the stage of adolescents, and it has been documented in research that the exhibition of aggressive behaviour is more at the adolescent stage when compared with other stages of human development (Davis, 2004).

Students at this level manifest aggressive behaviour in the form of fighting, bullying, use of foul language, harassment, rioting and cultism in schools (Bolu-steve, Ajokpaniovo & Ganiyu, 2020). When students exhibit aggressive behaviour in the form of fighting, bullying, and cultism, among others, there is the likelihood that they may harm themselves, harm other people and this harm could lead to poor academic performance, truancy, poor interpersonal relationship, violence, societal unrest, insurgency and causing loss of properties

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and even death if not abated. For instance, the death of eleven years old Sylvester Oromoni in Dowen College, Lekki, Lagos who died on November 30, 2021, was reported to be associated with the problem of bullying behaviour (Ikechukwu, 2022). Many children have attempted or committed suicide, sustained permanent injuries, obtained poor academic performance and dropped out of school as a result of aggressive behaviour (Field, 2007; Swearer, Espelage & Napolitano, 2009; Bierman, Coie, Dodge, Greenberg, Lochman & McMohan, 2013), hence their future was marred. As Bartholomeus, Brown, Buchart, Harvey, Meddings, and Sminkey (2007) observed, 700,000 people worldwide die each year in acts of aggression.

Given the above apparent devastation of aggressive behaviour, various attempts have been made or implemented by various school boards to try to alleviate the problem of aggressive behaviour. Some of the corrective actions taken to mitigate this problem have been punitive in nature, such as forced expulsion, corporal punishment, suspension, and rust, and have not yielded positive results. Psychological interventions should be used to reduce aggressive behaviour in school. In the treatment of various forms of aggressive behaviour, different psychotherapies have proven effective and appropriate for addressing different behavioural problems. These therapies include the behaviour modification of Albert Ellis, the client-centred therapy of Carl Rogers, the psychoanalysis of Sigmund Freud and the reality therapy of William Glasser. However, empirical information on the appropriate and effective treatment technique for managing aggressive behaviour of secondary school students is limited in literature but has become imperative for peaceful school settings healthy society at large.

Although, like other psychotherapies, Reality Therapy (RT) has been found to be effective in managing various psychological and mental problems such as social anxiety, interpretation bias, and interpersonal relationship among young adults and adolescents (Farnoodian, 2016; Khleghi, Amiri, & Taheri, 2017). Unlike other traditional psychotherapies which aim to understand the underlying causes of a person's problems by focusing on unconscious thoughts, feelings, and behaviours, RT focuses and emphasizes the present and the goal is to change current behaviour in order to address mental health conditions and improve relationships (Glasser, 1969). The basic premise of reality therapy based on Glasser's (1969) viewpoint is that "the source of almost all clients' problems is the lack of satisfying present relationships". In addition, RT has been shown to be effective in reducing the negative impact of delinquency, undisciplined bullying behaviour, and behavioural problems on offenders, victims, and society at large (Madukwe, Echeme, Njoku, Annorzie, Omagamre & Nwufo, 2016; Ojewola, 2016). Given the increasing number of aggressive behaviours routinely displayed among students, could RT effectively reduce aggressive behaviour in middle adolescent students?

Since, it is pertinent and imperative to consistently maintain a calm peaceful school environment free from harassment, fear, and various forms of aggression, in order to achieve desirable teaching and learning outcomes that are thought to translate to the achievement of the overall well-being of students as well as national development, an appropriate and effective therapeutic technique which can be applied to help to reduce aggressive behaviour among school adolescents is required for implementation by school counselling psychologists.

RESEARCH OBJECTIVE

In carrying out the study, two research objectives were generated to guide the conduct of the study. They are:

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i. examine the effect of reality therapy on aggressive behaviour among the students in the study area; and
ii. investigate the moderating influence of age and sex on the effect of reality therapy on aggressive behaviour.

RESEARCH QUESTION

i. What is the prevalence of RT on aggressive of school adolscents in the study area?

RESEARCH HYPOTHESES

i. There is no significant effect of RT in reducing aggressive behaviour among school adolescents.
ii. School adolescents' age and sex do not significantly affect the intervention of aggressive behaviour.

METHODS

The pre-test post-test experimental control group designs was adopted for the study. The study population consisted of 1,515 Senior School Students Two (SSS II) in Ife-East Local Government Area, Ile-Ife, Nigeria. Based on the available data as provided by the Ife-East Local Inspector of Education (LIE), there are sixteen public secondary schools in Ife-East with a total population of 1,515 SSSII as of the start of the 2021 academic session (Appendix I). These statistics were made available to the researcher through a letter of request for secondary school students' population written to the Local Inspector of Education. A sample of 398 students was selected in stages. First, a simple random sampling technique was used to select two secondary schools in the study area. All the 398 SSSII students found in the two schools selected were required to complete a questionnaire in order to identify aggressive students among them. Four of the questionnaire were not properly filled and were discarded, the remaining 394 were adjudged to be good enough and subjected to analysis for the behavioural assessment and determination levels of aggressive behaviour of students in the first phase (Table 1). In the second phase, only 80 (5.3% of the total sample) students who manifested severe levels of aggressive behaviour from the analysis of the first phase and who were willing to participate in the experiment were selected using a purposive sampling technique. These 80 students were randomly assigned into treatment and control groups (40 participants each) using systematic sampling technique. Group A was the treatment group and Group B was the control group. The two groups A and B were subjected to Reality therapy and habit training (training with no therapeutic effect on aggressive behaviour) respectively within a period of six weeks of one hour per week.

Table 1: Demographic characteristics of sampled respondents

Sex	*F*	%
Male	198	(50.3%)
Female	196	(49.7%)
Age		
12-15 years	267	(67.8%)
16-19 years	124	(31.5%)

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20+	3	(0.8%)
Religion		
Christianity	292	(74.1%)
Islam	99	(25.1%)
Traditional	3	(0.8%)
Ethnicity		
Hausa	21	(5.3%)
Yoruba	341	(86.5%)
Igbo	30	(7.6%)
Others	2	(0.5%)
Family Type		
Monogamous	242	(61.4%)
Polygamous	85	(21.6%)
Single Parenting	67	(17.0%)
Birth Order		
First Born	152	(38.6%)
Middle	191	(48.5%)
Last Born	51	(12.9%)
Total		**394 (100.00%)**

From Table 1, it was revealed that from a total respondent of 394, 198 (50.3%) were male while 196 (49.7%) were female. Also, most of the respondents 267(67.8%) were between 12-15 years of age, 124 (31.5) were within16-19 years, and 3 (0.8%) were within 20 years and above. On the table, 292(74.1%) were Christians, 99 (25.1%) were Islam, and 3 (0.8%) were Traditional. Furthermore, the table showed that the majority of the respondents 341(86.15 were Yoruba, 30 (7.6%) were Igbo, 21 (5.3%) were Hausa and 2 (0.5%) were others respectively. Also, 242 (61.4%) of the respondents were from monogamous families, 85 (21.6%) were from polygamous families respectively, and only 67 (17.0%) of the respondents came from single parenting. The table finally revealed that 152 (38.6%) were firstborn, 191 (48.5%) were middle born, while only 51 (12.9%) were last born

In collecting data for the study, an adapted instrument titled "The Aggressive Behaviour Scale (ABS) which was adapted from Buss and Perry Aggression Questionnaire (1992) was used. Section A of the questionnaire sought responses on the respondents' demographic information such as sex, age, religion, ethnicity, birth order and family type. Section B contains 25 items that elicited information on aggressive behaviour. Section B was adapted from the Buss and Perry Aggression Questionnaire (1992), University of Texas at Austin. The section originally contained 29- self-report measures and was later reduced to 25 items during the validation process that removed 4 of the items that were poorly structured. The items were adapted to measure the physical aggression, verbal aggression, anger and hostility of school adolescents. The researcher adapted the scale because there was a little modification in the

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instrument before the instrument was used for the study. The respondents were asked to respond to the items using a five-point Likert scale in order to determine the extent to which each statement describes their aggressive behaviour. Responses range from 1=Very Untrue of me, 2=Untrue of me, 3=neither True nor Untrue of me, 4=True of me, and 5=Very True of me. The higher the score, the more an individual engages in aggressive behaviour.

The instrument was validated based on construct and content validity. The instrument was given to test and psychological experts. The instrument was adjudged adequate and appropriate enough to measure the psychological constructs and each item in the instrument was related to the psychological construct in the research topic and objectives. Data collected were analysed using descriptive and inferential statistics. Precisely, frequency and percentages to answer the research question while the hypotheses were tested using Analysis of Covariance (ANCOVA).

RESULTS

To test the hypotheses adequately, descriptive analysis of participants' scores on aggressive behaviour was carried out. The result is presented in Table 2.

Table 2: Descriptive statistics of participants' scores on aggressive behaviour

Descriptive Statistics	*F*
Number of respondents	394
Mean score	68.45
Standard Deviation	18.98
Minimum score	25
Maximum score	125

Hypothesis One: There is no significant effect of RT in reducing aggressive behaviour among participants. To test this hypothesis**,** the pretest and posttest scores of participants in the Reality Therapy (RT) and control groups were computed and subjected to Analysis of Covariance (ANCOVA). This was carried out to examine the effect of RT on aggressive behaviour among participants. The results were presented in Table 3.

Table 3: Effect of reality therapy on aggressive behaviour among participants

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3177.306[a]	1	3177.306	7.153	0.008	0.984
Intercept	840565.056	1	840565.056	1892.338	0.000	0.843
Pre-test	0.062	1	0.062	0.005	0.689	0.000
Group	3177.306	1	3177.306	7.153	0.008	0.874
Error	70182.638	158	444.194			
Total	913925.000	160				
Corrected Total	73359.944	159				

a.R.Squared = .943 (Adjusted R Squared = .931)

Dependent Variable: Aggressive Behaviour

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Results as presented in Table 3 showed the test of the significant effect of RT in reducing aggressive behaviour among the participants. The result showed that there was no significant difference in the pre-test scores of the participants as the p-value was greater than the 0.05 ($p > 0.05$) threshold. Any difference observed in their mean rank can be attributed to sampling error or mere chances. Thus, there was no bias in the selection of the participants into groups. It however showed that treating participants with RT in comparison to the control group is significantly effective in reducing aggressive behaviour [$F(1, 158) = 7.153$, p-value = $0.008 < 0.05$]. Hence, the null hypothesis (H_0: There is no significant effect of RT in reducing aggressive behaviour among secondary school students) is rejected and it can be concluded that there was a significant effect of RT in reducing aggressive behaviour among participants. It was also observed that the model built from the treatment yielded an R-square value of 0.943 and an Adjusted R-squared value of 0.931. This implied that the model could explain at least 93.1% and at most 94.3% of the variance observed in the reduction of aggressive behaviour among the participants. In addition to this, the pretest and posttest scores of participants in RT and control groups were further subjected to descriptive statistics to determine the mean difference between the two groups. The results were presented in Table 4.

Table 4: Descriptive Statistics of RT and control group

	Pre-test		Post-test		N
Group	Mean	Std. Deviation	Mean	Std. Deviation	
Treatment	74.45	24.15	61.60	19.28	40
Control	77.55	19.26	76.33	19.71	40

Table 4 showed that the participants in the treatment group exposed to reality therapy had a pre-test mean score of 74.45±24.15 while those in the control group (exposed to placebo treatment) had a mean score of 77.55±19.26. In the post-test assessment, the aggressive scores of the participants in the treatment group reduced sharply from 74.45 to 61.60±19.28 while that of the participants in the control group also reduced marginally, from 77.55 to 76.33. With this mean difference, it is an indication that RT has effect in reducing aggressive behaviour among participants.

Hypothesis two: Students' age and sex do not significantly affect the experimental intervention of aggressive behaviour

Table 5: Effect of Respondents' sex and age on the effect of the experimental intervention

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	110323.62[a]	1	110323.62	180.68	0.000	0.984
Intercept	16109.60	1	16109.60	4.706	0.032	0.843
Sex	0.197	1	0.197	1.811	0.347	0.000
Age	0.765	1	0.765	3.068	0.094	0.657
Group	7744.03	1	7744.03	7.153	0.00	0.874
Error	2642.82	6	440.47			
Total	61585.69	147				
Corrected Total	84365.66	149				

a.R.Squared = .894 (Adjusted R Squared = .857)

Dependent Variable: Aggressive Behaviour

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Results as presented in Table 5 showed the test of the interaction effect of participant age and sex on the treatment used in reducing aggressive behaviour among the participants. From Table 4.1.5, it was observed generally that there was a significant moderating effect of demographic factors (age and sex) on the treatment used in the reduction of aggressive behaviour among the participants [F (1, 6) = 7.153, p = 0.00 <0.05)]. However, the results showed that sex [F (1, 6) = 1.811, p = 0.347 >0.05)]; and age [F (1, 6) = 3.068, p = 0.09 >0.05)] were independently not significant. Also, the Table showed that the interactive model of participants' age and sex on the treatment yielded an R-squared value of 0.894 and an Adjusted R-squared value of 0.857. This can be interpreted to mean that, the moderation of age and sex can account for a maximum of 89.4% and a realistic value of 85.7% of the variance observed in the participants' aggressive behaviour. Hence, the null hypothesis (H_0: students' age and sex do not significantly affect the effect of the experimental intervention on aggressive behaviour) is accepted. It is therefore concluded that participants' demographic factors (age and sex) had no significant impact on the effect of reality therapy on aggressive behaviour among students.

Table 6: Descriptive Statistics of pre-test and post-test scores of participants exposed to therapy and control group on the basis of age and sex

			Pre-test		Post-test	
		Group	Mean	Std. Deviation	Mean	Std. Deviation
Age	13-14	Treatment	68.0	0.0	75.0	0.0
		Control	59.5	4.9	52.0	8.5
	15-16	Treatment	77.3	23.6	65.4	19.7
		Control	80.0	16.4	78.8	19.3
	>17	Treatment	71.4	25.7	56.4	18.4
		Control	76.8	22.4	76.3	19.8
Sex	Male	Treatment	73.6	25.3	62.0	22.0
		Control	76.3	20.4	72.2	21.6
	Female	Treatment	75.4	23.5	61.3	16.6
		Control	79.3	18.05	80.5	17.2

Table 6 showed that the participants aged 13-14 in the treatment group exposed to reality therapy had a pre-test mean score of 68 while those of the same age in the control group (exposed to placebo treatment) had a mean score of 59.5±4.9. In the post-test assessment, the aggressive scores of the participants of the aforementioned age group in the treatment group increased from 68.0 to 75.0 but that of the participants in the control group reduced from 59.5 to 52.0. Also, male in the treatment group has a mean aggressive score of 73.6±25.3 in the pre-test but reduced to 62±22 in the post-test. Also for the female in the treatment group, mean aggressive score reduced from 75.4±23.5 in the pre-test to 61.3±16.6 in the post-test assessments.

DISCUSSION

Results of the first hypothesis indicated that there was a significant effect of reality therapy on aggressive behaviour in high school students. The initial expectation was that RT would be effective in reducing aggressive behaviour if the principles guiding its use were followed. Evidence from the results tends to corroborate the results of Madukwe, Ekeme, Nyok, Anojie, Omagam, and Nufo (2016), using reality therapy to reduce bullying behaviour

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among young people in Owerri, and the results of their study on bullying reduction. I have found that it works. Omid, Fardin, Reza, Hourieh, Fatemeh, and Ali (2015) found reality therapy to be an effective way to reduce stress, anxiety, and depression in addicts, and as an adjunctive therapy in the treatment of other conditions. I discovered in my research that it is. Furthermore, the results support Agali's (2004) finding that reality therapy techniques were effective in helping inmates in Ilorin, Nigeria, adjust to life.

The results of this study also support the findings of Kim (2008) that group counselling in reality therapy had a significant impact on self-esteem. Aboralin (2017) study found that reality therapy had a significant impact on self-esteem, depression, and anxiety in Ibadan secondary school domestic workers. Ojewola (2016) found that reality therapy was highly effective in reducing disorder among adolescents in Ibadan schools. In addition, Melisa (2010) found reality therapy to be effective in treating school delinquency. Aboralin (2017) found that reality therapy was effective in reducing low self-esteem, depression, and anxiety among secondary school domestic workers in Ibadan. One explanation for the effects seen in this study may lie in the power of reality therapy to enable students to express themselves. Helps you to be rational when dealing with others in society. Transcend in school and in life in general. There is a saying, "A life that is not examined is not worth living." The resulting evidence tended to support the submission of Ojewola (2016). Ojewola (2016) found that reality therapy treatment packages are client-friendly and focused on helping clients develop alternative and desired behaviours. This is consistent with Agali's (2004) findings that the use of reality therapy helps clients become psychologically strong and rational. Furthermore, the results of this study support the assertion by Madukwe, Ekeme, Nyok, Anojie, Omagam, and Nufo (2016) that reality therapy teaches clients a variety of behavioural options, and that each behaviour has its own consequences. This tends to support the premise that reality therapy is aimed at helping people address their present behaviour and psychological challenges (Farnoodian, 2016; Khleghi, Amiri, & Taheri, 2017).

Another factor that may have contributed to the success of reality therapy was the group process in treatment. Being in a group gives me more opportunities to learn from different people and I feel that the problem is not just my problem. This is consistent with the statement by Abadi and Nasheri (2011) that group-based therapy helps people support each other through communication and change attitudes and behaviours. Wubbolding (2004) also reports in his paper that mass reality therapy makes individuals feel they are not alone with similar problems. Results for the second hypothesis showed that student demographics (age and gender) had no significant effect on reality therapy in reducing aggressive behaviour. Regarding age, the results showed that age had no significant effect on experimental intervention. This is consistent with her Madukwe, Echeme, Njoku, Annorzie, Omagam, and Nwufo (2016) submissions that reported that age does not affect reality therapy outcomes. Ogungbade (2017) also found in his study that age does not affect the effectiveness of reality therapy. Similarly, Ayodeji and Lamidi (2020) used reality therapy to find that age did not significantly affect students' self-esteem. The implication of the results of this age-based study is that reality therapy has similar effects in all age groups. This means that reality therapy is effective in helping adolescents and young people cope with the challenges they face in school and in the community.

The results for Hypothesis 2 also showed that student gender had no significant effect on the experimental intervention. This result supports the findings of Ogungbade (2017) that student gender did not significantly affect reality therapy. However, several other findings

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refute this finding. For example, Yusuf (2008) found a significant effect of reality therapy on gender-based test anxiety levels. Ojewola (2016) also found important effects of gender-based realities. The gender-based results of this study imply that both men and women benefited from the treatment used and both were exposed to treatment under the same conditions. This may be because the behaviour is not gender-specific. The results of this study contradict statements by Nwolisa, Olusakin, and Fashina (2013). Nwolisa, Olusakin & Fashina (2013) reported that the intervention improved women more than men. However, the second hypothesis conclusively showed that there is a significant moderating effect of participant age and gender in treatments that reduce aggressive behaviour. A plausible reason to do so lies in the fact that gender and age have ways of influencing one's perceptions. This supports the view of Azitel (2013) who found that men and women have different biological and physical makeups and that this can affect cognition.

CONCLUSION AND RECOMMENDATIONS

It can be concluded that RT is an effective treatment intervention of aggressive behavior of secondary school students. From the findings and conclusion of this study, various recommendations are proposed to further assist secondary school students with aggressive behaviour. Therefore, this study should be applied in various educational and counseling settings. These recommendations are given as subsequently as thus: the following recommendations are put forward for consideration:

i. Reality therapy should be adopted in order to render help for clients with aggressive behaviour. Reason being that aggressive behaviour is a cognitive, behavioural and social related issue in nature, therefore the appropriate counselling intervention should be developed in a way to include not only the behavioural component but also the cognitive and social components.
ii. Counsellors, Teachers and school administrators can tactfully find out the hidden corners of their schools where aggressive behaviours are being exhibited by students, mount security in such places and engage unused spaces in the school for useful ventures. Counsellors may also warn students about the dangers of such areas in the school and town.
iii. Counsellors can explore varieties of proven counselling intervention techniques such as RT to proactively handle aggressive behaviours among students. Counsellors could properly utilized the counselling period in the schools' time table to organise programmes that will inculcate and enhance the students social skills such as friendliness, self esteem assertiveness, forgiveness, defending others and courtesy. Appropriate social skills enhance feelings of connectedness among students and reduce incidences of aggressive behaviour.
iv. Counsellors should help students who are highly involved in aggressive behaviour and are considered as potential criminals with special programmes that will enable them appreciate that aggressive behaviour has no good for man. They should be taken to visit teenage inmates in the prisons to see for themselves some of the consequences of their present behaviour.

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v. Counsellors, Teachers and school administrators can drive home the consequences of aggressive behaviour and the benefits of staying away from aggressive behaviour through inter-class, intra-class, inter-club and inter-school debates on topics that will help to highlight the pros and cons of aggressive behaviour.
vi. Also, school counsellors during orientation programmes and counselling week could lay emphasis on the dangers associated with aggressive behaviour and related activities that are detrimental to their studies and social values.
vii. Counsellors, Teachers, school heads and administrators should intervene whenever they witness any act of aggressive behaviour among students and follow up reports brought to them to the end. This will encourage victims to feel better disposed to report cases of molestations by aggressors and at the same time send a message to the aggressors that aggressive behaviour is not tolerated.

Suggestions for Further Studies

The findings for this study have opened up future research direction for interested for other that would have interest on the topic of the study.

i. Interested esearchers can still confirm or discinfrim the results of this study whether reality therapy is truly effective or not. This will futher validate the efficacy of the RT.
ii. Researchers may use other counselling therapies with RT and find out which one is most effective. This will help to further expand the knowledge of counsellors and psychologists to utilize the most effective therapy.
iii. There should be a replication of this study in other state of the nation and among adult groups.
iv. Another area that need to be taken into consideration in the future researches are birth order, ethnicity, locus of control, school transitions and kindergarten and primary school students in urban and rural areas in Nigeria which are also related to aggressive behaviour among students.
v. The findings of the study revealed that age and sex had a significant moderating effect on RT. The reason behind the interaction effect of the treatment technique due to sex and age should be further investigated by other researchers.

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