



Effectiveness of Reality Therapy in the Treatment of Bullying among Adolescents in Owerri North, Imo State, Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Author AUM designed the study, performed statistical analysis and interpreted the result and also edited the final draft. Author JOE wrote the protocol and wrote the first draft of the manuscript. Authors JCN, HIA, URO and IN were involved in the literature searches, reading and editing. They also managed data for analysis. All authors were involved in the therapy sessions. All authors read and approved the final manuscript.

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ABSTRACT

Aims: This study aimed at treating bullying behaviours among adolescents using reality therapy. It also investigated age as a factor in treatment outcome. Considering the prevalence of bullying among adolescents and the link between bullying in adolescence and violent behaviours like rape in adulthood this study was conducted.

Study Design: It adopted a pre-test and post-test repeated measures design.

Place and Duration of Study: The study participants were selected from junior and senior Secondary sections of Comprehensive Secondary School Amakohia, in Uratta, Owerri, Imo State, Nigeria. The study lasted for two (2) months of two counselling sessions per week.

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Methodology: Thirty (30) participants (15males and 15 females) within the age bracket of 13-17 years, mean age of 15.03 and standard deviation (SD) of 1.30 were selected for the study using purposive sampling technique. Two hypotheses were stated and tested. Questionnaire was shared to selected students to assess the nature and frequency of their bullying behaviour (pre-test), after which sixteen (16) sessions of reality therapy were conducted before the post-test using the same questionnaire.

Results: At the significant level of $P < .001$ a clear difference was noticed in the rate of bullying between pre-test ($m = 31.63$) and post-test ($m = 11.47$) of bullies as shown in the result ($t(29) = 31.09, P < .001$). The mean scores of age groups did not differ significantly at the pre- test (Age $\geq 15, M = 31.53$; Age $< 15, M = 31.82$) and post-test (Age $\geq 15, M = 11.26$; Age $< 15, M = 11.82$) no significant difference was found in treatment outcome as shown in the result ($t(28) = -.39, P > .05$).

Conclusion: This study concluded that reality therapy should be adopted in the management of bullying behaviour among young and old adolescents.

Keywords: Bullies; adolescents; reality therapy; effectiveness; Owerri, Nigeria.

1. INTRODUCTION

Bullying among adolescents is an extensive and serious problem that affects relatively high proportion of adolescents. Bullying is ubiquitous across culture and has been suggested as a developmental disorder [1]. [2,3] a pioneer of bullying research see bullying as when an adolescent is repeatedly exposed to negative actions (especially when meted to one who has difficulty defending him/herself). [4] and [5] see bullying as a specific form of aggression which is intentional, repeated and involves a disparity of power between the victim and the perpetrators, while [6], defined it as a physical, verbal, and psychological action intended to induce fear and distress or to inflict physical harm, upon the victim. These definitions are buttressed by the Center for Disease Control and Prevention [7] when they explained it as unwanted aggressive behaviour(s) by another person or group who are not siblings or current dating partners, which involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. This power imbalance is frequently showcased or practised among adolescents in secondary school, even within members of the same class in a perverted attempt to suppress others or gain recognition and respect. Adolescence bullying may take many forms such as direct form; physical bullying (e.g., hitting, pushing, kicking, etc.), verbal bullying (e.g. name-calling, teasing in a harmful way, etc.), and indirect form; social bullying (e.g. social exclusion, spreading rumours, etc.). As such, an adolescent is being bullied when another adolescent says nasty and unpleasant things to him/her. It is also bullying when an adolescent is hit, kicked, threatened, locked inside a room, sent nasty notes and when no one ever talks to him/her [8].

Bullying is now known to have long-term academic, physical, and emotional effects on both the victim and the bully [9]. Adolescents who are bullied can develop physical symptoms or physical injuries such as headaches, stomach pains or sleeping problems [10]. They may also be afraid to go to school, enter the school bus, may lose interest in school, have trouble concentrating, or do poorly academically [9]. In addition, part of academic concern with bullying is the perception that bullying and delinquency are closely related [11]. It has been argued that bullying and delinquency overlap, because they are both psychological state, such as antisocial personality [12], from this perspective, bullying may be considered an earlier stage of delinquency [13]. The goal of the bully is to gain power over others and dominate other individuals [14].

Harmful effects of bullying are frequently felt by others, including family and friends and can hurt the overall health and safety of school, neighbourhood and society. Bullies exhibit aggressive behavior toward their peers and often toward adults. They tend to have positive attitudes toward violence, are impulsive, like to dominate others, have little empathy with their victims, and unusually low levels of anxiety or insecurity. They may desire power and control and get satisfaction from inflicting suffering. Despite common perceptions of bullies, they generally have average to high levels of self-esteem, may be popular with both teachers and classmates, and may also do well in school [15,16]. The most attractive targets of aggressive behaviour are females and young adolescents that are doing well. The aggressive tends to be relatively older and from lower socio-economic status groups. According to this view, offenders and victims are thus two different groups that

interact in a content of power imbalance [5], the more powerful attract the less powerful in a location that provides opportunities to carry out the assault, such as play grounds and more remote hallways where adults are not present [6]. Most bullying occurs without any apparent provocation on the part of the adolescent who is exposed [6].

In other words, adolescent bullies' behaviours are reinforced by the seeming respect and recognition they receive from peers and adults as well as the fear they induce in their victims. In reality, information from observation and interviews in the past indicated that these adolescents most times do not realize that their bullying behaviours have negative consequences both personal and social. For example, they hardly attribute having few friends, proneness to risky behaviours, rejection by peers and disapproval by parents or teachers, labelling, etc. to their bullying behaviours. This shows lack of realistic appraisal of their behavioural outcome in most cases. As such reality therapy as proposed by William Glasser which relates one's behavioural choices to their consequences was chosen as the appropriate therapy in this study.

Reality therapy was developed following Choice theory as propounded by [17]. In choice theory, human behaviour is said to be motivated internally rather than externally. In other words, how a person chose to behave is a reflection of their self beliefs, needs and their perception of the world around them. In this theory, Glasser identified five basic needs that motivate one to act in certain ways. These needs are; to be loving and connected to others; to achieve a sense of competence and personal power; to act with a degree of freedom and autonomy; to experience joy and fun; and to survive. The theory also emphasized the fact that as humans, we always have some choice about how to behave, in other words, individuals have more control over their behaviour than it is generally believed. It proposes then that each behavioural choice has its own consequences that must be borne by the individual. Hence, individuals are responsible for the choices they make. This theory therefore forms the bases for conducting reality therapy as it provides the tenets (as shown in the ten axioms of the choice theory) that guide the therapist during counselling.

Reality therapy is one of the therapeutic methods used in psychology. It is a treatment approach developed by Williams Glasser in 1965 to manage several psychological disorders

including antisocial behaviour. Reality therapy focuses on problem-solving and making better choice in order to achieve specific goals. Also, this therapy focuses on the "here" and "now" rather than the past. The goal of reality therapy is to solve-problems, rebuild connection and begin working towards a better future. Reality therapy empowers individuals to improve their present and future. An important ingredient to reality therapy is the concept of choice. Adolescents must realize that they have choice in every situation and they must be willing to accept the concomitant consequences of each choice they make. Reality therapy is a process in which people are taught better ways to fulfill their needs than they have learned so far. Reality therapy helps people to examine their wants and needs [18]. Therefore reality therapy rejects the idea that people are victims of circumstance instead choose the kind of behaviour they produce. Reality therapy provides the structure to help people satisfy their needs for survival, love, belonging, achievement, fun and freedom.

Reality therapy states that the therapist must not only be able to help the client accept the real world, but also assist them fulfil their needs. A therapist using this model is expected to have interest in his/her client as a person with many potentials and not just as a client with problems [19]. The therapist opens up the clients life and talk about new horizon, expand his range of interest, and make him/her aware of his/her life beyond the present difficulties, challenges or problems. This treatment approach shows that emotions and happiness are never divorced from behaviour. Gaining insight into the unconscious thoughts which accompanies aberrant behaviours is not an objective, excuses for deviant behaviours are not accepted and one's history is not considered more important than one's present life [19]. In reality therapy, others are not blamed for clients responsibilities or censure, mother, father or any other deeply involved with the client no matter how irresponsible they are or were [18]. The client cannot change them; he can only learn better ways to live with them or without them. Reality therapy does not encourage hostility or acting out irresponsible impulse, because they can only compounds the problem, also reality therapy never condemns the society [19].

Therefore, the basic good of reality therapy is to bring Client to face reality in making choice when faced with challenges. He / She is asked again and again to decide whether or not he wishes to take the responsible path and ignore his/her

past. Some studies in this area have shown the effectiveness of reality therapy in the past and outside Nigeria. [20] and [21] in their respective research using reality therapy in children age 4-10 years and adults 30-50 years. Result indicated that reality therapy is an effective tools in changing adolescents behaviour. Also age was not found significant. [22] examined the effectiveness of reality therapy in treating delinquent students in high school in Germany. Findings from the study showed that reality therapy is a good tool in treating delinquency among high-school students. [23] applied reality therapy in the case of Libyan a high school student who exhibited chronic aggressiveness at home and in the school. Result showed that reality therapy is effective in treating aggressiveness.

[24] demonstrated that a link exists between suicidal ideation and victimization. A random sample of 1963 middle-scholars from one of the largest school districts in United State completed a survey. Youths who experienced bullying, as either an offender or a victim, had more suicidal thoughts and were more likely to attempt suicide than those who had not experienced such forms of peer aggression. Result also found victims were more likely to attempt suicide than those who had not experienced such form of peer aggression. [25] studied peers and teachers bullying / victimization of south Australian secondary school students. 1284 students (Mean age = 15.2 years) drawn from a representative sample of 25 south Australian government and private schools. Students completed a self-report survey containing questions relating to teacher and peer-related bullying, measures of psychosocial adjustment and personality. The results, showed that most bullying were found to occur at school rather than outside school and involved verbal aggression rather than physical harm. Result also showed boys were significantly more likely to be bullied than girls. Girls were more likely to be subject to bullying, if they attended coeducational private schools. Barker [26] assessed the effectiveness of a program using reality therapy based peer culture. Results showed that reality therapy helped people to control their tempers, stay out of trouble and enhance family bond. Barker found no significant difference in gender and both males and females benefited equally from reality therapy.

1.1 Statement of the Problems

Literature and observation have shown that the prevalence of bullying among adolescents is on

the increase across geographical locations [27]. Research also points to the fact that adolescent bullies in adulthood might turn to be violent, socially maladjusted and even sociopaths. In light of the above assertions, the need to treat or manage bullying among adolescents has become imminent. Therefore, in this study, secondary school adolescent students who are very much involved in bullying, as shown by the rate of their involvements in school-related fights, injury, deaths, etc. were selected for treatment in this study using reality therapy. The impact of age on treatment outcome was also investigated.

1.2 Purpose of the Study

The study aimed at determining the effectiveness of reality therapy in reducing bullying behaviour among adolescents and if reality therapy outcome would be influenced by age.

1.3 Hypotheses

- 1.3.1. Reality therapy will significantly decrease bullying behaviours among adolescents.
- 1.3.2. Age will significantly influence reality therapy outcome among bullies.

2. MATERIALS AND METHODS

2.1 Participants

In this study, thirty (30) (15 males, 15 females) Secondary- School students who were bullies were drawn from Comprehensive Secondary School Amakohia, Uratta, Owerri. Purposive sampling technique was used to select participants from different classes of both junior and senior sections of the school. Their age ranged from 13 - 17 years with a mean age of 15.03 and standard deviation (SD) = 1.30. The school was founded in 1995. It is made up of senior and junior sections each with an independent school head. The school has conducive learning environment, it is situated in a town (Amakohia) which located in Owerri North local government area of Imo State. Owerri North has 21 public secondary schools. However, Comprehensive secondary School is one of the oldest and most populated of them all. Imo State is one out of the thirty –six states in Nigeria. Imo State lies within latitude 4°45'N, and longitude 6°50'E and 7°25'E and is generally known as the Heartland of Eastern Nigeria. It occupies the area between the lower River Niger and upper and middle Imo River. The Imo people are Igbos, Igbo is one of the major ethnic groups in Nigeria, others are Hausa and Yoruba. Imo State constitutes 27 local government areas of which

Owerri North is one. Owerri North is banded in the North by Mbaitoli Local government area, West by Ikeduru local government area, East by Aboh Mbaise local government area and South by Owerri municipal. The predominant occupation is farming, small scale industries, civil service and trading. Owerri –North local government area has various exciting cultural heritage (wrestling, farming and) of which the students are in touch with. The participants came from middle social economic status.

2.2 Instrument

Adolescents Bullies Scale (ABS) was used to measure bullying. It is a 7 item instrument with 5-point Likert scoring pattern coded as follows: 5 - Strongly Agree, 4 - Agree, 3 - Undecided, 2 - Disagree, 1 – Strongly disagree. Some of the items include: *It is Ok to hit someone if he/she makes you look stupid; I like beating up my mates to show them I am strong, etc.* All items of the scale were directly scored. It has a norm of 29.70 for males and a score above the norm was indicative of bullying. The scale had a reliability index of Cronbach alpha .61 and a discriminate validity score of $r = -.31$, $P = .05$ was obtained by correlating Adolescent Bullies Scale (ABS) with Victimized Adolescent Scale (VAS).

2.3 Procedure

First, the researchers got approval from Departmental Ethics Committee to carry out the study. Secondly, the researchers sought and got approval from the school authority of Comprehensive Secondary School, Amakohia, Owerri to carry out the research in their school. The school authority and parents were given informed assent letters to sign, attesting to their approval for the involvement of their children in the research before the selection process began.

2.3.1 Pre-test phase

A list of adolescents who have been involved in bullying for more than five times in two months was collected from the school Guidance and Counsellor Unit. This list was modified and confirmed through class nomination. The class nomination is a process in which the researcher asked members of each class to nominate bullies in their class. This class nomination method was carried out in all classes of the school from JSS1-JSS3 and SSI - SS3 of Comprehensive Secondary School, Amakohia, Uratta, Owerri. The class nominees corresponded with the counsellor's list to about 80%. The identified

student bullies were given the Adolescent Bullies Scale (ABS) to ascertain their bullying behaviours (i.e. nature and frequency of bullying). Participants for the study were selected based on their scores on the scale and these scores were also recorded as the pre-test score. Hence, out of the eighty-two adolescents that were identified by the school Counsellor and through class nomination, only thirty (30) who scored above the norm of the scale were selected to participate in the study. After selection, participants were briefly informed of the purpose of the research. They were also assured of confidentiality for any information they may share throughout the research process. The participants were then informed that the therapy sessions will start in two days, they were given date, time and venue. Researchers thanked the participants for their cooperation at this stage before they returned to class.

2.3.2 Treatment phase

The treatment phase commenced as scheduled, though many of the participants arrived 5 - 10 minutes late. Therapy was conducted within the school premises, this was necessary because the school's rules and regulations do not allow taking the students out of the school premises during school hours. Also the break period during which the group therapy took place was so short that moving the students further away from the school premises will eat up the whole time. The counselling sessions were held at the counselling unit of the school. During the periods of counselling, all school staff and students were mandated not to come to this unit. This was done in order to create a non-threatening atmosphere and also to enable the participants feel free, calm, and willing to participate in the therapeutic process. Administration of therapy was done using a closed group counselling approach. There were two groups of fifteen participants each. Group one was made up of participants of age ranging from 13 – 15 years while Group Two had participants of ages 15 – 17 years of age. The therapy was conducted twice a week, Mondays and Wednesdays. We had sixteen (16) sessions in all which lasted for two months. Each therapy section lasted for 30 minutes from 11:20 am -11:50 am which is the school's break period. Emotional discomforts arose during some of the therapeutic sessions, as most participants verbally expressed guilt for causing others pains while some of them cried silently. Such participants were referred for individual counselling (which the researchers offered free

of charge and outside the research periods) to enable them resolve or deal with their feelings. Group therapy techniques used during therapy include hot seat, discussion and drama. Also the Reality therapy groups were conducted based on Wulboding's WDEP system.

2.3.2.1 Reality therapy

This was an insight oriented approach based on the Choice theory as postulated by [19]. It was a behaviour focused therapy aimed at bringing to the awareness of the students their behavioural choice process, their consequences both positive and negative and finally, the students were trained on alternate and more acceptable behaviours that will help them avoid bullying. There were four sections of the therapy, one section to three group counselling sessions. The sections were:

- a) Establishing good and comfortable rapport with the participants
- b) Evaluating the participants current behaviours
- c) Examination of the consequences or effect of current behaviour
- d) Planning possible alternative behaviours that can lead to the achievement of clients needs

2.3.3 Post-test phase

Post- test was conducted at the end of the therapy sessions by administering the Adolescents Bullies Scale (ABS) to participants in order to re-assess the frequency of their bullying behaviours. Data for the study was

generated from the survey, which was later organised and presented for data analysis.

2.4 Ethical Considerations

For ethical consideration assent was received from the school management and parents to involve their underage students in the study. Participants were assured of confidentiality, anonymity and beneficence by the researchers.

2.5 Design and Statistics

The study was conducted using a pre-test and post-test repeated measures design. This is because each participant was tested twice (before and after therapy). The t-test for paired-samples and independent samples was used to test hypotheses one and two respectively.

3. RESULTS

Table 1 shows a clear difference in the mean scores of pre-test (31.63) and post-test (11.47) of bullies before and after session of therapy with ($t(29) = 31.085, P = .001$). This shows that reality therapy is a potent therapy in the treatment and control of bullies.

Table 2 shows that the mean scores of age groups did not differ significantly at the pre- test and at the post-test stages of assessment. Therefore, age had no significant influence on reality therapy outcome between participants of ages less than 15 and those of ages 15 to 17 years.

Table 1. Summary of paired sample t-test showing reduction in Adolescents bullying behaviour after 16 sessions of reality therapy

	Mean	SD	T	df	P
Pre-test bullying	31.63	1.92	31.09	29	.001**
Post test bullying	1.47	2.97			

Note: ** $P > .001$

Table 2. Summary of paired sample t-test showing the impact of age on reality therapy outcome among adolescent bullies

	Age	Mean	SD	t	df	p
Pre-test bullying	> 15	31.53	2.12	-.39	28	.69
	< 15	31.82	1.60			
Post test bullying	> 15	11.26	3.26	-.48	28	.63
	< 15	11.82	2.48			

Note: SD = Standard Deviation, $P > .05$

4. DISCUSSION

The first alternate hypothesis that reality therapy will significantly reduce adolescents bullying was accepted. This showed that reality therapy is effective in reducing bullying among adolescents. Also a one month follow up observation of participants showed behavioural changes among the participants, they expressed assertiveness, empathized with school mates, made new friends, were friendlier and less disobedient to school rules and regulation. Teachers reported that the students came earlier to school and also became more involved in class activities. The parents also reported that the participants were less disruptive at home, that they became less annoyed by the home chores assigned to them. The above observations and outcomes following the therapy further confirmed the quantitative result that reality therapy was effective in the reduction of bullying behaviour among the participants. The result of this study supports the following findings, [26] that reality therapy can help to reduce adolescents' temperament and make them stay out of trouble. [20] and [21] respectively found reality therapy to be effective in changing adolescent bullying behaviour. [22] also found that reality therapy is effective in treating high school delinquency. Also the finding of [23], points to the effectiveness of reality therapy in treating adolescent aggressiveness in school and at home. This finding relates to the fact that reality therapy taught the bullies different behavioural options they could choose from and the fact that each behaviour has its consequences. So that one who choose to be a bully should expect other students to dislike them, get little or no support from peers, loose parents love and teachers trust, etc. It also brought to the adolescents awareness the long term consequences of bullying and the benefit of adaptive behaviours like dialoguing and "walking away "in the course of living. Such awareness might lead the adolescents to choose to stay away from trouble since bullying is considered maladaptive behaviour. Also, the students got to know that without bullying others they can still be popular and make good friends. Follow up observations and reports from the students, teachers and parents was indicative of the fact that bullying among this school children was not restricted to their activities in school nor only to their relationship with peers in school. This became evident following reports of better obedience to instructions at home, quietness in class, better academic performance and readiness to ask

questions and listen to answers. These findings point to the fact that bullying affects the bully's general behaviour, their relationship with others as well as their involvement in relevant life activities.

The second alternate hypothesis that age will significantly influence reality therapy outcome among adolescents was rejected. The finding of this study supports the following findings [20] and [21] who found reality therapy outcome as not determined by age. It is the researchers opinion in this case, that the participants similarities in culture, educational level, socio-economic status, interconnection as they are mostly from the same part of Nigeria and have similar cultural and economic background may have influenced this outcome. In other words, a study of bullies from different parts of the nation with different ethno-cultural and socio- economic background but within the same age bracket may provide a clearer picture of the effectiveness of reality therapy across age.

5. RECOMMENDATIONS

Based on the findings of this work, the following recommendations were made. Government should employ School Psychologist or Counselling Psychologist at all secondary schools so as to reduce the high level of bullying encountered in schools. The school guidance and Counsellor should monitor the students and administer appropriate therapy to curb such behaviour problems. Parents and Guardians should seek the service of Clinical Psychologist or Counselling Psychologists to handle the behaviour problems of their children who are bullies.

6. CONCLUSION

Bullying is among the social problems encountered among Nigerian adolescents at school and at home. Bullying is an extensive and serious problem that affects relatively high proportion of adolescents which has been recognised as health problem for adolescents because of its association with adjustment problems, poor mental health and more extreme violent behaviour. The effectiveness and relevance of reality therapy in the treatment of bullying cannot be overemphasised. The therapy if properly applied can bring reduction in the rate of social problems encountered in Nigeria such as Bullying, Kidnapping, and BokoHaram insurgence as individuals will be taught to await the consequences of their chosen behaviour.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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