

REALITY THERAPY FOR REDUCING AGGRESSIVE BEHAVIOURS AMONG STUDENTS WITH HEARING-IMPAIRMENT IN NIGERIA

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Abstract

Aggressive behaviours are common among adolescents, hearing impaired students are not exempted; these behaviours affect students with hearing-impairment in the school and other social interactions. Counsellors are worried about its influence on the behaviours of the students. It is, therefore, important to reduce the behaviours to the barest minimum because of the effect in the schools, at home and in the society at large. This paper, therefore, examined the concept of aggression, aggressive behaviours and how Reality Therapy (RT) can be used to reduce aggressive behaviours among students with hearing-impairment in Nigeria. It was suggested that counsellors should assist the students change their behaviours, feelings and thoughts from negative to positive behaviours. The counsellors should also apply the therapeutic procedure of reality therapy to assist students with hearing-impairment reduce the aggressive behaviours.

Keywords: Aggressive Behaviour, Hearing Impairment, School Counsellors and Reality Therapy (RT)

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 attacked (Gilman, 1989). A psychological sense of hostile or destructive behaviour associated with the word dates back to 1912, in an English translation of the writing of Sigmund Freud (Harper, 2008). There are two broad categories of aggression. The first is affective aggression. It included emotional, hostile, reactive or retaliatory aggression which is the response to provocation (Berkowitz, 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 ones exhibiting aggression, children also do. 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 example, Hornby (2005) defined aggression as feelings of anger and hatred that may result in threatening or violent behaviour.

Furthermore, Allen and Anderson (2017) perceived aggression as a phenomenon that can take many forms ranging from relatively minor acts like name calling or pushing, to more serious acts like hitting, kicking or punching to very severe acts like stabbing, shooting or killing the victim. Summarily, aggression is defined as a behaviour carried out with the intent to harm another person. According to Tor-Anylin and Baaki (2006), aggression is seen as the verbal or physical attack released by a person to hurt the feelings, personality or power of the offended victim. They also asserted that such verbal attacks could include but

not limited to murmuring, abusive or insulting words or manipulation of information to injure a victim. Also, they stated that physical attack may include hitting, hurting, performing an act as well as killing or attempting to kill or destroy both life and properties of the victims (Tor-Anylin & Baaki, 2006). The usual goal of an aggressive behaviour is to dominate or win, to accomplish an act by humiliating, degrading, belittling, or overpowering other people so that they can become weaker and less able to express and defend their own rights and needs. According to Krucik (2013), aggressive behaviours could cause physical or emotional harm to others or threaten to cause such harm to others. The researcher stated that emotional problems were the most common cause of aggressive behaviours. Also, occasional outbursts of aggression are common and even normal, but observed that it can become a problem only if it occurred frequently or in noticeable pattern.

Hearing involves the use of the ear to get information from the place where the recipient is, thus, it keeps the individual in contact with his environment at all times even while asleep. At birth, the cochlear is one of the organs in human body that has developed to its full size. This organ thus helps to keep the individual in constant contact with the world around him/her, providing him/her with a sense of safety. People who cannot hear sounds or understand what people around are 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 assist aggressive behaviours of these categories of students in Nigeria.

In this regard, the roles of professionally trained counsellors in the schools cannot be overemphasized. Counselling is a profession that is dedicated to handling diverse behaviours including maladaptive behaviours such as aggressive behaviours, changing a student' thinking from irrational to rational thought and improve interpersonal relationship with fellow students, thereby, 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. So many measures have been employed by different people to find solution to some of these challenges; therefore, in order to reduce 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 an attempt to proffer solutions. Also, it does not deal with here and now of 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 present state of the human experience of the behaviours of the client (Ekiyor, 2009) this necessitated 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 counsellees (Makinde, 2009).

However, it does not focused on changing the thinking, feelings and behaviour of students with hearing impairment. The conclusions of the findings of these therapies (Behaviour modification, Client-Centred Therapy & Indigenous African Counselling Therapy) might not have provided the desired results expected to reduce the aggressive behaviours of students with hearing-impairment, hence, the need to try another

therapy. Another psychological therapy that could be useful is Rational Emotive Behaviour Therapy (REBT) which deals with the thinking, feelings and behaviour. 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). Ogungbade, Aina and Fajonyomi (2017) affirmed that REBT might be used to reduce aggressiveness among children with hearing impairment in Nigeria. Although, Ellis and Ogungbade, Aina and Fajonyomi left an important aspect of the present situation of the clients, which could really help the students make desired changes, thus necessitate trying Reality Therapy to fill the gap of that study.

This paper therefore explored how Reality therapy is used to effect changes in thinking, feelings and behaviours and is especially useful for professional counsellors, psychologists and correction workers to address drug abuse, bullying and aggressive behaviours (Sharf, 2012) 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 two theories of aggression and aggressive behaviours related to the study reviewed, they are:

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 generates feelings of aggression and aggressive behaviour among hearing impaired students, this is the reason for students with hearing-impairment being aggressive.

Cognitive Behaviour Theory: It implied that aggression is caused by irrational thoughts, beliefs, perceptions and evaluation of different factors in people's 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 expressed it. The lack of understanding of the predicaments of the students with hearing-impairment about their plight ought to put them in a situation of reacting aggressively to others because they may misunderstand people's behaviours toward them. At this stage, it is very important to identify causes of aggressive behaviours among students with hearing impairment, Bolu-steve, Ajokpaniovo and Ganiyu (2020) identified some of the perceived causes as if the needs of students with hearing impairment are not met, if they are being provoke by outsiders, if they have poor self-concept and if they have poor self-esteem, these could cause them to exhibit aggressive behaviours.

Using Reality Therapy to Reduce Aggressive Behaviours of Students with Hearing-Impairment

Reality Therapy (RT) was developed by William Glasser in 1965 (Glasser, 1965). Reality therapy assumes that the first step in changing behaviour is to find out the behaviour people are trying to correct. It further assumes that individuals are responsible for their own lives and for taking control over what they do, feel and think. Since Glasser used specific process to change behaviour, the emphasis of Reality Therapy is on changing behaviours that will lead to modification in thinking and feeling. Therefore, it is important to make plans and sticking to them in order to bring about the desired changes. Reality therapy is used to effect changes in thinking, feelings and behaviours and is especially useful for professional counsellors,

psychologists and correction workers to address drug abuse, bullying, aggressive behaviours (Sharf, 2012). To buttress this point made by Sharf, William Glasser, the propounder of reality therapy employed this therapy to treat aggressive behaviours of secondary school students. Wubbolding (2000) also noted that reality therapy gave specific attention to handling aggressive behaviours.

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

Nwoye (1988) further stated that the Reality Therapy is a label given to that kind of therapeutic intervention specially addressed to help target clients to reorganize their perceptions and evaluations of reality in order that they can formulate a more realistic perspective by which to forge ahead in life. Reality Therapy is a form of therapy geared at training individuals to be responsible to themselves and to the world around them. Nwoye further identified a basic intervention technique as direct teaching of client. This includes correcting of misconceptions and challenging of client's wrong attitude to life and people, including debunking of his half-truths which motivate his irresponsible behaviours such as aggression. The process of Reality Therapy involves the use of techniques such as confrontation, persuasion, constructive debate, role play, humour, self disclosure, support and information, instruction of new skills or referral and so on. It is clear from this point that the intervention modalities based on Reality Therapy principles are thus largely directive, and so tend to depart in perspective from the Rogerian style (Nwoye, 1988) which emphasizes client centredness and the counsellor just playing the roles of a facilitator.

In the opinion of Umoh (2009), psychotherapy should aim at helping people evaluate their behaviours to see if such behaviours are contributing to, or hindering the fulfillment of their needs. The clients should be motivated to change irrational behaviours to rational ones which are capable of helping the individual meet his/her needs. For this reason, Umoh (2009) concluded that changing bad behaviours to rational ones requires learning. The more thoroughly one learns acceptable behaviour, the more the satisfactory one's life will be. The task of the therapist is thus to motivate the clients to learn behaviour that is realistic and acceptable. Also, the therapist emphasizes on the change of behaviours that will lead to modification in thinking and feelings. This therapy becomes very much useful because it focuses on helping the clients control their behaviours and make choices, often new and difficult ones in their lives. It assumes that people are responsible for their lives and for what they do, feel and think.

It is very important to look at the word "counselling" which is perceived differently by various scholars. For instance, Idowu (2020) 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 which the helper express care and concern towards the person's personal growth and bring change through self-knowledge. Akinade (2012) opined that counselling has a number of procedures that could be used to assist an individual solves problems which may arise in various

aspects of his/her life or in assisting that individual maximize overall personal development in order to be more effective, satisfied and more useful to self, family, and society at large.

Application of Reality Therapy in Reducing Aggressive Behaviours

The principles involved in counselling sessions of Reality Therapy were conceptualized by Glasser (1981) in eight stages of sessions. The first three sessions of RT involved how the therapist got the students with hearing impairment engaged in counselling, so that the students with hearing impairment could be involved in taking responsibilities. The therapist uses the other five principles to assist the students with hearing impairment become realistically involved in taking more responsibilities through planning and committing the plan into action with the therapist in order to help the students with hearing impairment reduce aggressive behaviours. All the eight stages are discussed as follows:

Session I - Deep Interpersonal Involvement: Success in the use of Reality Therapy starts with the therapist's personal relationship with the client(s). The therapist communicates, cares for and understands the client's position. The therapist establishes a relationship with the client(s) so as to facilitate his/her involvement. This involves creating a sound rapport with the clients.

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

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

- i. It is useful to discuss character building experiences in the individual's past and to relate them to current behaviour and current attempts to succeed;
- ii. Difficulties encountered by the person due to his or her behaviour should be discussed and not why he or she got into such difficulty. While traditional psychoanalytic and counselling often focus on the past events, Reality Therapy solutions lie in the present and the future, "the now and here".

Session IV - Value Judgment: The clients should be encouraged to judge their behaviours and evaluate the actions contributing to their behaviours before they could be assisted. The therapist should confront the clients to examine the effect of their behaviours because judgments are to be made by the clients and not the therapist. At this session, the students with hearing impairment were encouraged to judge their behaviours and evaluate the actions that contributed to their inability to control their behaviours before they were assisted. The action included getting annoyed over little issue that could be laughed at by any of them.

Session V - Planning: The clients should be encouraged to make realistic or workable plans and carry them out in order to achieve what they want. The therapist is to lead them towards making specific plans or actionable plan in order to change self-defeating behaviour and guide them to sources of valid information. This will help them gain direction to achieve happiness without hurting others. Where a plan does not work, they are assisted to re-evaluate it. At this stage, the students with hearing impairment were encouraged to create realistic and workable plans and were assisted to carry it out in order to achieve their goals. The therapist helped them make specific plans to change their aggressive behaviours and provided guidance based on information provided by them. This was possible because the therapist guided the students and assisted them achieve happiness without hurting others.

Session VI - Commitment: Clients are to be assisted in making sensible commitment so as to attain success and gain a sense of self-worth and maturity as they follow through their plans. They should be led to commit themselves to carry out the plan in writing. At this session, the therapist assisted the students with hearing impairment to make sensible commitment that would enable them attain success and be able to reduce aggressive behaviours. Also to improve learning outcome as they follow through their plans. They were assisted to commit themselves to a workable plan expressed in writing.

Session VII - No Excuses: Clients are disallowed to make excuses even when plans fail, because real discipline in Reality Therapy is the ability not to accept excuses but rather, to have a sense of commitment

to achieve a plan. Where a plan is too complex, the therapist should assist them to choose another plan, more simplified enough for the clients to achieve. At this session, they were not allowed to make excuses even when they failed. This approach becomes necessary because real discipline in Reality Therapy lies in the ability of the clients to refrain from excuses and rather to have a sense of commitment to achieve the plan. Where the plan was too complex, the therapist assisted the students with hearing -impairment to sort out another plan that could help achieve the desired goals.

Session VIII - Eliminating Punishment Statement: The reality therapist believes that punishment does not work on those with behaviour problems as a way of changing their behaviour. Therefore, negative statements should be avoided. That is why reality therapy might be a better option in addressing aggression among students with hearing impairment in Nigeria, because studies have shown that repeated punishments have not yielded the desired results of correcting their behaviours. At this final session, the Reality Therapy believes that neither punishments can work nor could it assist in solving behavioural problems as a way of changing their aggressive behaviours, therefore negative statements were avoided during implementation therapy.

Conclusion

It is evident that aggressive behaviour stems from the inability to control ones behaviour or from a misunderstanding of what appropriate behaviours could be, which could lead to injury to a fellow. Frustration theory of aggression was highlighted. This theory 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. In order to handle aggressive behaviours of students with hearing impairment in Nigeria, Reality Therapy (RT) was used. It emphasized the need for replacing faulty thinking, feelings and behaviours with pleasant ones. It is, therefore, useful when a new feeling occurs in the mind of the students with hearing-impairment.

Suggestions

The following suggestions were made in order to effectively reduce aggressive behaviours of students with hearing impairment:

1. The Professional School Counsellors should assist students with hearing impairment appreciate the need to cultivate positive thinking, feelings and behaviours.
2. School Psychologists should be employed in Basic, Upper Basic and Senior Secondary Schools so as to work hand in hand with the Professional Counsellors with the aim of assisting the students reduce maladaptive behaviours such as aggressive behaviours.
3. Governments should employ more professional counsellors who are skilled in sign language to assist students with hearing-impairment.

References

- Adana, B. S. (2020). The school guidance programme. In Professor Alfred A. Adegoke (Ed.), *guidance and counselling in education*, 56- 71. Ilorin: Unlorin Press.
- Akinade, E. A. (2012). *Introduction to modern guidance and counselling*. Ibadan: Brightway Publishers.
- Allen, J. J. & Anderson, C. A. (2017). *Aggression and violence: Definitions and distinctions*. Iowa State: John Wiley. Retrieved on Wednesday 30th May, 2018 from <https://public.psych.iastate.edu/caa/abstracts/2015-2019/17AA2pdf>.
- Berkowitz, L. (1993). On the information and regulation of anger and aggression. *American Psychologist*, 45, 494-503.
- Bolu-steve, F. N., Ajokpaniovo, M. & Ganiyu, G. Y. (2020). Teachers' perceived causes of aggressive behaviours among hearing impaired secondary school students in Oyo. *International Journal of Educational Research*, 7 (1), 149 – 159.
- 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. (2001). *Overcoming destructive beliefs, feelings and behaviours*. Amherst, NY: Prometheus. Retrieved on October 30, 2016, from <http://citeseerx.ist.psu.edu/viewdoc/>.
- 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.
- Glasser, W. (1965). *Reality therapy*. New York. Harper & Row
- Glasser, W. (1981). *Station of mind: New direction for reality therapy*. New York: Harper & Row.
- Harper, D. (2008). *Weekley an etymological dictionary of modern English*. USA: The Sciolist
- Hornby, A. S. (2005). *Oxford advanced learner's dictionary (7th Ed.)*. Toronto: Oxford University Press.
- Idowu, A. I. (2020). Guidance and counselling: An overview. In Professor Alfred A. Adegoke (Ed.), *guidance and counselling in education*, 1- 18. Ilorin: Unlorin Press
- Krucik, G. (2013). Aggressive behaviour: A health issue. Retrieved from www.healthline.com/health/aggressive-behavior#causes.
- Makinde, O. (2009). Indigenous African Counselling Therapy. In Anselm Uba (Ed.), *theories of counselling and therapy*, 212-220. Okada: Okada Publishers.
- 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.
- Nwoye, A. (1988). Reality therapy of William Glasser. In Christie C. Achebe (Ed.), *Techniques of individual counseling: Relevance to the Nigerian situation*. USA: Five College Black Studies Press.
- Ogungbade, O. K., Aina, J. S. & Fajonyomi, M. G. (2017). Rational emotive behaviour therapy for reducing aggressiveness among children with hearing impairment in Nigeria. *Unilorin Journal of longlife education* 1 (2), 34- 43
- 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.
- Umoh, S. H. (2009). Reality therapy. In Anselm Uba (Ed.), *theories of counselling and psychotherapy (2nd ed.)*. Okada: Okada Publishers.
- Wubbolding, R. E. (2000). *Reality therapy for the 21st century*. Philadelphia: Brunner-Routledge.