

## ***Effects of Psycho-Social Counselling on Etiquette of Pupils with Eating Disorders***

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### **Abstract**

*This investigation seeks to find the effects of psycho-social counselling (PSC) on etiquette of pupils with eating disorders (PWED) in Jos North Local Government Area, Nigeria. The specific objectives are to determine the level in which PSC can improve habits of PWED and assess the level to which PSC can improve manners of PWED, using true experimental research design. The population was twelve (12), while the sample size was ten (10). Etiquette Scale was used to obtain data; three professionals vetted and guided the researchers in making revision on the items for content validity which was 0.812. The reliability of the instrument obtained using Cronbach's Alpha Coefficient index was 0.842. Research questions were answered using mean scores, frequencies and percentages; while the hypotheses were tested using Analysis of Covariance. The results revealed that PST changed the etiquette of PWED to a moderate level. This study recommended that curriculum for primary and secondary schools be restructured to meet the etiquette needs of PWED using PSC.*

**Keywords:** etiquette, eating, disorders, psycho-social, counselling

### **Introduction**

Etiquettes could be seen as one's habit, manners and protocols; it has to do with social rules and orders that are observed every day to show desired conducts and modus operandi of human physiological activities such as eating, drinking and the like. Oyedele (2011) stressed that etiquettes could also be seen as conventional or orthodox rules on personal behaviours in any polite society. They are merely sets of guidelines for the sake of politeness and good manners.

Ozaji (2005) opined that etiquette of pupils with eating disorders (PWED) is all about being well mannered, courteous and showing respect for eating, eating protocols and eating habits. Ogechi (2019) sees etiquette as the eating/feeding conduct or eating procedure required or prescribed by a society. Jikukka (2020) and Ogechi (2019) averred that good eating etiquette is simply proper behaviour of eating. Good eating etiquette includes good table manners, regular eating habits and times. There are poor eating

etiquettes which include eating haphazardly, eating and littering the table, littering cloth or staining uniform and the rest.

Obinna et al. (2015) averred that good etiquette is pupils' good habits and manners; without good etiquettes pupils would easily be aggressive and adopt a system of one pupil to him/herself. There will be greed or gluttony, and serious disorders or eating disarrays will be witnessed. JRank Articles (n.d.) claimed that the reason why many pupils do not know much about etiquette is because they were never train, taught or instructed about it. Ogechi (2019) highlighted that etiquettes will aid primary school learners with eating disorders to create standards on how they should behave towards food. It will aid them to develop good manners, behaviours, politeness, habits and ability to comport themselves. Etiquettes in this investigation is made up of two major constructs; these are habits (tradition) and manners (behaviour).

Habit is simply a tradition or way of life. It is an almost "settled tendency" which has become nearly or completely involuntary. JRank Articles (n.d.) alleged that habit is a regular tendency or practice, especially one that is "hard" to give up. The researchers feel that etiquettes could be seen as one's habits and manners.

Manner is a style of comportment which is an outcome of behaviour. JRank Articles (n.d.) maintained that manner is a person's outward bearing. Good manners are necessary for acceptability in the society. The researchers feel that no one person without manners would succeed in anything important. Ozoji (2005) asserted that manners could be likes or dislikes; positive or negative and are used in everyday life to make a good impression on others or to feel good about oneself, friends, way of behaving towards life and others. Practicing good eating manners is important, especially to PWED.

Manners may differ among various PWED. Jikukka (2020) maintained that manners may include table manners and social skills manners. Ogechi (2019) supposed that example of some good manners include being thankful when you receive food from someone, and eating food while sitting down. Ogechi further held that table manners are rules used while eating which may include closing one's mouth while chewing food, not talking while eating, washing hands before and after eating, not playing while eating food, amongst others.

Ozoji (2005) affirmed that these PWED may be significantly hyperactive, aggressive, attention deficit and socially inactive. The researchers observed that PWED are easily angered and do not like to take part in activities involving group of persons or social gatherings. JRank Articles (n.d.) maintained that these behaviours exhibited by PWED would make the society have a bad perception and negative attitude towards PWED. Therefore, these PWED need to be counselled and taught on how to exhibit sound etiquette and behave in a proper way by being friendly and correctly participating in social activities.

Psycho-social counselling (PSC) refers to the treatment of etiquette concerns of PWED through the use of psycho-social techniques designed by the researchers to help PWED to be encouraged towards sound and acceptable habits and standard manners, and to have insight in problems faced by PWED and the goals of getting to work out solutions toward etiquette problems and concerns. The researchers feel that the goal of PSC in this research is to help primary school PWED arrive at a solution or answers that will enable those of them with etiquette issues to function positively and optimally in school and the larger society in which those pupils find themselves, and also to bring changes in habits, manners and/or behaviours that will lead to improved etiquette, personal growth and development.

According to Gargiulo (2006), administering psycho-social counselling (PSC) to pupils with eating disorders will go a long way in inculcating desired habit and good manners (etiquette) and removal of any emotional and mental devastation these pupils living with eating disorders might be living with. Dakwak (2019) opined that through PSC, PWEDs' sense of etiquette can be invigorated when teachers are sensitive and committed towards helping these PWED to be responsible and gain confidence in learning and achieving sound habits and good manners (decent etiquette). Dakwak further reiterated that viable treatments often bring about changes in habits, manners and behaviours that will lead to improved etiquette, personal growth and development of PWED.

UNICEF (2011) averred that PSC once administered, will enhance psycho-social support, emotional intelligence, sound habits and good manners (decent etiquette) and even spiritual well-being of pupils with eating disorders (PWED). Dakwak (2019) supposed that effective PSC enhances PWED's comfort, community well-being, social and environmental well-being in which such PWED live. Academy of Paediatrics (2011) advanced that primary school PWED who had gone through PSC are able to cope very effectively with hostile treatment gotten from individuals, be it at home or school because of etiquette issues or eating disorders. Gargiulo (2006) highlighted that PSC is capable of imparting and maintaining sound mental and emotional health in PWED; such that PWED would certainly possess both positive self-concept and high self-esteem, then experience and express joy and happiness in spite of ugly condition (lack of etiquette and eating disorders).

Pupils with Eating Disorders (PWED) are those learners who lack decent eating etiquette and as a result, are faced with hitches on sound habits and decent manners. Brazier (2021) accentuated that eating disorder is regularly eating a lot of food in short periods; eating large amount of food at a time, in a short period of time; usually eating something in less than 2 hours (called bingeing); and/or unethical way of eating. UNICEF (2011) and Academy of Paediatrics (2011) state that pupils' eating disorders involve unhealthy relationship with food; PWED eat too little or too much food, which result to nutritional deficiency and irregular hormone functions or vice vasa.

Brazier further highlighted that eating disorder is also called Bolimia Nervosa, which is basically a condition that is highly characterised with eating malaise, dissatisfaction and

some forms of mental issues and concerns. PWED are usually unable to exhibit sound habits and decent manners (etiquette). Eating Disorders come with many issues; the common ones are mood disorders, unhealthy body mass index, overweight, vomiting, chemical imbalances, social withdrawal, dry hair/skin, kidney problems and many more.

From the researchers' simple experience, it is needful to say that many PWED are pupils without sound habits and without decent manners. PWED usually suffer habitual issues and unpleasant manners; as a result, such pupils now and then are not able to finish primary school, much less secondary school. Those learners are simply without basic etiquette required for mastery of sound habits and decent manners which are prerequisite for acquisition of life protocol, learning, self-development and basic skills that are fundamental for skilful education at the early stages of primary school.

Brazier (2021) heightened that for most pupils with eating disorders (PWED), the following problems are also common: learning problems, psycho-social difficulties and nurturing teething troubles. Therefore, early PSC or training is ideal for such PWED. Dakwak (2019) drew attention to the fact that once this PSC is provided by well-trained therapists or teachers, it can bring about change in PWED; excellent habits and manners would be developed. It is against this background that this investigation sought to research the effects of PSC on etiquette of PWED in Jos North Local Government Area of Plateau State, Nigeria.

This study is anchored on Watson's Behaviourism Learning Theory. The theory states that behaviours are learned from the environment; Watson further says that innate or inherited factors have very little influence on behaviour; all behaviours are learned through interaction with the environment. This theory was propounded in 1913 by John B. Watson (Brazier, 2021). The theory focuses on the fact that humans are born with the ability to develop manners and habits. This theory focuses on Cognitive Behavioural Therapy, Maudsley Method and Interpersonal Therapy. Cognitive Behavioural Therapy addresses the behaviour of unhealthy eating habits. Maudsley Method focuses on how family members can support PWED in establishing healthy eating manners and habits; while Interpersonal Therapy addresses underlying issues: interpersonal conflicts that concerns manners and habits.

Watson's Behaviorism Learning Theory is related to this study based on the fact that it involves giving training, counselling, suggestions, directives, persuasions, activities and PSC on etiquette of PWED to enable them acquire good manners and habits. The motivation here is the ability to develop etiquette: manners and habits of PWED.

The aim of the investigation is to examine effects of psycho-social counselling (PSC) on etiquette of pupils with eating disorders. The specific objectives include the following:

- i. Determine the level that PSC can improve habits of PWED.
- ii. Assess the level to which PSC can improve manners of PWED.

### **Research questions**

1. To what level can PSC improve habits of PWED?
2. To what level can PSC improve manners of PWED?

### **Hypotheses**

**Ho1:** There is no significant difference between the habits mean scores of pupils with eating disorders in experimental and control groups before and after treatment.

**Ho2:** There is no significant difference between the manners mean scores of pupils with eating disorders in experimental and control groups before and after treatment.

### **Methodology**

This investigation utilized the experimental design; true experimental research type with random assignment of samples into experimental and control groups (Pretest-Posttest, Control Group Design). Using this design helps evaluate the scores of the groups. The dependent and independent variables are etiquette and PSC respectively.

Pede (2022) acknowledged that the pretest-posttest design is an effective technique for ruling out extraneous variables such as testing effects of treatment and statistical regression. Threats to internal validity are often controlled by the use of control group in this pretest-posttest design. Serious threat to internal validity in this design were controlled before treatment by ensuring that each pupil involved is one who is a PWED and has etiquette issues and each research assistant has good knowledge of the variables.

The population of this research was twelve (12) pupils with eating disorders (PWED) in the same level (primary three) in the study area. This population is suitable for this study because it depicts the same characteristics, which is PWED and eating disorders. Therefore, it is believed that the result of this study will provide useful information. The sample size of this study comprised of ten (10) PWED that show low etiquettes. Out of the ten (10) PWED, 5 were randomly assigned to the experimental group and exposed to PSC while the other 5 were assigned to the control group but were not exposed to PSC tasks.

The researchers designed and developed Etiquette Scale as an instrument to obtain data in this research. The reliability of the instrument obtained using Cronbach's Alpha Coefficient index was 0.842. Etiquette Scale was basically divided into Sections A and B. Section A sought for the bio-data of the respondents while Section B had fifteen items via which the respondents responded to. The section B had list of items that sought to collect the habits and manners of the respondents (PWED).

The respondents' responses were collected and used at both pre-test and post-test. Habits were measured with items 1, 3, 5, 7, 9, 11, 13 and 15 (eight items); while manners were measured with items 2, 4, 6, 8, 10, 12 and 14 (seven items). The respondents were asked to tick (✓) items from the options that best expressed their minds. The Etiquette Scale used for scoring each of the items on habits and manners, used during the pre-test and post-test

was the five points Likert Scale rated: Strongly Agreed (SA = 5 points), Agreed (A = 4), Undecided (U = 3), Disagreed (D = 2) and Strongly Disagreed (SD = 1 point).

Three experts were used to establish the validity of Etiquette Scale. This is to ensure that the contents of the instrument are applicable and effective for use with the sample, and these experts guided the researchers in making revision on the items for content validity. The items on the instrument were judged for the instrument's completeness, suitability and relevance (based on psychometric properties) by those three experts. The validity index of the instrument was generated to be 0.812.

The treatment (PSC) involves psychoanalysis and social analysis; it is a rehabilitation programme for socialising and reorienting PWED who have wrong eating etiquette: habits, manners and ways of drinking. This treatment programme adapted and developed to cover 10 weeks, consisted of Social-Psychology Tips, Achievers games, Play-lets and plenary sessions.

The researchers adapted the treatment from an Interpersonal Psychotherapy with four stages to now have a five stages PSC: THEME ONE: Making Contact with PWED who Need Help; THEME TWO: Getting Introduced to PWED and the Problem Situation; THEME THREE: Focusing on the Problem (undesirable etiquette) and Clarifying the Situation; THEME FOUR: Working Towards Possible Solutions of the Problem, and THEME FIVE: Ending the Counselling (PSC) Relationship. About 80% of the sessions are individualized psycho-social counselling (PSC) and about 20% sessions are group PSC sessions. The PWED's activities included saying a little about etiquette; describing habits, manners and feelings. Each Psycho-Social Counselling session lasted for 40 minutes, three times a week.

Those in the control group were not exposed to any treatment. But were engaged meaningfully for the period the experimental group underwent treatment. This management was carried out throughout the study period: after pre-test and before post-test. After the ninth week, precisely the tenth week of the study, a post-test on Etiquette Scale was administered to both the experimental and control groups. The post-test lasted for 120 minutes. The two research questions were answered using mean, frequencies, and percentages. The two hypotheses were tested using Analysis of Covariance.

## **Presentation of results**

**Research question one:** To what level can PSC improve habits of PWED?

**Table 1:** Level PSC improved habits of PWED

Level	Experimental Group		Control Group	
	Pre-Test	Post-Test	Pre-Test	Post-Test
Low (1-6)	5(100)	1(20.00)	5(100)	4(80.00)
Moderate (7-9)	0	3(60.00)	0	1(20.00)
High (10-15)	0	1(20.00)	0	0
Total	5(100)	5(100)	5(100)	5(100)

**Note:** Percentages in parenthesis (%); Maximum score is 15marks

Table 1 shows the level to which PSC can improve habits of pupils with eating disorders (PWED). Before intervention, both PWED in experimental and control groups had low scores. After intervention, the experimental group had 20% low, 60% moderate and 20% high marks, while the control group had 80% low, 20% moderate marks and none have high marks. This implies that PSC improved manners of PWED to a moderate level.

**Ho1:** There is no significant difference between the habits mean scores of PWED in experimental and control groups before and after treatment.

**Table 2:** Analysis of Covariance (ANCOVA) of habits mean scores of PWED

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	85.624 <sup>a</sup>	3	28.541	33.216	.000	.847
Intercept	652.024	1	652.024	758.821	.000	.977
Group (Exp./Control)	28.024	1	28.024	32.614	.000	.644
Test (Pre/Posttest)	31.418	1	31.418	36.564	.000	.670
Group * Test	31.418	1	31.418	36.564	.000	.670
Error	15.467	18	.859			
Total	734.000	22				
Corrected Total	101.091	21				

a. R Squared = .847 (Adjusted R Squared = .822)

Table 2 shows the ANCOVA of habits mean scores of PWED in experimental and control groups before and after treatment. PWED in the experimental group had a pre-test mean and standard deviation scores of  $4.20 \pm 0.84$ , and post-test mean scores of  $9.00 \pm 1.23$  and pupils in control group had a pre-test mean and standard deviation scores of  $4.33 \pm 0.82$ , and a post-test mean scores of  $4.33 \pm 0.82$ . Groups results show  $F_{1,18} = 32.61$  and a p-value of 0.00. Since the p-value is less than 0.05, the researchers rejected the null hypothesis and accepted the alternative hypothesis. There is a significant difference

between the habits mean scores of PWED in experimental and control groups before and after treatment.

**Research question two:** To what level can PSC improve manners of PWED?

**Table 3:** Level PSC improved manners of PWED

Level	Experimental Group		Control Group	
	Pre-Test	Post-Test	Pre-Test	Post-Test
Low (1-6)	5(100)	0	5(100)	4(80.00)
Moderate(7-9)	0	3(60.00)	0	1(20.00)
High (10-15)	0	2(40.00)	0	0
Total	5(100)	5(100)	5(100)	5(100)

**Note:** Percentages in parenthesis (%); Maximum score is 15marks

Table 3 shows the level to which PSC improved manners of pupils with eating disorders (PWED). Before intervention, both PWED in experimental and control groups had low scores. After intervention, PWED in the experimental group had 60% moderate and 40% high marks, while the PWED in control groups had 80% low and 20% moderate scores. This implies that PSC improves behaviour of PWED to a moderate level.

**Ho2:** There is no significant difference between the manners mean scores of PWED in experimental and control groups before and after treatment.

**Table 4:** ANCOVA of manners mean scores of pupils with eating disorders

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	80.424 <sup>a</sup>	3	26.808	14.123	.000	.702
Intercept	770.256	1	770.256	405.793	.000	.958
Group	16.074	1	16.074	8.468	.009	.320
Test	54.123	1	54.123	28.513	.000	.613
Group * Test	14.850	1	14.850	7.823	.012	.303
Error	34.167	18	1.898			
Total	871.000	22				
Corrected Total	114.591	21				

a. R Squared = .702 (Adjusted R Squared = .652)

Table 4 shows the ANCOVA of manners mean scores of PWED in experimental and control groups before and after treatment. PWED in the experimental group had a pre-test mean and standard deviation scores of  $4.40 \pm 1.14$ , and a post-test mean score of  $9.20 \pm 1.64$ ;

while pupils in control group had a pre-test mean and standard deviation scores of  $4.33 \pm 0.82$ , and a post-test mean score of  $5.83 \pm 1.72$ . Groups results show  $F_{1, 18} = 8.47$  and a p-value of 0.009. Since the p-value is less than 0.05, the researchers rejected the null hypothesis and accepted the alternative hypothesis. There is a significant difference between the manners mean scores of PWED in experimental and control groups before and after treatment.

### **Discussion of the findings**

This study investigated the effects of psycho-social counselling on etiquettes of pupils with eating disorders in Jos-North LGA. Findings from research question one in table 1 showed the level to which PSC improved habits of PWED. Before intervention, both PWED in experimental and control groups had low habits scores, but after intervention, the experimental group had moderate habits scores, while the PWED in control groups which had low habits scores still maintained low habits scores at post-test. Results from hypothesis one as presented in table 2 showed the ANCOVA of habits mean scores of PWED in experimental and control groups before and after treatment. The researchers rejected the null hypothesis and accepted the alternative hypothesis. Therefore, there is a significant difference between the habits mean scores of PWED in experimental and control groups before and after treatment. This implies that PSC improved habits of PWED to a moderate level.

Results from research question two as summarized in table 3 show the level to which PSC improved manners of PWED. Before intervention, both PWED in experimental and control groups had low manners scores. But after intervention, PWED in the experimental group had moderate manners, while the PWED in control groups which had low manners still had low manners. Results from hypothesis two as presented in table 4 show the ANCOVA of manners mean scores of PWED in experimental and control groups before and after treatment. The researchers rejected the null hypothesis and accepted the alternative hypothesis. This implies that PSC improved manners of PWED to a moderate level.

These results are in concord with the opinions of Dakwak (2019) which indicated that through PST, PWEDs' sense of etiquette can be invigorated and gain confidence in learning and achieving sound habits and good manners (decent etiquette) and decent development.

### **Conclusion**

This study has verified that PSC can change level of etiquette of PWED to a moderate level and enhance the level of habits and manners of PWED to a moderate level. This implies that specially customized PSC improves, to a moderate level, the etiquette of PWED.

### **Recommendations**

The following recommendations are made based on the strength of the research findings:

1. Curriculum for both primary and secondary schools should be restructured to meet the etiquette needs of PWED in both primary and secondary schools.

## References

- Academy of Paediatrics (2011). *Stages of adolescence*. Retrieved January 4, 2016, from <https://www.healthychildren.org/English/ages.stages/teen/Pages/Stages-of-Adolescents.aspx>.
- Brazier, Y. (2021). What to know about bulimia nervosa. *Medical news today*.
- Dakwak, F. B. (2019). Influence of psycho-social counselling on the psychological adjustment of primary school pupils living with albinism in Jos-South local government area, Plateau state. Unpublished M. Ed. Thesis, University of Jos, Nigeria.
- Gargiulo, R. M. (2006). *Special Education in Contemporary Society. An Introduction to Exceptionality*. New York: Thomson Wadsworth.
- Jikukka, J. L. (2020). Effects of interpersonal psychotherapy on attitude towards the use of hearing aids amongst students with hearing impairment in Jos, Nigeria. An unpublished PhD thesis, University of Jos.
- JRank Articles (n.d.). *Attitudes and attitude change - information processing theory, social perception and people*. Retrieved March 4, 2018 from <http://psychology.jrank.org/pages/53/Attitudes-Attitude-Change.html#ixzz4Ko9hEaWK>.
- Obinna, A. J. V., Shyllon, L. E. T. & Quarcoopome, T. N. O. (2015). *Christian Religious Studies and Moral Instruction for Upper Schools in Nigeria*. Ibadan: African Universities Press.
- Ogechi, O. F. (2019). Effects of applied counselling on etiquettes of junior secondary school students with hearing impairment in Jos North Local Government Area, Nigeria. Unpublished Thesis, University of Jos.
- Oyedele, S. O. (2011). *Principles and Practices of Pastoral Care and Counselling*. Ogbomosho: Samak Press and Publishers.
- Ozaji, E. D. (2005). *Special Needs Education and Rehabilitation for Beginner Professionals*. Jos: Deka Publications.
- Pede, J. L. (2022). Effects of accelerated phonics approach on literacy skills of pupils with reading difficulties in Jos metropolis, Plateau state, Nigeria. An unpublished M.Phil./PhD thesis, University of Jos, Jos Nigeria.
- UNICEF (2011). *Knowledge, Attitude and Practices: Study of Children with Albinism in Nigeria*. Lagos: UNICEF.