

## ***Perceived Impact of Rational Emotive Behaviour Therapy (REBT) on Conduct Disorder among Adolescent Students in Calabar Education Zone, Cross River State, Nigeria***

**Abigail Edem Okon, Ph.D**

*Department of Educational Foundations*  
*University of Calabar, Calabar*  
[abigailedemokon2017@gmail.com](mailto:abigailedemokon2017@gmail.com)



### **Abstract**

*The study examined perceived impact of Rational Emotive Behaviour Therapy (REBT) on conduct disorders among adolescent students in Calabar Education Zone, Cross River State, Nigeria. Specifically, the study evaluated the perceived influence of social skills training and assertiveness training on students' aggression, deceit, destructive tendencies and rules' violation in secondary schools. It also examined the influence of gender on the levels of aggressive tendencies among students. The study adopted a survey design method, and the period under study was 2022/2023 school session. The target population was public secondary school students in the study area; while a sample of 700 Senior Secondary One and Two (SS 1 and SS 2) was used. Judgemental, stratified and simple random sampling techniques were adopted to select the sample. A 16-item researcher-made questionnaire was used to collect data from the respondents. Statistics adopted for data analysis were frequency counts and contingency chi-square. It was found, among others, that social skills training and assertiveness trainings as REBT had high positive influence in curbing adolescents' conduct disorders in schools. It was recommended that educators, social psychologists and psychotherapists should always vary their therapeutic approaches in accordance with different conduct disorders as different situations may require different approaches.*

**Keywords:** aggression, conduct, disorder, adolescence, therapy

### **Introduction**

Naturally, no child imposes on himself/herself any form of behavioural problems. Observations on day to day realities reveal that a child's actions and inactions are controlled by his/her growth and maturational elements. In behavioural therapy, these elements are managed through behavioural assessment which Nelson and Hayes in Isangedighi (2007:138), defined as "identification and assessment of meaningful response units and their controlling variables both environmental and organismic for the purpose of understanding and altering human behavior". In assessment of behaviour, information is usually obtained in respect of the following areas: antecedent behaviour; individual's physiology; genetic composition and his living history; response which is the manifest target behaviour; the outcome of the exhibited behaviour; and the environmental events happening as a result of the elicited target behaviour (Isangedighi, 2007; Archer, 2002).

Problems in behaviour may depend on the nature of the individual's behavioural development. Any intervention on a person's conduct may require sensitivity to the person's behavioural trend. According to Parkay and Stanford (2004), a child whose developmental trend in behaviour involves the emergence of excessive childhood fears, anxieties, depression, distress,

may in subsequent behaviour show more or severe problems, including emotional syndrome in later age.

Emotion and conduct are familiar concepts to behaviour scientists (Archer, 2016; Kivi, 2022), and the recognition that emotion influences and gives direction to human conduct is almost as ancient as the study of psychology itself (Andrew, 1974; Isangedighi, 2007; Myer, 2007; Pollard, 2010). In the words of Myer (2007: 256), “prejudice may be bred by social situations, but emotional factors often add fuel to their fire”. This implies that emotional factors can lead to other severe conduct disorders like aggressive conduct. Though the association of emotion to conduct is almost ancient, it still remains relevant in the psychology of learning and human associations. According to Frigda in Pollard (2010), “learning can be emotionally challenging, and is certainly not simply cognition and rational”. He further suggests that emotions are subjective responses to events that are important to individuals. Positive or negative emotions are results of the affirmation or threat to previous understandings.

Kivi (2022) asserts that behavioural and emotional problems bred conduct disorders that usually begin during childhood or adolescence. Children and adolescents with disorders have difficulty following rules and behaving in a socially acceptable way. Put in another way, conduct disorder is a group of behavioural and emotional problem, that are common among children and adolescents. Those with severe disorders may display aggressive, destructive and deceitful behaviour that violates the rights of others.

Archer (2016) believes that children and adolescents with conduct disorders are impulsive, without considering the consequences of their actions and inactions. They also do not consider other peoples’ feelings. Those with conduct disorders are recognizable by persistent display of one or more of the following behaviours: a) Aggressive conduct: This may include intimidating or bullying others, aggression to people or animals on purpose, forcing someone into sexual activity; using a weapon, among others. b) Deceitful behaviour: This includes lying; breaking and entering; stealing, forgery and so on and so forth. c) Destructive behaviour: This includes arson and other intentional destruction of property. d) Violation of rules: Including skipping school, running away from home, drug and alcohol use, sexual behaviour at a very young age among others.

It was observed by Maccoby (2002) and Archer (2002) that there exists gender gap in the rate of susceptibility to these conduct disorders. Boys who have conduct disorders are likely to display aggressive and destructive behaviours than girls, and that girls are more prone to deceitful and rule-violating behaviour than boys. Psychologists generally see aggression as behaviour intended to hurt. All over the world, hunting, fighting and warring are primarily male activities. Myer (2007) reports that, in surveys, men admit to be more aggressive than women. In laboratory experiments, men indeed exhibit more physical aggression, for example, by administering what they believe are hurtful electric shocks. It was equally reported in Statistics Canada (2011) that in Canada, the male-to-female arrest ratio is 8 to 1 for murder, while in the United States it is 10 to 1 (Statistics Canada, 2011; FBI, 2011). Maccoby (2007) and Archer (2016) observe that symptoms of conduct disorder fluctuate according to their degree of occurrence, from mild, moderate to severe. Archer (2016) from his statistical digests

of disorders of studies, says women may be slightly more likely to commit aggressive acts, but men are more likely to inflict injuries. In his study, 62 percent of those injured by a partner are women.

Under pressure to find solutions to increasing social psychological problems among children and adolescents, educators have developed an array of intervention strategies. Generally, these strategies address the behavioural adjustment of at-risk children and adolescents so they can receive maximum benefit from their school experiences.

Over the years, psychologists and other educators have made concerted efforts on behavioural problems. Notable among many others was Albert Ellis who in the 1950s introduced Rational Emotive Behaviour Therapy (REBT) (Kassel, 2013; Fundukian, 2015; Warren, 2016). Other authors also reported their finding on REBT (Cherry, 2021; Guy-Eans, 2022; Ackerman, 2022). REBT is a Cognitive Behavioural Therapy (CBT). It is action-oriented approach that focused on helping people deal with irrational beliefs and learn how to manage their emotions, thoughts and behaviours in a healthier, more realistic way (Cherry, 2021).

When people hold irrational beliefs about themselves or the world, problems can result. The goal of REBT is to help people recognize and alter those beliefs and negative thinking patterns or to overcome psychological problems and mental distress (Kassel, 2013; Kivi, 2022). Accordingly, REBT holds that cognition, emotions and behaviours are connected. In order to understand the impact of events and situations that people encounter throughout life, it is essential to look at the beliefs people hold about these experiences and the emotions that arise as a result of these beliefs. Indeed, research supports that REBT is effective at reducing irrational beliefs and changing behaviours (Ackerman, 2022). Furthermore, Guy-Eans (2022) and Ackerman (2022) noted that REBT can be particularly helpful for people living with a variety of issues, but especially those experiencing depression, anxiety and distress; addictive behaviours; disruptive behaviours in children; and Obsessive Compulsive Disorder (OCD). Others are phobia, procrastination, eating habit disorder, overwhelming feeling of anger (aggression), guilt, shame, rage, and psychotic symptoms.

A core concept of REBT is the ABC Model. This model, as examined by Ackerman (2022) explains that while people may blame external events for their unhappiness, it is the interpretation of these events that is responsible for their psychological distress. ABC is an acronym for:

A - Activating event – This is when something happens in the environment which triggers a negative reaction or response.

B - Belief – This describes the thought about the triggering event or situation, usually irrational thought about the activating event.

C - Consequence – This is the emotional response to the belief, which are usually distressing emotions that results from the irrational thoughts or beliefs.

An illustration of the ABC is to imagine a student who has the belief that he/she must be perfect on everything he/she does. An activating event could be a failure to get the top grade in an exam at school as set for self. The triggered belief about this activating event could result in irrational thought such as “I am a failure”, “I feel ashamed”, “I must do better”. The

consequence of these thoughts are that the student feels ashamed and guilty for not performing perfectly as he/she believes, thereby feeling upset and cry or put unnecessary stress, or may even become aggressive.

Possessing rigid expectations of selves and others can only lead to disappointment, recrimination, regret and excessive anxiety. One step toward changing one's beliefs is to undergo the process of disputation. This is a process of challenging the irrational beliefs, by a therapist in a very direct method. For instance, the therapist may question beliefs head-on, causing the individual to rethink, and/or to ask him to imagine another point of view (Kassel, 2013; Ackerman, 2022).

Kassel (2013), identifies three (3) key insights that REBT teaches to include:

- Individuals are worthy of self-acceptance no matter the circumstance; there is no need for excessive shame or guilt.
- Others are also worthy of acceptance even when their behaviours involve something one does not like.
- Negative things will sometimes happen in life and there is no rational reason to expect only good things.

Myer (2007) asserts that if for instance, depression, loneliness and social anxiety maintain themselves through a vicious cycle of negative experiences, negative thinking and self-defeating behaviour, it is possible to break the cycle at any point, by changing the environment, by training the person to behave more constructively, by reversing negative thinking. He notes that Social Skills Training (SST) is one of such several approaches to improve behaviour. SST involves providing opportunities for extensive interactions between teacher and students and among students themselves. Assertiveness Training (AT) or teaching assertiveness is another approach aimed at improving behaviour or changing negative thinking. It is a training that provides self-confidence. Evertson et al. (2003) suggest that constructive assertiveness has three basic elements:

- A clear statement of the problem or concern.
- Body language that is unambiguous (like eye contact with student, erect posture, facial expressions that match the content and tone of corrective statement).
- Firm, unwavering insistence on appropriate.

Other behaviour therapies include explanatory style, learning decision-making skills, learning conflict resolution skills (Pollard, 2010). The extent to which some of these listed therapies influence adolescents behavioural problem is examined in the study.

### **Statement of the problem**

It is a general belief among many social psychologists and educators that every child has problem tendencies (Isangedighi, 2007). The problem tendencies which often develop into conduct disorders cut across races, nations, homes, institutions, sexes, ages and other social environments. The symptoms of conduct disorders exist at different degrees, ranging from mild to moderate to severe types. Children with severe conduct disorders are hard to control

and unwilling to follow rules. They are impulsive without considering the consequences of their actions and do not also consider other people's feelings.

The persistent display of conduct disorder symptoms such as aggression, deceit, destruction and violation of rules among adolescents in public post primary schools has caused so much harm to the school system, and has also placed many people at-risk of dropping out of school. Efforts put in place by concerned personnel to prevent conduct disorders among students have proved ineffective. This study therefore examined whether the application of Rational Emotive Behaviour Therapy (REBT) could possibly reduce the impact of conduct disorders among adolescents in secondary schools in Calabar Education Zone, Cross River State.

### **Purpose of the study**

The study examined the impact of REBT on the management of conduct disorders among adolescents in secondary schools in Calabar Education Zone, Cross River State. Specifically, the study:

- i) Examined the influence of social skills and assertiveness trainings on adolescents' aggression, deceit, destruction and violation of rules in secondary schools.
- ii) Evaluate the influence of gender on the levels of aggression among adolescents in secondary schools.

### **Research questions**

The study was guided by the following research questions:

- i) To what extent do social skills and assertiveness trainings influence adolescents' high rate of aggression, deceit, destruction and violation of rules in secondary schools?
- ii) How does gender of adolescents in secondary schools influence their levels of aggression?

### **Hypotheses**

**Ho1:** Social skills and assertiveness trainings have no significant influence on adolescents' high aggression, deceit, destruction, and violation of rules in secondary schools.

**Ho2:** Gender of adolescents has no significant influence on their levels of aggression in secondary schools.

### **Methodology**

The study adopted a survey design method. The study area was Calabar Education Zone in Cross River State of Nigeria. The zone has seven (7) geopolitical units called Local Government Areas (LGAs) and the period under study was 2022/2023 school session. All the students in public secondary schools formed the target population, while the study sample was obtained from both Senior Secondary one and two (SS 1 and SS 2) students.

A combination of judgmental sampling, stratified and simple random sampling techniques were adopted to select a sample of 700 SS 1 and SS 2 students from seven schools. Judgmental or purposive sampling technique was used to select seven (7) mixed schools (boys and girls), one per Local Government Area. Gender and class formed the bases of stratification. Simple random sampling method was adopted in selecting one school from each Local Government Area (LGA). In every Local Government Area, the names of all the mixed schools were

separately written on different pieces of paper and folded. All the folded pieces of paper were mixed and put into a container from where one piece was blindly picked at a time. Anyone picked was considered as being selected. The same process was adopted in selecting 25 students in each of the strata. However, in the case of the students; ‘YES’ or ‘NO’ was written instead of their names. In each of the classes, 25 ‘YES’ for boys and 25 ‘YES’ for girls were picked. Any student who picked “YES” was selected and the piece of paper was returned into the container to give every student an equal opportunity of being selected. Any school that did not meet the required number of student population was purposively replaced by a bigger one.

**Table 1:** Local Government Area, school, class, gender and sample size

LGA	School	Class (SS 1)		Class (SS 2)		Total
		Boys	Girls	Boys	Girls	
1.	A	25	25	25	25	100
2.	B	25	25	25	25	100
3.	C	25	25	25	25	100
4.	D	25	25	25	25	100
5.	E	25	25	25	25	100
6.	F	25	25	25	25	100
7.	G	25	25	25	25	100
Total		175	175	175	175	700

Structured questionnaire prepared by the researcher were used. The questionnaire christened Adolescents’ Opinion Questionnaire on Effect of Rational Emotive Behaviour Therapy on Conduct Disorder (AOQ-EREBT-CD) in Calabar Education Zone was used for data collection from respondents. The questionnaire has two major parts, parts I and II. Part I contained demographic information such as age, gender (sex), class, type of school (mixed or unisex) and so on. Part II is subdivided into two sections, A and B. Section A has five items on students’ opinion on perceived effect of Social Skill Training (SST) and Assertiveness Teaching (AT) on their Conduct Disorder. Section B centred on their level of aggression when situations demand, and contained five items.

Each item in part II has four-point response options as follows: True (T) = 4 points, Somewhat True (SWT) = 3 points; Somewhat False (SWF) = 2 points and False (F) = 1point, for all positively worded items; while the reverse was the case for all negatively worded items. Both face and content validity were ascertained by experts in psychology and psychometrics. A reliability index of 0.78 was obtained through the use of Pearson’s Product Moment Correlation Analysis of the two sets of the test re-test trial test.

The instrument was administered on the respondents and a total of 682 copies of the questionnaire were appropriately filled and returned giving retrieval value of 97.43 percent. The test statistics adopted for data analysis was contingency chi-square.

**Presentation of results**

**Ho1:** Social skills and assertiveness training have no significant influence on adolescents’ high aggression, deceit, destruction and violation of rules in secondary schools.

**Table 2:** Chi square analysis of frequency counts of student’s opinion about the influence of Social Skill Training (SST) and Assertiveness Training (AT) on their Conduct Disorders (aggression, deceit, destruction and violation of rules) in schools (N = 682)

School	Conduct Disorders				Total				
	Aggression		Deceit			Destruction		Violation of rule	
SS T	o	e	o	e	o	e	o	e	214
	34	(25.42)	28	(85.63)	54	(40.79)	98	(62.13)	
AT	47	(55.58)	245	(187.34)	76	(89.21)	100	(135.87)	468
Total	81		275		130		198		682

O = Observed frequency

e = Expected frequency

Degrees of freedom (r-1) (c-1) = (2-1) (4-1) = 3

Chi-square ( $\chi^2$ ) = 2.8960 + 38.7857 + 4.2781  
 + 20.7091 + 1.3245 + 17.7467  
 + 1.9561 + 9.4698 = 97.1660

At .05 sig. level under 2-tailed test and at df = 3,  $\chi^2 = 7.81$

At .01 sig. level under 2-tailed test and at df = 3,  $\chi^2 = 11.34$

Since the calculated  $\chi^2$  (97.166) is greater than the critical  $\chi^2$  (7.81; 11.34), the result is significant. This is interpreted to mean that Social Skills Training and Assertiveness Training as REBT has significant influence on adolescents conduct disorders (aggression, deceit, destruction and violation or rules) in schools. The null hypothesis is therefore rejected.

**Ho2:** Gender of adolescent has no significant influence on their levels of aggression in secondary schools.

**Table 3:** Chi-squared analysis of students’ gender on their levels of aggression in secondary schools.

Gender	Aggression levels						Total
	Mild		Moderate		Severe		
Male	o	e	o	e	o	e	
	52	(107.94)	100	(104.91)	192	(131.14)	344
Female	162	(106.06)	108	(103.08)	68	(128.86)	338
Total	214		208		260		682

O = Observed frequency

e = Expected frequency

$\chi^2$  = 28.9909 + 29.5048 + 0.2298 + 0.2348 + 28.2442 + 28.7434 = 115.9479

df = (2-1) (3-1) = 2

At 0.05 level of sig; under 2 tailed test  $\chi^2 = 5.99$ ;

At 0.01 level of sig; under 2 tailed test  $\chi^2 = 9.21$ ;

Since the calculated chi-squared is 115.9479 which is greater than the critical chi-squared value (5.99 and 9.21) the result is significant. This is interpreted to mean that gender of adolescence students has significant influence; therefore the null hypothesis ( $H_{01}$ ) that stated otherwise is rejected.

### **Discussion of the findings**

Finding from table 2 reveals that assertiveness training as a REBT approach has a high frequency counts (468) compared to social skills training (214). This result is in tandem with the assertion by Evertson et al. (2003) that the effectiveness of a teacher responses to students' misbehaviour will depend, in part, on his/her ability to use constructive assertiveness. Assertiveness skills allow a teacher to communicate to students that he/she is serious about teaching and about maintaining a classroom in which everyone's right are respected. Communication based on constructive assertiveness is neither hostile, sarcastic, defensive, nor vindictive; it is clear, firm and concise. There is little wonder why most students prefer this approach to many others. The results further reveals that a combination of social skills training with assertiveness training produces a better and even a more effective REBT, especially for conduct disorders such as deceit, violation of rules and destructive acts. Although social skills training and assertiveness training approaches of REBT are highly influential for different conduct disorders, there is no singular approach that is appropriate for all situations. Educators, social psychologists, and stakeholders need to vary their approaches in accordance with situations.

A close look at Table 3 indicates that mild and moderate aggression are more of female attributes than males, and male exhibits severe aggression than female. It also shows females are more prone to be deceitful and show rule violating behaviour than males. These findings agree with the findings by Maccoby (2002), Myer (2007), Statistics Canada (2011), FBI (2011), and Archer (2016), that men exhibit more physical aggression than women. However, Myer (2007) adds that the gender difference fluctuates with the context; that when there is provocation, the gender gap shrinks. The incidence of conduct disorders among adolescents in secondary schools, in terms of its gap between boys and girls appears to be narrowing; this is the researcher's personal observation.

### **Conclusion**

The goal of REBT is to help people (adolescents in schools) respond rationally to situations that would typically cause stress, depression or other negative feelings and/or other conduct disorders likely to ruin their future and or distort other people's activities. Mild and even moderate conduct disorders are perfectly appropriate responses to some profoundly stimulating events. It is when such mild disorders exist chronically and without any discernible cause that there is reason for concern and a need to change the self-defeating thoughts and behaviours. Although this study reveals that assertiveness training and social skills training are effective approaches to conduct disorders like deceit, violation of rule, aggression and destructive acts in secondary schools, other variables could be examined by other researchers.

## Recommendations

The following recommendations are made:

- 1) The teachers should be clear, firm, and concise in their communication with students even after classroom activities.
- 2) Students should be helped to set achievable goals for themselves with more positive orientation.
- 3) Students should constantly be reminded that as future leaders, there is need for them to eschew violence and other conduct disorders irrespective of their gender.

## References

- Ackerman, C. (2022). 5 REBT techniques, exercises and Work directs. Retrieved from [www.positivepsychology.com](http://www.positivepsychology.com)
- Andrew, R. J. L. (1974). Arousal and causation of behaviour. *Behaviour*, 51, 135-165.
- Archer, J. (2002). Sex difference in physically aggressive acts between heterosexual partners. A meta-analytic review. *Psychological Bulletin*, 126, 651-680.
- Archer, J. (2016). Sex differences in physically aggressive acts between heterosexual patterns: A meta-analytical review. *Aggression and Violent Behaviour*, 7, 313-351.
- Cherry, K. (2021). What is rational emotive behaviour therapy (REBT)?
- Evertson, C. M., Emmer, E. T., & Worsham, M. E. (2003). *Classroom Management for Elementary Teachers* (6<sup>th</sup> ed.). Boston: Allyn and Bacon.
- FBI (2011). Uniform crime reports for the United States. Washington, D. C.: Federal Bureau Investigation.
- Fundukian, L. J. (2015). Cognitive behaviour therapy. In (Ed.) *The Gale Encyclopedia of Medicine*, 24<sup>th</sup> ed., 1061-1064. Detroit, MI, Gale.
- Guy-Eans, O. (2002). Simply psychology. What is rational emotive behaviour therapy (REBT)? Retrieved from [www.simplypsychology.org/ration](http://www.simplypsychology.org/ration).
- Isangedighi, A. J. (2007). *Child Psychology: Development Education*. Calabar: Eli-Nova Associates.
- Kassel, K. S. (2013). Cognitive behaviour therapy (CBT): Rational emotive therapy, rational living therapy; Dietetic behaviour therapy; Schema focused therapy. Retrieved from <http://search.obscohest.com.ez.trib.ido/login.aspx?>
- Kivi, R. (2022). Conduct disorders health line. Retrieved from [www.http://healthline.com](http://healthline.com)
- Maccoby, E. E. (2002). Gender and group process: A developmental perspective. *Current Direction, Psychological Science*, 11, 54-58.
- Myer, D. G. (2007). *Exploring Social Psychology* (4<sup>th</sup> ed.). New York: Hope College, Boston.
- Parkay, F. W. & Stanford, E. H. (2004). *Becoming a Teacher* (6<sup>th</sup> ed.). New York: Boston, Pearson: Allyn and Bacon.
- Pollard, A. (2010). *Reflective Teaching: Evidence-informal Professional Practice* (3<sup>rd</sup> ed.). New York: Lond: Continuum International.
- Parkay, F. W. & Stanford, B. H. (2014). *Becoming a Teacher* (7<sup>th</sup> ed.). New York: Allyn and Bacon.
- Statistics CANADA (2011). [www.statisticsarea](http://www.statisticsarea).
- Warren, J. M. (2016). Mobile mind mapping: Using mobile technology to enhance rational emotive behaviour therapy". *Journal of Mental Health Counselling*, 34(1), 71-81. Retrieved from <http://searchrequest.com.ez.trib.info/formerlytherapy/APA.Style.ref>