

**EFFECTS OF RATIONAL SELF ANALYSIS AND COGNITIVE
RESTRUCTURING COUNSELLING TECHNIQUES ON
BULLYING BEHAVIOUR AMONG SECONDARY SCHOOL
STUDENTS IN LOKOJA, KOGI STATE, NIGERIA**

BY

Abdul Ramat USMAN

**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND
COUNSELLING,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA**

MAY, 2019

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BY

**Abdul Ramat USMAN
B. A. ED. (B.U.K., 1998)
M. ED. (B.U.K., 2010)
P14EDPC9001/2014–2015**

**A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE
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**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND
COUNSELLING,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA**

MAY, 2019

DECLARATION

The researcher declared that this study entitled: Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Bullying Behaviour Among Secondary School Students in Lokoja, Kogi State, Nigeria; has been undertaken by the researcher in the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria; under the supervisions of Professor R. M. Bello, Dr. S. A. Adisa and Professor S. Sambo. All the sources of information obtained were duly acknowledged in the body of the study and in the references lists. To the best of the knowledge of the researcher, no part of this thesis was presented for another certificate at any institutions of higher learning.

Name of Student

Signature

Date

CERTIFICATION

This thesis entitled: “EFFECTS OF RATIONAL SELF ANALYSIS AND COGNITIVE RESTRUCTURING COUNSELLING TECHNIQUES ON BULLYING BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN LOKOJA, KOGI STATE, NIGERIA”; written by ABDUL RAMAT USMAN meets the regulation governing the award of the degree of Doctor of Philosophy in Guidance and Counselling, Ahmadu Bello University, Zaria; and is approved for its contribution to knowledge and literary presentation.

Prof. R. M. Bello
Chairman, Supervisory Committee

Date

Dr. S. A. Adisa
Member, Supervisory Committee

Date

Prof. S. Sambo
Member, Supervisory Committee

Date

Prof. A. I. Mohammed
Head of Department,
Educational Psychology and Counselling

Date

Prof. S. Z. Abubakar
Dean, School of Postgraduate Studies

Date

DEDICATION

This thesis is dedicated to my late parents namely Alhaji Usman Audu (Father) and Mallama Fatimoh Usman (Mother) who were the pillars of my educational attainment; and though, they could not be alive to reap from the fortune of the researcher. May Allah (S. W. T.) grant both of them Al Jannah Firdausi.

This thesis is also dedicated to the utilization of mankind as a way of adding to their stores of knowledge.

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scholars or authors whose literature were cited in the body of this thesis work and mentioned on the references lists. The researcher prayed Allah (S. W. T.) to bless them profusely for making their knowledge available for the utilization of humanity. The researcher acknowledged and appreciated the approval and release of financial assistance toward the pursuit of this programme by the Administrator of Lokoja Local Government Area – Honourable L. Shiru and the Director of Local Government Administration of the Local Government Area – Hajiya F. Abubakar. May Allah (S. W. T.) bless both of you for the good and kind manner gestures. The researcher acknowledged the initial financial support of my friend – Hon. I. D. Bababudon thank you very much. The researcher very much acknowledged and appreciated the effort of the researcher’s colleague – M. S. Abubakar in the assistance rendered for handling the analysis of this study data. May Allah (S. W. T.) reward you abundantly. The researcher wholeheartedly acknowledged and appreciated the moral and general supports of my lovely, caring and very committed wife – Mallama H. A. Abdulrahman as well as the cooperation and understanding of the children displayed during the researcher’s frequent academic pursuit absence from home. May Allah (S. W. T.) bless all of you.

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LIST OF ABBREVIATIONS

AC - Arigbede College

BHS - Baptist High School

CR - Cognitive Restructuring

CRCT - Cognitive Restructuring Counselling Technique

HSS - Harmony Secondary School

MOMSS - Michael Omonogun Memorial Secondary School

SBBS - Students' Bullying Behaviour Identification Scale

SBBS - Students' Bullying Behaviour Scale

RSA - Rational Self Analysis

RSACT - Rational Self Analysis Counselling Technique

OPERATIONAL DEFINITION OF TERMS

The definitions of the following terms were given as they were operationally applied in the study:

Rational Self Analysis: It is a structured self – help technique utilised to help people discover the cause – effect relationships between their thinking and emotions and actions in their behaviour. It is an evaluation of one’s own thoughts and behaviours. It is referred to as the analysis of one’s own personality without the help of another. This technique was used in this study to treat and reduce bullying behaviour among secondary school students.

Cognitive Restructuring: It is also known as cognitive reshaping or reframing or reorienting, is a technique drawn from cognitive therapy that can help persons to identify, challenge and change stress – inducing thought patterns and beliefs; the final goal of cognitive reframing or reorganising is to enable persons to substitute stress – inducing thought habits with more appropriate, accurate and less rigid (less stress – inducing) thinking habits or thought patterns. It is a structured, goal – directed and collaborative intervention strategies that focus on the exploration, evaluation, and substitution of the maladaptive thoughts, appraisals and beliefs that maintain psychological disturbance. It is a change in attitudes, values or beliefs that alters a person’s self – expression. It occurs as a result of insight or behavioural achievement. Also, this technique was used in this study to treat and reduce bullying behaviour among secondary school students.

Bullying Behaviour: It can be regarded as the behaviour of an individual or group of individuals which is repeated over time that intentionally hurts or harms another individual or group of individuals physically or emotionally. It usually entails three elements or characteristics namely; repetition, hurt or harm and unequal power or imbalance of power. This was the problem of this study that was treated among secondary school students identified as bullies using rational self analysis and cognitive restructuring counselling techniques.

ABSTRACT

This study examined the Effects of Rational Self Analysis (RSA) and Cognitive Restructuring (CR) Counselling Techniques on Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria. It has six stated objectives to carry out the study upon which six research questions, hypotheses and basic assumptions were respectively or correspondingly formulated. The research design used for this study was quasi experimental design using pre-test post-test. 164 secondary school students formed the population out of which 20 are quasi experimental groups that constituted the sample size of the study using purposive, simple and stratified sampling techniques. Data for the study were collected using students' Bullying Behaviour Scale (SBBS). The study had two treatment groups namely: Rational Self Analysis and Cognitive Restructuring counselling techniques. The participants were assigned into these two groups and exposed to treatment. Validity and reliability of the Students' Bullying Behaviour Scale was established with $r = 0.85$ which was considered reliable for the study. The results of the study showed that there was significant effect of rational self analysis counselling technique on physical bullying behaviour among secondary school students with ($p = 0.000$). There was significant effect of cognitive restructuring counselling technique on physical bullying behaviour among secondary school students with ($p = 0.000$); amongst others. Based on the findings of the study, the following recommendations were made: Since there was significant effect of RSA counselling technique on physical bullying behaviour of secondary school students, professional guidance counsellors, psychologists and other care providers in the secondary schools should utilised rational self analysis counselling technique in treating and reducing physical bullying behaviour among secondary school students. Since there was significant effect of CR counselling technique on physical bullying behaviour of secondary school students, professional guidance counsellors, psychologists and other care providers operating within and outside the secondary school environment should used cognitive restructuring counselling technique in treating and reducing physical bullying behaviour among secondary school students.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Bullying behaviour is a persistent and repeated negative action which is intended to intimidate, hurt another person in a weaker position, or the systematic abuse of power (Smith et al as cited in Owoyemi, 2012).

Townsend, Alan, Chikobvu, Carl and Gary (2012), said that bullying is generally defined as largely unprovoked, negative physical or psychological actions perpetrated repeatedly over time between bullies and victims. They said bullying can lead to fear of school, absenteeism, and stunted academic progress, which in turn are precursors to dropping out of school.

Owuamanam (2015) opined that bullying is a form of aggressive behaviour manifested by the use of force or coercion to affect others particularly when the behaviour is habitual and involves imbalance of power.

Eweniyi, Adeoye, Ayodele and Adebayo (2013), opined that bullying constitutes a significant threat to the mental, social and physical well being of school children. That it is an old phenomenon and worldwide problem, and has defied several efforts to curtail it.

Thus, school bullying behaviour is a serious problem which has received considerable media attention. A National Survey in 2011 carried out at USA; found that twenty three percent (23%) of public school students (aged 12 – 18) reported bullying victimization (Roberts, Kemp, and Truman, 2013). Another National Survey in USA found that twenty eight percent (28%) of students (aged 12 – 18) reported being bullied on school property, and an estimated sixteen

percent (16%) reported being bullied electronically in 2011 (Centre for Disease Control and Prevention, 2012).

Bullying victims frequently experience depression, anxiety, low self esteem, school adjustment problems, academic difficulties, and suicidal behaviour (Duckworth and Follette, 2012; Albayrak, 2012). Being victimized or bullied generates psychosocial distress in children and adolescents, and victimization can be a precursor to emotional and behavioural disorders, low academic achievement, dropping out of school, and subsequently substance misuse. There has been increasing research interest in USA in the relationship between victimization and substance misuse (Radliff, Wheaton, Robinson, and Morris, 2012).

Tambawal and Umar (2017) were of the views in their study that bullying has effects on secondary school students in Nigeria. That bullying in schools in Nigeria was a phenomenon that has serious psychological consequences

for victims and these include; low psychological well – being, poor school adjustment, psychological distress and physical illness. They opined that some of the major causes of bullying identified are; defective or wrong – upbringing of children, peer group influence among others. Again, they identified some of the effects of bullying as; fear and tension in victims, refusing to go to the school on the part of the victims amongst others. Thus, they recommended that every secondary school should have anti – bullying policies and to take appropriate measure to stamp it out.

Adegboyega, Jacob, Uyanne and Jacob (2016), reported that bullying behaviour was the most common form of violence in schools among secondary school students in Yagba West, Kogi State, Nigeria; That the school management should create conducive environment for

students to feel safe and that victim of bullying should be encouraged to report and not to be stereotyped; and that cases of bullying should be referred to the school counsellors for proper, adequate and appropriate handling.

A growing body of National and International research in USA suggests that all types of bullying behaviour or victimization create a proximal risk for substance misuse among adolescents (Fekkes, 2016). In other words, youth who are bullied by their peers are at a heightened risk of alcohol, tobacco and drug use, although these associations vary, depending on gender, types of victimization or bullying behaviour (such as physical, mental) and types of substances (Mistral, 2016). Bullying victims suffer from internalizing problems more frequently than non – victims (Kaur, 2014). Victims can display internalizing problems because of a perceived lack of ability to change or improve their situation that reinforces feelings of depression, anxiety or hopelessness (Hong, Dallis, Sterzing, Choi and Smith, 2014).

U. S. Department of Health and Human Services (2017) said that there are two sources of federally collected data on youth bullying, namely: The 2014 – 2015 school crime supplement – PDF (National Centre for Education Statistics and Bureau of Justice Statistics) indicates that Nationwide, about 21% of students ages 12 – 18 experienced bullying. The 2015 Youth Risk Behaviour Surveillance System (Centre for Disease Control and Prevention) indicates that nationwide, 20% of students in grades 9 – 12 report being bullied on school property in the 12 months preceding the survey.

Omoniyi (2013), reported that bullying behaviour was no doubt becoming a common feature and a nightmare in schools both in and outside Nigeria. It was a worrisome practice in schools because it infringes on the child's right to human dignity, privacy, freedom and security.

That the physical, emotional and educational consequences of bullying behaviour can never be underestimated; he further opined that bullying behaviour in schools have manifested characteristics on both the bullies and their victims as well as the psychosocial and psychological effects on the victims. That educators and other stakeholders should begin to address the problems of bullying and may encouraged a zero bullying tolerance within and outside the school community.

In Katsina State of Nigeria, it was reported by Isiaku (2016) that bullies usually threaten the teachers and other victims with dangerous weapons; and are normally involved in taking intoxicant substances which subsequently make them to exhibit unwanted behaviours and carried out nefarious or evil or immoral social ill acts.

In Lagos State of Nigeria, it was reported by Adeosun, Adegbohun, Jejeloye, Oyekule, Ogunlowo and Pedro (2015) that bullying victimization among students in the secondary schools resulted to a lot of emotional, behavioural and mental health problems. This was why Fareo (2015), said that bullying was a serious problem for people in the society and Nigeria at large. That it was a threat no school disregards or dismisses. That it can have negative consequences on the general school climate and on the right of students to learn in a safe environment without fear. That it can also have negative lifelong consequences both for students who bully and for their victims.

Rational Self Analysis which is a counselling technique helps in correcting cognitive errors emanating from psychological problems which ultimately affects perception of oneself, the world and future; and Cognitive Restructuring Counselling Techniques which helps in reshaping, reorienting and reorganizing one's thinking based on his or her emotions and

behaviours; shall be employed to solving adequately, the problem of bullying behaviour among secondary school students. Therefore, the effectiveness of the rational self analysis and cognitive restructuring counselling techniques to this study cannot be overestimated since both techniques have been used by respective researchers to treat various cases of aggression, conduct disorder, addiction, anger, bullying, to mention but few of them. This is why Pierce (2016), said the main assumption of rational self analysis technique is that people contribute to their psychological problems by the way they interpret events. That their emotions stem mainly from their beliefs, evaluations, interpretations and reactions to life situations; rational self analysis technique assumes that cognitions (thoughts), emotions and behaviours interact significantly and have a reciprocal cause – and – effect relationship.

Rational self analysis postulates that people are born with a potential for both rational and irrational thinking. Therefore, humans have an inborn tendency toward growth and actualization; yet they often sabotage their movement toward growth due to self – defeating patterns they have learned. Thus, they originally learn irrational beliefs from significant others during childhood, and they actively reinforce these self – defeating beliefs by repetition, and by behaving as if they are useful. But it is not useful to blame themselves and others; instead, it is important that they learn how to accept themselves despite their imperfections. So, a major goal of rational self analysis technique is to achieve unconditional self – acceptance and unconditional acceptance of others; the more one is able to accept his or her self, the more likely he or she is to accept others. The therapeutic process of rational self analysis technique involves identifying irrational beliefs, and replacing such levels with more rational and effective ways of thinking. Hence, changing one's thinking results in changing one's emotional reactions to situations (Pierce, 2016).

Cognitive Behavioural Therapy Association of Los Angeles (2017), viewed cognitive restructuring as a useful tool for understanding and reacting differently to the thinking patterns that negatively influence ones mood and behaviour. Consequently, the effectiveness of cognitive restructuring counselling technique cannot be underestimated because there are numerous methods of identifying and altering dysfunctional thought pattern. Generally, they all begin with identifying automatic thoughts, those thoughts which provide a running commentary to their experience. Instead of accepting all of these thoughts as accurate reflections of reality, the cognitive restructuring therapist helps the client to learn to think of these thoughts as guesses about what was really going on and consider alternate points of view. In this way, the client is able to develop a more balanced way of thinking about whatever is causing him or her distress.

Owuamanam (2015) was of the view that there are many cases of bullying among students in Nigeria secondary schools and other school levels. That school administrators in their meetings with parents, for example at Parent – Teacher Association (PTA) meetings and other occasions opined that bullying was on the increase and warned that parents should cautioned their children. He went further to state that, bullying was a significant problem that can have impact on the physical and psychological health of those who are bullied. That there may be a commonality between delinquency and bullying in so much as many physical aggressive manifestations of bullying characterized delinquent behaviour. That the students who bully their peers at an early age may gain undue boldness and confidence to engaged in more anti – social acts. He concluded by saying that school bullying can interfere with students concentration in their studies which can lead to failure and eventual drop out. School bullying (2012) as cited in Owuamanam (2015) reviewed the statistics of bullying according to the American Psychological Association (APA) that approximately 40% to 80% of school age children experienced bullying

at some point during their school careers. The following statistics illustrate the severity of bullying within classroom (School bullying as cited in Owuamanam, 2015). 20% to 40% of bullying victims actually reported being bullied. 70% of middle school and high school students experience bullying in school. 7% - 12% of bullies is habitual and poses a serious threat. 23% of 9th graders have carried a weapon to school recently. 5% - 15% of students are constantly bullied. 27% of students are bullied because of their refusal to engaged in common sexual practices; 25% of students encouraged bullying if not given proper education and support in anti – bullying techniques.

1.2 Statement of the Problem

It was keenly or intensely observed by the researcher that the issue of bullying behaviour among students in the secondary schools and the society at large was a serious one which extensively draws the attention of guidance counsellors, psychologists, psychotherapists, educationists, parents and other care providers on how it could be resolved. A lot of negative consequences have happen due to bullying behaviour. Surprisingly and alarmingly, students were the ones mostly involved in the perpetration of the social ill act at large. The social ill acts of bullying behaviour was so common and pronounced these days in the society, according to media reports of students using deadly weapons to intimidate or injure others, threatening of teachers, rape, victimization, to mention but few. In Lokoja the Kogi State Capital in the year 2016, there was a violent killing among youth who are cultists and bullies and who were later discovered to be secondary school students following the arrest of some of them by the Nigeria Police Force.

Furthermore, secondary school students have experienced series of psychosocial, physical and academic performance issues as a result of bullying behaviour. Such issues as depression, anxiety, low self esteem, low or poor academic performance, drop out of school, suicide amongst others; which are attributed to cultural, institutional, social, family, having power over peers, aggressive personality, lack of adult supervision, jealousy, and revenge causes differently.

In line with the fore going, Fareo (2015) said that bullying was a serious problem for people in the society and Nigeria at large. That it was a threat no school disregards or dismisses. That it can have negative consequences on the general school climate and on the right of students to learn in a safe environment without fear. That it can also have negative lifelong consequences both for students who bully and for their victims.

Also, bullying behavior can have effect on learning: Stress and anxiety caused by bullying behaviour and harassment can make it more difficult for children or students to learn. It can cause difficulty in concentration and decrease their ability to focus, which affects their ability to remember things they have learned. Bullying can lead to more serious concerns: Bullying is painful and humiliating, and children or students who are bullied feel embarrassed, battered and shamed. If the pain is not relieved, bullying can even lead to consideration of suicide or violent behaviour (United States Department of Health and Human Services, 2017).

Many researchers have tried finding solutions to the issue and yet the problem keeps on increasing in some alarming proportions and diversifications in the state.

It was against the fore going backdrops that, this study seeks to find remedies to the issue by employing dual counselling techniques or strategies of rational self analysis and cognitive restructuring in handling it. Thus, Rational Self Analysis counselling is a technique based on the

idea that many psychological problems are ultimately derived from cognitive errors especially regarding one self, the world and future (Boeree as cited in Abdu, 2015). While Cognitive Restructuring counselling is a technique based on the assumption that peoples' emotions and behaviours are greatly affected by what they think (Gardner as cited in Abdu, 2015). It is a psychosocial therapy that assumes that faulty cognitive or thought pattern cause maladaptive behaviour and emotional responses. The treatment focuses on changing thoughts in order to adjust psychological and personality problems (Ford – Martin, 2014). Asikhia (2014) said that cognitive restructuring counselling technique was a short or long – term treatment designed to change clients thinking about events, in their lives; and that it also strive to change misconceptions, strengthen coping skills, increases self – control and encourage self – reflection. It was against this backgrounds that this study sought to investigate the Effects of Rational Self Analysis (RSA) and Cognitive Restructuring (CR) counselling techniques on bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria.

1.3 Objectives of the Study

This study has the below listed objectives:

1. To find out the effect of Rational Self Analysis Counselling Technique on Physical Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.
2. To find out the effect of Cognitive Restructuring Counselling Technique on Physical Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.
3. To determine the effect of Rational Self Analysis Counselling Technique on Verbal Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.

4. To determine the effect of Cognitive Restructuring Counselling Technique on Verbal Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.
5. To investigate the differential effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Physical Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.
6. To investigate the differential effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Verbal Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria.

1.4 Research Questions

This study has the following stated research questions to guide it.

1. What is the effect of Rational Self Analysis Counselling Technique on physical bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?
2. What is the effect of Cognitive Restructuring Counselling Technique on physical bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?
3. What is the effect of Rational Self Analysis Counselling Technique on verbal bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?
4. What is the effect of Cognitive Restructuring Counselling Technique on verbal bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?
5. What are the differential effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on physical bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?

6. What are the differential effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on verbal bullying behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria?

1.5 Hypotheses

This study has the below listed hypotheses to carry it out:

1. There is no significant effect of Rational Self Analysis Counselling Technique on physical bullying behaviour of secondary school students in Lokoja, Kogi State, Nigeria; from their pretest and posttest scores.
2. There is no significant effect of Cognitive Restructuring Counselling Technique on physical bullying behaviour of secondary school students in Lokoja, Kogi State, Nigeria; from their pretest and posttest scores.
3. There is no significant effect of Rational Self Analysis Counselling Technique on verbal bullying behaviour of secondary school students in Lokoja, Kogi State, Nigeria; from their pretest and posttest scores.
4. There is no significant effect of Cognitive Restructuring Counselling Technique on verbal bullying behaviour of secondary school students in Lokoja, Kogi State, Nigeria; from their pretest and posttest scores.
5. There is no significant differential effect of Rational Self Analysis and Cognitive Restructuring counselling Techniques on physical bullying behaviour of students in Lokoja, Kogi State, Nigeria; from their Post test scores.

6. There is no significant differential effect of Rational Self Analysis and Cognitive Restructuring counselling Techniques on verbal bullying behaviour of students in Lokoja, Kogi State, Nigeria; from their Post test scores.

1.6 Basic Assumptions

This study was based on the below listed basic assumptions:

1. That Rational Self Analysis counselling technique has effect on physical bullying behaviour of secondary school students.
2. That Cognitive restructuring counselling technique has effect on physical bullying behaviour of secondary school students.
3. That Rational Self Analysis counselling technique has effect on verbal bullying behaviour of secondary school students.
4. That Cognitive restructuring counselling technique has effect on verbal bullying behaviour of secondary school students.
5. That the physical bullying behaviour of students exposed to Rational Self Analysis counselling technique was different from those exposed to Cognitive Restructuring counselling technique.
6. That the verbal bullying behaviour of students exposed to Rational Self Analysis counselling technique was different from those exposed to Cognitive Restructuring counselling technique.

1.7 Significance of the Study

The findings of this study shall be of immense contributions to solving the problem of bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria; which has defied previous efforts of tackling it in the following ways:

The findings of the study indicated the effects of utilizing rational self analysis and cognitive restructuring counselling techniques on bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria; to the professional guidance counsellors, teachers, educationists, parents and other care Providers; thereby adding to their knowledge of using the interventions in handling bullying behaviour cases.

The findings of the study serves as a huge source of information to the professional guidance counsellors practicing in secondary schools and outside the school environment, by providing them with appropriate counselling techniques and how to use it that can adequately take care of the therapeutic sessions on bullying behaviour cases.

The findings of the study helps to induced the various levels of governments and particularly the Lokoja Local Government and Kogi State Government, to acknowledge and appreciate the significance of the professional guidance counsellors and their services rendered; thereby employing and posting them to secondary schools where their services are highly needed.

The findings of the study to the best of the knowledge of the researcher served as tremendous contributions to the educational policies formulators or planners, administrators, psychologists, psychotherapists and other care providers because, it shall add to their knowledge a new dimension of utilizing appropriate counselling techniques, interventions or strategies in handling the issue of bullying behaviour among secondary school students.

The findings of the study helps to bring about an excellent behaviour exhibition among secondary school students thereby enhancing their academic performances and personal – social

relationship which shall consequently bring about the overall positive development of their personalities.

The reduction of harmful behaviours among secondary school students shall help stakeholders in the educational sector to concentrate more on the provision of an effective teaching and learning environment. Also, the time wasted on attending to issues relating to bullying behaviour and victim situations shall be utilized for an effective and efficient teaching and learning in addition to the provision of welfare services to the students.

The findings of the study to the best of the knowledge of the researcher shall serve as an empirical point of reference and then break novel or fresh grounds for further studies to the guidance counsellors, psychologists, teachers and other care providers in terms of using Rational Self Analysis and Cognitive Restructuring counselling techniques to resolve the issue of bullying behaviour and other bio – psycho - social issues.

1.8 Scope and Delimitation of the Study

The scope of the study was made up of the entire private secondary schools in Lokoja – Capital City of Kogi State, Nigeria; they numbered twenty five (25). But for the purpose of this study, it was delimited to two (2) private secondary schools in the area of study. These schools are Harmony Secondary School (HSS), Lokoja, and Michael Omonogun Memorial Secondary School (MOMSS), Lokoja. These schools were selected or chosen because one of them (HSS) was a boarding school where cases of bullying behaviours are usually more pronounced, common or prevalent and they have large number of students' population. There are a lot of common postulations about bullying behaviour and victim situations and their causes. One of it is the claim that bullying behaviour is as a result of large classes or school size (Olweus as cited

in Isiaku, 2016). Quasi experimental research design was used to involve the pre-test post-test group.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter entails adequate, recent, relevant and related literature reviewed on the conceptual frameworks of rational self analysis, cognitive restructuring, bullying behaviour and their theoretical bases or frameworks respectively as well as empirical studies on them.

2.2 The Concept of Rational Self Analysis

Rational Self Analysis is an independent methodological objective attempt to study and comprehend one's own personality, emotions and behaviours. It is an evaluation of one's own thoughts and behaviours. It is referred to as the analysis of one's own personality without the help of another (Editors of the American Heritage Dictionaries, 2016; Houghton, 2014; Love To Know Corporation, 2017). Rational Self Analysis is a technique based on the idea that many psychological problems are ultimately derived from cognitive errors especially regarding oneself, the world and future (Boeree as cited in Abdu, 2015).

The concept of Rational Self Analysis emanates from the Rational Emotive Behavioural Therapy of Albert Ellis which assumed that humans have both innate rational (meaning self and social – helping and constructive) and irrational (meaning self and social – defeating and unhelpful) tendencies and leanings. It claims that people to a large extent or degree consciously and unconsciously construct emotional difficulties such as self – blame, self – pity, clinical anger, hurt, guilt, shame, depression and anxiety behaviours and behaviour tendencies like procrastination, over – compulsiveness, avoidance, addiction and withdrawal by the means of their irrational and self defeating thinking, emoting and behaving. Again, rational self analysis technique is applied as an educational process in which the therapist often actively and directly

teaches the client on how to identify irrational and self – defeating beliefs and philosophies which in nature are rigid, extreme, unrealistic, illogical and absolutist and then to forcefully and actively question and dispute them to replace them with more rational and self helping ones.

By using different cognitive, rational and behavioural methods and activities, the client with the help of the therapist and home work exercises can gain a more rational, self helping and constructive rational way of thinking, emoting and behaving. Hence, one of the main objectives of rational self analysis therapy is to show to the client that whenever unpleasant and unfortunate activating events occur in people’s lives, they have a choice of making themselves feel healthy and self helpfully sorry, disappointed, frustrated, and annoyed, or making themselves feel unhealthy and self defeating, horrified, terrified, panicked, depressed, self hating and self pitying. Therefore, by attaining and ingraining a more rational and self constructive philosophy of them, others and the world; so people often are more likely to behave and emote in more life serving and adaptive ways.

Ellis as cited by David in Dunn (2015:77) posited three major insights of rational behavioural therapy:

Insight 1: That people seeing and accepting the reality of their emotional disturbances at point C only partially stem from the activating events or adversities at point A that precede C. But B which is the belief of a person about what happen is usually the cause of C. Although, A contributes to C, and although disturbed Cs (such as feelings or panic and depression) are much more likely to follow strong negative – such as being assaulted or raped; than they are to follow weak – such as being disliked by a stranger. The main or more direct cores of extreme and dysfunctional emotional disturbances – Cs are people’s irrational beliefs – the absolutistic musts

and their accompanying inferences and attributions that people strongly believe about their undesirable activating events.

Insight 2: That no matter how, when, and why people acquire self defeating or irrational beliefs (such as beliefs which are the main cause of their dysfunctional emotional behavioural consequences), if they are disturbed in the present, they tend to keep holding these irrational beliefs and continue upsetting themselves with these thoughts. They do so not because they held them in the past, but because they still actively hold them in the present, though often unconsciously; while continuing to reaffirm their beliefs and act as if they are still valid. In their minds and hearts they still follow the core ‘masturbatory’ philosophies they adopted or invented long ago or ones they recently accepted or constructed.

Insight 3: That no matter how well they have achieved insights 1 and 2, insight alone will rarely enable people to undo their emotional disturbances. They may feel better when they know or think they know; how they became disturbed – since insights can give the impression of being useful and curative. But it is unlikely that they will actually get better and stay better unless they accept insights 1 and 2, and then also go on to strongly apply insight 3. There is usually no way to get better and stay better but by continual work and practice in looking for and finding one’s core irrational beliefs actively, energetically and scientifically disputing them; replacing one’s absolutist musts with flexible preferences; changing one’s unhealthy feelings to healthy, self helping emotions; and firmly acting against one’s dysfunctional fear and compulsions. Only by a combined cognitive, emotive and behavioural as well as a quite persistent and forceful attack on one’s serious emotional problems, is one likely to significantly ameliorate or remove them and keep them removed.

Regardless cognitive affective behavioural processes in mental functioning and dysfunctions, Ellis as cited in Yahaya (2014:58) explained that:

“Rational Emotive Behavioural Therapy assumes that human thinking, emotion and action are not really separate or disparate processes but that they all significantly overlap and are rarely experienced in a pure state. Much of what we call emotion is nothing more or less than certain kind – a biased, prejudiced or strongly evaluative kind of thought. But emotions and behaviours significantly influence and affect thinking, just as thinking influences emotions and behaviours. Evaluating is a fundamental characteristic of human organisms and seems to work in a kind of closed circuit with a feedback mechanism; because perception biases response and then response tend to bias subsequent perception. Also, prior perceptions appear to bias subsequent perceptions, and prior responses appear to bias subsequent responses. What we call feelings almost always have a pronounced evaluating or appraisal element”.

Rational Emotive Behavioural Therapy then generally proposes that many of these self defeating cognitive, emotive and behavioural tendencies are both innately biological and indoctrinated early in and during life, and further grow stronger as a person continually revisits, clings and acts on them. Ellis alluded to similarities between rational emotive behavioural therapy and general semantics in explaining the role of irrational beliefs in self defeating tendencies, citing Alfred Korzybski (1998) as a significant modern influence on this thinking.

Rational Emotive Behavioural Therapy differs from other clinical approaches like psychoanalysis in that it places little emphasis on exploring the past but instead focuses on changing the current evaluations and philosophical thinking emoting and behaving in relation to themselves, others and the conditions under which people live. As explained, it is a therapeutic system of both theory and practices; generally one of the goals of it is to help clients see the ways in which they have learned how they often needlessly upset themselves, teach them how to un – upset themselves and then how to empower themselves to lead happier and more fulfilling lives.

The emphasis in therapy is generally to establish a successful collaborative therapeutic working alliance based on its educational model. Although it teaches the therapist or counsellor to demonstrate unconditional order of acceptance or unconditional positive regard; the therapist is not necessarily always encouraged to build a warm and caring relationship with the client. The tasks of the therapist or counsellor include understanding the client's concerns from his point of reference and work as a facilitator, teacher and encourager (David as cited in Dunn, 2015).

Richard (2015) was of the view that in traditional rational emotive behavioural therapy, the client together with the therapist in a structured active – directive manner, often work through a set of target problems and establish a set of therapeutic goals. In these target problems, situational dysfunctional emotions, behaviours and beliefs are assessed with regard to the client's values and goals. After working through these problems, the client learns to generalize insights to other relevant situations. In many cases after going through a client's different target problems, the therapist is interested in examining possible core beliefs and more deep rooted philosophical evaluations and schemas that might account for a wider array of problematic emotions and behaviours. Although rational emotive behavioural therapy most of the time is used as a brief therapy, in deeper and more complex problems, longer therapy is promoted.

In therapy, the first step often involves the client acknowledging the problems, accepting emotional responsibility for them and has willingness and determination to change. This normally requires a considerable amount of insights. Ellis as cited in Richard (2015) explained that:

“Humans unlike just about all the other animals on earth, create fairly sophisticated languages which not only enable them to think about their feelings, their actions and the results they get from doing and doing certain things, but they also are able to think about their thinking and even think about thinking about their thinking”. P.60.

Through the therapeutic process, rational emotive behavioural therapy employs a wide array of forceful and active meaningful multimodal, disputing and methodologies. Central through these methods and techniques is the intent to help the client challenge, dispute and question their destructive and self defeating cognitions, emotions and behaviours. The methods and techniques incorporate cognitive philosophic, emotive, evocative, dramatic and behavioural methods for disputation of the client's irrational and self defeating constructs and help the client come up with more rational and self constructive ones. It seeks to acknowledge that understanding insights are not enough; in order for clients to significantly change, they had to pinpoint their irrational and self defeating constructs and work forcefully and actively at changing them to more functional and self helping ones.

Rational Emotive Behavioural Therapy posits that the client must work hard to get better and in therapy this normally includes a wide array of homework exercises in day to day life assigned by the therapist. The assignments may for example include desensitization tasks, that is, by having the client confront the very thing he or she is afraid of. By doing so, the client is actively acting against the belief that often is contributing significantly to the disturbance.

Another factor contributing to the brevity of rational emotive Behavioural therapy is that the therapist seeks to empower the client to help himself through future adversities. It only promotes temporary solutions if more fundamental solutions are not found. An ideal successful collaboration between the therapist and the client results in changes to the client's philosophical way of evaluating him or herself, others and his or her life; which will likely yield effective results. The client then moves toward unconditional self acceptance, others acceptance and life acceptance while striving to live a more self fulfilling and happier life.

Applications and interfaces of rational emotive behavioural therapy are used with a broad range of clinical problems in traditional psychotherapeutic settings such as individual, group and family therapy. It is used as a general treatment for a vast number of different conditions and psychological problems normally associated with psychotherapy. In addition, it is used with non clinical problems and problems of living through counselling, consultation and coaching settings dealing with problems including relationships, social; skills, career changes, stress management, assertiveness training, grief, problems with aging, money, weight control, and so on. It also has many interfaces and applications through self help resources, phone and internet counselling, workshops and seminars, workplaces and educational programmes, to mention but few. This includes rational emotive education where rational emotive behavioural therapy is applied in educational settings, rational effectiveness training in business and work settings as well as self management and recovery training (SMART) in supporting those in addiction recovery in addition to a wide variety of specialized treatment strategies, interventions and applications.

Rational Self Analysis Working Templates:

The Rational Self Analysis working templates are presented as follows according to www.thelifemanagementalliance.com/p... Retrieved 10th September, 2016.

A = Facts and events (1)

B = Self talk (evaluating thoughts)

C = Emotional consequences of B

D (a) = Camera check of A (2)

D (b) = Rational debate (3)

E = Emotional goal for future A's (4)

Five (5) Rules for Thinking (5)

1. Based on objective reality
2. Protect your life
3. Gets you your goals
4. Keeps you out of trouble with others
5. Eliminates significant emotional conflict

Rational Self Analysis – Example

Do A then B then C. Then go back and do the D's and E.

(6) She distanced herself from me.

(This is really an opinion and not an observation).

(7) D (a) = Camera check of A

She appeared to stop talking, be less expressive, had a frown on her face...

B = Self – talk

So,

1. She must not like me
2. I will be in a fix without her
3. I don't know if I can be happy without her.
4. She makes sure we are out there doing things that are stimulating.

5. And without her I won't have that stimulation.
6. And I will be lonely and probably depressed.
7. And if I fail here again, it will just prove that I am unlovable and incompetent at this game.
8. Many more – write each down, possibly use babbling writing to get it all out.

(8) D (b) = Rational debate

She must basically like me because she has been with me. She may be upset with something I said and her thought process may cause her to attribute a lot of things to me and or she could go into a victim mode but those are all due to her and not to me. I will apologize and express understanding and attempt to do all I can, and it will turn out how it will turn out.

No, I am a capable human being; I can get along fine without her, though I do prefer to be with her.

Again, I am capable of setting things up so that I can be happy. I need only choose that. And I can awaken that part of me. I am certainly capable of doing that.

As above

Only if I so choose. I am capable of sitting and thinking of things to do that are stimulating.

Basically, all of us are lovable from the start. We may place things in the way at times. And also there may be others who are not capable of loving us. And it may be true that we may make choices that are not good.

Basically, I do the best I can within the limits of my awareness and I am never static, so all I need to do is choose to increase my awareness. It is never the “I” that is the problem. It is just the awareness.

C = Emotional consequences of B

I feel depressed

I feel powerless

I feel confused

(9) E = Emotional goal for future A’s

To feel centred and to look at this objectively as just an event to handle; for I am totally capable of handling my life and choosing.

I do not feel confused, just centred enough to do something about this. I step back and write or address this more completely so that I can assure myself of greater clarity. If I still need more clarity; I ask for assistance or do more clarifying type of exercises.

Five (5) Rules of Rational Thinking

(10)

1. Based on objective reality
2. Protects your life
3. gets you your goals
4. Keeps you out of trouble with others

5. eliminates significant emotional conflicts.

(1) What actually happened?

(2) Was that what actually happened really? This is truly 'objective' seeing without interpretation. It is objective if other people would be able to see the same thing.

(3) Before starting these, you may wish to number the thoughts under 8 and then as you rework those thoughts, use the numbers for reference.

(4) How you would like to feel relative to future happenings of A. Example, I want to feel enough rational discomfort to do something about this, but also realize that I am in control and therefore feel peaceful.

(5) Rational physical and emotional behaviour will meet at least three of these criteria.

(6) What actually happened?

(7) Was that what actually happened really?

(8) Before starting these, you may wish to number the thoughts under 8 and then as you rework those thoughts, use the numbers for reference.

(9) How you would like to feel relative to future happenings of A. Example, I want to feel enough rational discomfort to do something about this, but also realize that I am in control and therefore feel peaceful.

(10) Rational physical and emotional behaviour will meet at least three of these criteria

(www.thelifemanagementalliance.com/p...Retrieved 10th September, 2016).

Paul (2016:21) said that completing rational self analysis helps you to identify the underlying values that guide your reactions to specific events. He opined that the rational self analysis template was based on twelve (12) principles, namely:

- I. Self knowledge
- II. Self – acceptance and confidence
- III. Enlightened self – interest
- IV. Tolerance for frustration and discomfort
- V. Long – range enjoyment
- VI. Risk – taking
- VII. Moderation
- VIII. Emotional and behavioural responsibility
- IX. Self – direction and commitment
- X. Flexibility
- XI. Objective thinking
- XII. Acceptance of reality.

2.2.1 Theoretical Bases for Rational Self Analysis Counselling Technique

The proponent of Rational Self Analysis theory and technique in the 1960's was Maxie Clarence Maultsby Jr. He was a student of Ellis. His contributions were numerous, including the development of Rational Behaviour Therapy; Rational Emotive Imagery; his emphasis on client. Rational Self Counselling Skills and therapeutic home work, his concept of “thoughts Shorthand” to which he refers as “attitudes” as well as the five criteria for Rational Behaviour (Harvey and Kenneth, 2012).

Wayne and Richard as cited in Harvey and Kenneth (2012), asserted in their writing on self – defeating belief that probably the most useful technique is Rational Self Analysis. That doing analysis, preferably in writing, enables someone to identify and change the thoughts involved when someone experience distress or behave in self – defeating ways. This helps someone in the present and in the future to deal with any current distress and the likelihood of reacting the same way on ward.

In explaining how the theory of Rational Self Analysis technique works, they said, the first thing to do when you are feeling or acting in a dysfunctional manner is to stop. Interrupt any self – defeating episodes. Take time out to get your brain working on the problem. Get a good – sized sheet of paper and follow this sequence:

Identify and write down the Activating event – the stress triggers the “A”. What are you reacting to? Be brief – Summarise the “A”. Identify the Consequence – the “C” – how you felt and behaved in reaction to the “A”. Identify your Beliefs – the “B”. What you are telling yourself about the “A”?

Look for any distortion of reality – black and white thinking, filtering, over – generalizing, mind – reading, fortune – telling, emotional reasoning, personalising, even more important, identify your evaluative beliefs. Ask questions like: What is “terrible”? (Awfulising). What is “Intolerable”? (Discomfort intolerance). What am I telling myself must or should be (or not be)? (Demandingness). What am I labeling myself (or others)? (People rating)

Identify the underlying rules on which you are operating. Going further still, identify the new Effect you want – “E”. How would you prefer to feel or behave differently to how you

reacted at “C”? Your goal is to replace the self – defeating reaction with a more appropriate emotion or behaviour.

Make sure that any new emotion you want is realistic. Rather than, attempt to replace an intense negative emotion with a strongly positive one aim to substitute a more moderate negative feeling. If you are anxious, for example, do not make your goal to “feel” great. That would be unrealistic. It would be better to aim to be “Concerned”. This is still a negative emotion, but more in perspective to the “A” and less disabling than anxious.

Dispute each of your beliefs – “D”. Substitute rational alternatives for those beliefs you decide are self – defeating. There are three ways to dispute a belief namely:

Empirical disputing: “Where is the proof”? “What evidence is there”? “Is there a Law of nature that proves ...”? Or does the evidence really prove some other conclusion? “Is the Law really only in my head”?

Logical disputing: “Does it logically follow that because ... (I want something. It’s unpleasant. I made a mistake)’ that therefore ... (I must get what I want. It’s awful. I am a total failure)?

Pragmatic disputing: “Does it help”? “Does believing this help me to be effective, achieve my goals, and be happy? Or does it create unneeded distress, difficulties with other people, or blocks to achieving my goals?

Develop a plan for further Action – “F”. What can you do to reduce the chance of thinking and reacting the same old way in future?

This study will uphold the rational self analysis theory in the treatment strategies of bullying behaviour among students of secondary schools in Lokoja, Kogi State, Nigeria.

National Association of Cognitive Behavioural Therapists as cited in Harvey and Kenneth (2012), opined that, cognitive behavioural therapy (CBT) is a general classification of psychotherapy and several approaches to CBT fall within this classification including Rational Emotive Behaviour Therapy; Cognitive Therapy; Rational Living Therapy; Schema Focused Therapy and Dialectical Behaviour Therapy.

Each approach has its own developmental history. The following is a generally accepted accounting of the history of Cognitive Behavioural Therapy.

The first discrete intentionally therapeutic approach to CBT to be developed was Rational Emotive Therapy (RET) which was originated by Albert Ellis, in the mid – 1950's. Ellis developed his approach in reaction to his disliking of the inefficient and ineffective nature of psychoanalysis. The philosophic origin of RET go back to the Stoic philosophers, including Epictetus and Marcus Aurelius. Epictetus wrote in *The Enchiridion*, “Man is disturbed not by things, but by the view which they take of them”. The modern psychotherapists most influential to the development of RET was Alfred Adler (who developed Individual Psychology). Adler, a neo – Freudian, stated “I am convinced that a person's behaviour springs from his ideas”. Ellis was also influenced by behaviourists, such as John Dollard, Neal Miller, Joseph Wolpe and George Kelly (Psychology of Behavioural constructs). Ellis developed and popularized the ABC model of emotions and later modified the model to the A – B – C – D – E approach. In the 1990's Ellis renamed his approach Rational Emotive Behaviour Therapy. Conclusively, reason for why virtually all the CBT seems to be sharing the same theory of operation and practice.

2.2.2 Principles of Rational Self Analysis

Rational Self Analysis is promulgated on a few basic principles which have profound theoretical implications. These principles are listed out as follows:

A client is responsible for his or her own emotions and actions.

A client's harmful emotions and dysfunctional behaviours are the product of the client's irrational thinking.

A client can learn more realistic views and with practice make them a part of their emotional repertoire.

A client will experience a deeper acceptance of self and greater satisfactions in life by developing a reality based perspective.

Rational emotive behavioural therapy distinguishes clearly between two distinct types of problematic difficulties namely: Practical problems and Emotional problems. Practical problems entails flaw behaviour, unfair treatment by others and undesirable situations.

Universally, clients have the tendency to become upset; serving as a catalyst for creating a second order of problems which is emotional suffering. Thus, rational emotive behavioural therapy addresses emotional suffering with the following four (4) tenets:

One, clients need to take responsibility for their own distress. Only the client can upset him or herself about current events. Still, the events themselves no matter how difficult, do not have absolute power to upset the client. Inherently, the client must recognize that neither an individual nor an adverse circumstance can ever disturb the client. Essentially, arbitrary

emotional disturbance is self inflicted. The client invariably creates his or her own emotional suffering or self defeating behavioural patterns as the result of what others say or do.

Two, the client needs to identify his or her inner dialogue of 'musts'. Essentially, there are three core distortions that focus on the client's self defeating 'must' dialogue shown as follows:

'Must' 1, an unrealistic expectation of one's self; 'I must do well and get approval or else I am worthless'. This irrational self imposed demand causes anxiety, depression and emotional distress.

'Must' 2, an unrealistic expectation about others; 'You must treat me reasonably, considerately and lovingly or else you are no good'; This 'must' leads to resentment, hostility, alienation, conflict, self destructive behaviour and even violence.

'Must' 3, an unrealistic expectation of situations or circumstances; 'Life must be fair, easy and hassle free or else it is awful'; 'This distorted thinking foster hopelessness, procrastination, depression, anxiety and addiction to self medication.

Three, it becomes paramount that therapists teach the client to dispute his or her irrational self imposed musts. What is the evidence for his or her 'musts'? How are they true? If there is no evidence the client's 'musts' are entirely false.

Four, the therapist needs to teach the client to reinforce his or her preferences listed and briefly explained as follows:

Preference 1, 'I strongly prefer to do well and get approval and even if I fail, I will accept myself unconditionally and fully'.

Preference 2, ‘I strongly prefer that others treat me reasonably, kindly and lovingly but since I do not run the universe and it is a part of human nature to err or blunder, I cannot control others’.

Preference 3, ‘I strongly prefer that life be fair, easy and hassle free, it is very frustrating that it is not but I can bear frustration and still enjoy life without self imposed expectation’.

2.2.3 Rational and Irrational Self Analysis

Some scholars or authorities have defined concepts of rational and irrational self analysis or beliefs as follows:

A rational belief is true: The belief is consistent with reality in kind and degree. It can be supported by evidence and it is empirically verifiable. It is also logical, internally consistent and consistent with realities.

A rational belief is not absolute but it is conditional or relative: A rational belief is usually stated as a desire, hope, want or need, wish or preference. It reflects a desire rather than a demand.

A rational belief results in moderate emotion: Rational beliefs lead to feelings that range from mild to strong but that are not upsetting to the client.

A rational belief helps you to attain your goals: Rational beliefs are congruent with satisfaction in living, minimizing intrapersonal conflict, minimize conflict in the environment, enabling affiliation and involvement with others and personal growth. Since adolescence is a period usually characterized with storms and stresses together with developmental tasks of

identity formation, it is considered a self-conscious period for many teenagers who manifest the following irrational beliefs identified as follows:

It would be awful if peers did not like me. It would be awful to be a social loser.

I should not make mistakes especially social mistakes.

It is my parents' fault I am so miserable

I cannot help it; that is just the way I am and I guess I will always be that way.

The world should be fair and just.

It is awful when things do not go my way.

It is better to avoid challenges than to risk failure.

I must conform to my peers.

I cannot stand to be criticized.

Others should always be responsible (Walters as cited in Yahaya, 2014:67).

2.2.4 Consequences of Irrational Self Analysis

Rational Self Analysis which emanates from Rational Emotive Behavioural Therapy is based on the assumption or supposition that clients label emotional reactions which are largely caused by conscious and unconscious irrational and self-defeating evaluations, interpretations, expectations and philosophies; thus clients feel anxious or depressed because their belief system strongly convinces them that it is terrible when they fail at something or that they cannot stand the pain or being rejected, unloved or excluded. Therefore, Ellis as cited in Yahaya (2014:65-66) identified twelve (12) irrational ideas that cause and sustain neurosis or hang-up or obsession or phobia among clients. Rational therapy holds that the following are certain consequences of irrational assumptions which have been clinically observed to trigger maladaptive emotions and behaviours:

It is a necessity for an adult to be loved and approved of by almost everyone for virtually everything.

A person must be thoroughly competent, adequate and successful in all respects.

Certain people are bad, wicked or villainous and should be punished for their sins.

It is catastrophic when things are not going the way one would like it to go.

Human unhappiness is externally caused. People have little or no ability to control their sorrows or rid themselves of negative feelings.

It is right to be terribly preoccupied with and upset about something that may be dangerous or fearsome.

It is easier to avoid facing many life's difficulties and responsibilities than it is to undertake more rewarding forms of self discipline.

The past is all important, because something once strongly affected someone's life and it should continue to do so indefinitely.

People and things should be different from the way they are. It is catastrophic if perfect solutions to the grim realities of life are not immediately found.

Maximal human happiness can be achieved by inertia or inactivity or apathy or inaction or living passively and without commitment.

The idea of people not having virtually control over their emotions and that they cannot help feeling disturbed about things.

2.3 The Concept of Cognitive Restructuring

Cognitive restructuring is a structured, goal – directed and collaborative intervention strategies that focus on the exploration, evaluation, and substitution of the maladaptive thoughts, appraisals and beliefs that maintain psychological disturbance. It is a technique for altering negative or self defeating thought patterns by deliberately replacing them with positive, constructive self talk. It is the process of replacing maladaptive thought patterns with constructive thoughts and beliefs. It is a process of challenging a client or patient to alter distorted thought patterns and view self and the world more realistically. It is a change in attitudes, values or beliefs that alters a person’s self – expression. It occurs as a result of insight or behavioural achievement.

Cognitive restructuring refers to any methods which help people to think differently about a situation, event, thought or belief. In a broad sense, this could apply to anything done in (or outside of) a therapy session which promotes cognitive change. It is a concept that involved actively altering maladaptive thought patterns and replacing them with more realistic and constructive thought ([Psychologytools.com/technique-cogni...](https://www.psychologytools.com/technique-cogni...) Retrieved 13th December, 2017).

Cognitive Restructuring is conceptualized as a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts known as cognitive distortions such as spitting, magical thinking, filtering, overgeneralization, magnification and emotional reasoning which are commonly associated with many mental health disorders.

Cuncic (2014) defined cognitive restructuring as a cognitive behavioural technique used to identify and correct negative thinking patterns. The technique involves altering negative

automatic thought that occur in anxiety provoking patterns situations. Since thoughts are challenged and disputed, their ability to elicit anxiety is weakened.

According to Ford – Martin (2014), cognitive restructuring is a psychological therapy which assumes that faulty cognitive or thought pattern cause maladaptive behaviour and emotional responses. The treatment focuses on changing thoughts in order to adjust psychological and personality problems.

Conolly as cited in Rodrigues (2014) stated that cognitive restructuring involves learning how to think differently to change fundamental faulty thoughts and replace it with more rational, realistic and perhaps positive thinking. When people are involved in events, they tend to develop automatic thoughts (a mental interpretation) of the situation. Sometimes the interpretation may be positive and at other times, the appraisal process may be irrational. If and when the irrational or faulty thinking (also called cognitive distortion) is allowed unchecked, it will degenerate into dysfunctional emotions and their resultant behaviour problems like anxiety, depression, stress, to mention but few of them.

Cognitive restructuring was formed on the basis that thinking influences behaviour. It is assumed that event that happen to a person does not cause stress, anxiety, depression or disorder, but the way the individual thinks or feels about the event especially if the individual thinks negatively about the event. Thus, cognitive restructuring is an attempt to help the client to do cognitive analysis or appraisal of his or her thinking. It is also called a cognitive reframing or redesigning because therapists helps in teaching the clients to become more conscious of the fact that they are unconsciously appraising and judging all the various stimulus events that come their

way, and then teach them to consciously take charge of that appraisal process so as to make sure that their conclusions are accurate and free of biases and mistakes.

Cognitive restructuring involves how to think differently to change fundamental faulty thinking and replace it with more rational, realistic and perhaps positive thinking. Sometimes stress can lead a student to elicit a chain reaction of thoughts that starts with a small, simple problem and leads to a full blown anxiety and panic over unrealistic fears. The irrational thoughts if left unchecked can cause or lead to undue anxiety or stress. Cognitive restructuring can help the client in identifying irrational thought or faulty thinking and can also help in disputing irrational or maladaptive thoughts.

Cognitive Restructuring (CR) according to Clark (2013) is the structured, goal – directed and collaborative intervention strategies that focus on the exploration, evaluation and substitution of the maladaptive thoughts, appraisals and beliefs that maintained psychological disturbance.

Asonaba, Antwi and Innocent (2014), said cognitive restructuring which is also known as cognitive reframing is a technique that can help people identify, challenge and alter anxiety provoking thoughts patterns and beliefs.

Asikhia (2014) defined cognitive restructuring as relatively long – term treatment designed to readdress or change clients thinking about events in their lives. That it also strives to change misconceptions, strengthen coping skills, and increase self – control and encourage self – reflection.

Apart from the fore goings, cognitive restructuring also helps in replacing irrational thoughts with more appropriate thoughts. That, it also tends to help client in strengthening self expression that can influence performance.

Therapeutic Approaches or Working Templates of Cognitive restructuring:

In a narrower sense, therapists deliberately use a range of therapeutic approaches designed to promote cognitive restructuring. These approaches or working templates are enumerated and elucidated as follows according to psychologytools.com/technique-cogni... Retrieved 13th December, 2017.

- **Case Formation:** Case conceptualization can promote cognitive restructuring by helping clients to think about their difficulties from a different perspective. For example, some clients find the process of formulation can instill hope by making potential solutions apparent.
- **Psycho – Education:** Learning more about a condition, disorder or process almost by definition promotes cognitive restructuring. For example, learning about typical automatic reactions in trauma (for example, freezing, soiling) can reduce a sense of self – blame and associated blame.
- **Traditional CBT Thought Record:** Thought records help clients to identify Negative Automatic Thoughts, then to identify ant unhelpful thinking styles, then to generate alternative (cognitively restructured) ways of thinking.
- **Behavioural Experiments:** Behavioural experiments can help clients to experimentally test the validity of beliefs which may or may not be unhelpful. They can promote cognitive restructuring by helping clients to uncover evidence which contradicts previously held beliefs.
- **Socratic Questioning:** Guided discovery is used to explore a client’s beliefs. This can promote cognitive restructuring by making explicit belief structures, ideas, and assumptions of which a client may have been unaware.

- Diaries: Diaries or other forms of evidence gathering can generate concrete evidence. This can promote cognitive restructuring by undermine unhelpful assumptions (Psychologytools.com/technique-cogni... Retrieved 13th December, 2017).

2.3.1 Theoretical Bases for Cognitive Restructuring Counselling Technique

The theory of cognitive restructuring was pioneered by psychologists Aaron Temkin Beck and Albert Ellis in the 1960s. Cognitive restructuring therapy is one of the major orientations of psychotherapy and represents a unique category of psychological intervention because it is derived from cognitive and behavioural psychological models of human behaviour that include for instance, theories of normal and abnormal development, and theories of emotion and psychopathology (Adeusi, 2013).

Cognitive restructuring therapy combines cognitive and behavioural therapies and involves changing the way you think (cognitive) and how you respond to thoughts (behaviour). It focuses on 'here and now' instead of focusing on the cause of the issue and breaks overwhelming problems into smaller parts to make them easier to deal with. These smaller parts can be described as thoughts, emotions, physical feelings and actions. Each of these has the ability to affect the other, for instance, the way you think about things can affect how you feel emotionally and physically, and ultimately how you behave.

Cognitive restructuring therapy is based on the principle that individuals learn unhelpful ways of thinking and behaving over a long period of time. However, identifying these thoughts and how they can be problematic to feelings and behaviours can enable individuals to challenge negative ways of thinking, leading to positive feelings and behavioural changes. It is possible for

the therapy to take place on a one – to – one basis, with family members or as a group depending on the issue and how the individual feels most comfortable.

The cognitive component in the cognitive behavioural restructuring psychotherapies refer to how people think about and create meanings about situations, symptoms and events in their lives and develop beliefs about themselves, others and the world. Cognitive restructuring therapy uses techniques to help people become aware of how they reason, and the kind of automatic thoughts that spring to mind and give meaning to things. Cognitive interventions use a style of questioning to probe for peoples' meanings and see this to stimulate alternative viewpoints of ideas. This method is called 'guided discovery' and involves exploring and reflecting on the style of reasoning and thinking, and possibilities of thinking differently and more helpfully. On the basis of these alternatives people carry out behavioural experiments to test out the accuracy of these alternatives, and thus adopt new ways of perceiving and acting. The overall intention is to move away from more extreme and unhelpful ways of seeing things to more helpful and balanced conclusions.

Cognitive restructuring therapy can be useful for dealing with issues such as: anger, anxiety, depression, drug or alcohol problems, eating disorders, obsessive – compulsive disorder, phobias, post – traumatic stress disorder, sexual and relationship problems (James and Winstead, 2015). The emphasis on cognitive or behavioural aspects of therapy can vary depending on the issue at hand. For example, the emphasis may be more towards cognitive therapy when treating depression and the emphasis may be more towards behaviour therapy when treating obsessive compulsive disorder.

Cognitive restructuring therapy is a practical therapy hence it is likely to work best when used in treating a specific issue per time as it focuses on particular problems and how to overcome them. Its sessions may consist of a number of activities, including: Coping skills; Assessments; Relaxation; Challenging certain thoughts; Thought stopping; Homework; Projects and Training in communication (Heron, 2012; Brian and Daniel, 2017).

2.3.2 Processes of Cognitive Restructuring

The following specific processes or steps are used in resolving problems while employing cognitive restructuring counselling technique or therapy, according to James, Winstead and Karen (2013:59).

1. Help clients become aware of precisely what they think when they feel anxious.
2. Write or record in some way those thoughts, so that the client can read them and study the exact words used.
3. Analyze thoughts for errors in thinking. For instance, is the client using 'all' or 'nothing' thinking, comparative thinking ('I am not as good as'), perfectionism or over generalizing.
4. Brainstorm goals to change the client's unwanted behaviour.

SMART Goals:

S = Specific: Clarify and identify steps.

M = Motivating: Self motivating begins with stating the goal as 'I will'.

A = Achievable: It has a time frame and it is realistic.

R = Realistic: The client can succeed.

T = Track able: Change can be measured and progress can be monitored.

5. Break the problem down to workable parts.

6. Analyze possible courses of action by making separate lists of the advantages and disadvantages of pursuing or not pursuing each one.

Prepare a backup plan (Plan B) by going through the same steps as required for the first plan. Have the client take action.

2.3.3 Processes of Thought Recording Strategies in Cognitive Restructuring

Cognitive restructuring has been successfully used to treat several varieties of conditions such as depression, post traumatic stress disorder, addictions, anxiety, social phobias, relationship issues and stress. For instance, it can be used to overcome negative thinking preceding speaking in public or it can be use to think positively before engaging in a difficult conversation. It can also be used to overcome fears of failures or successes.

Winefield (2012) and Ruini (2017), said that there are many methods used in cognitive restructuring which usually involve identifying and labeling distorted thoughts such as all or none thinking, disqualifying the positive, mental filtering, jumping to conclusions, catastrophizing, emotional reasoning, should statements and personalization. While a notable strategy in cognitive restructuring is the process of thought recording which is presented as follows:

Step 1: Calm Yourself

If you are still upset or stressed by the thoughts you want to explore, you may find it hard to concentrate on using the tool. Use moderation or deep breathing to calm yourself down if you feel particularly stressed or upset.

Step 2: Identify the Situation

Start by describing the situation that triggered your negative mood and write this onto the appropriate journal.

Step 3: Analyze Your Mood

Next, write down the mood or moods that you felt during the situation. In this regard, moods are the fundamental feelings that we have, but they are not thoughts about the situation. An easy way to distinguish moods from thoughts is that you can usually describe moods in one word, while thoughts are more complex. For instance, ‘He trashed my suggestion in front of my friends’ would be a thought, while the associated moods might be humiliation, frustration, anger or insecurity.

Step 4: Identify Automatic Thoughts

Now, write down the natural reactions or automatic thoughts you experienced when you felt the mood. In the example above, your thoughts might be:

‘Maybe my analysis skills are not good enough’.

‘Have I failed to consider these things?’

‘He has not liked me since’.

‘He is so rude and arrogant’

‘No one likes me’.

‘But my argument is sound’.

‘This undermines my future with this clique’.

In the foregoing example, the most distressing thoughts (the hot thoughts) are likely to be ‘Maybe my analysis skills are not good enough’ and ‘No one likes me’.

Step 5: Find Objective Supportive Evidence

Identify the evidence that objectively supports your automatic thoughts. For example, you might write the following:

‘Decisions were made, but my suggestion was ignored’.

‘He identified a flaw in one of my arguments’.

Your goal is to look objectively at what happened and then to write down specific events or comments that led to your automatic thoughts.

Step 6: Find Objective Contradictory Evidence

Identify and write down evidence that contradicts the automatic thought. For example, this might be:

‘The flaw was minor and did not alter the conclusions’.

‘The analysis was objectively sound and my suggestion was realistic and well founded’.

‘My friends respect my analysis and my opinion’.

As you can see, these statements are fairer and more rational than the reactive thoughts.

Step 7: Identify Fair and Balanced Thoughts

At this stage, you have looked at both sides of the situation. You should now have the information you need to take a fair, balanced view of what happened.

If you still feel uncertain, discuss the situation with other people or test the question in some other way.

When you come to a balanced view, write these thoughts down. The balanced thoughts for example, might now include:

‘I am good at this sort or genus thing. Other friends respect my abilities’.

‘My analysis was reasonable, but not perfect’.

‘There was an error, but it did not affect the validity of the conclusions’.

‘The way he handled the situation was not appropriate’.

‘People were surprise and a little shocked by the way he handled my suggestion’. (This comment would have followed an informal conversation with other people).

Step 8: Monitor Your Present Mood

You should now have a clearer view of the situation and you are likely to find that your mood has improved. Write down how you feel.

Next, reflect on what you could do about the situation; by taking a balanced view, the situation may cease to be important and you might decide that you do not need to take action.

Create some positive affirmations that you can use to counter any similar automatic thoughts in the future.

The above process was used to intervene for subjects exposed to the cognitive restructuring counselling technique of the study.

2.3.4 Qualities of Cognitive Restructuring

Qualities of cognitive restructuring are enumerated and elucidated as follows:

- I. Empirically based: Cognitive restructuring methods have been shown in controlled studies to provide effective treatment for numerous clinical problems. Cognitive restructuring therapy has been shown to be effective as drug treatment for depression and anxiety disorders.
- II. Goal – Oriented: The cognitive restructuring therapist works with his or her patient to set goals for therapy and to monitor progress periodically to assess whether the goals are being met.

- III. Practical and Concrete: Therapeutic goals focus on solving concrete problems. Typical goals include reducing depressive symptoms, eliminating panic attacks, reducing or eliminating compulsive rituals, reducing hair – pulling, decreasing procrastination at work, improving relationship with others or decreasing social isolation.
- IV. Active: Both patient and therapist play an active role in therapy. The therapist serves as a teacher or coach, teaching the client about what is known about his or her problems and solutions to those problems. The client works outside of the therapy session to practice the strategies learned in the therapy.
- V. Collaborative: Client and therapist work together to understand and develop strategies to address the patient’s difficulties.
- VI. Short Term: Cognitive behavioural therapy is short term whenever possible.

2.4 The Concept of Bullying Behaviour

Bullying behaviour can be regarded as the behaviour of an individual or group of individuals which is repeated over time that intentionally hurts or harms another individual or group of individuals physically or emotionally. It usually entails three elements or characteristics namely; repetition, hurt or harm and unequal power or imbalance of power.

Bullying is an intentional, repeated behaviour by an individual or group of individuals that causes distress, hurt or undue pressure... (And) involves the abuse of power in relationship. Bullying behaviour is about an imbalance of power, about intent to harm and systematic or repeated targeting of a person. Note that the intent to harm in the fore going meaning is the harm that was actually carried out ([https:// learn2bebuddies.wordpress.com...](https://learn2bebuddies.wordpress.com...) Retrieved 16th August, 2018).

Bullying Behaviour is a repeated aggressive behaviour – both direct (such as hitting, kicking, or pushing) and indirect (such as teasing, social exclusion, or spreading rumour) – intended to cause physical and or psychological harm to another individual (World Health Organization, 2012 as cited in Amm, 2014). It could be physical, verbal, social, cyber or electronic, obvious or hidden bullying Behaviour respectively. However, this study focus was on physical and verbal bullying behaviours of secondary school students in Lokoja, Kogi State, Nigeria.

Earnestine (2014) said that in trying to give the meaning of bullying, some authorities consider bullying to be purposeful attempts to control another person through verbal abuse – which can be in tone of voice or in content such as teasing or threats – exclusion, or physical bullying or violence, which the victim does not want. While some authority ties the feature of “peer abuse” and “repeated activity” into the definition of bullying. Others acknowledge single instances and age difference in their definitions of bullying. Bullying occurs in schools, workplaces, in homes, on playgrounds, in the military and in nursing homes. For example, in the article “uncovering the Hidden Causing of Bullying and School Violence” published in *Counselling and Human Development*; Barry K. Weinhold states that bullying is the most common type of violence in contemporary United States society. Although a form of harassment, bullying is considered to be a separate category from sexual harassment.

Fareo (2015) said that bullying is a serious problem for people in the society and Nigeria at large. It is a threat that no school disregards or dismisses. It can have negative consequences on the general school climate and on the right of students to learn in a safe environment without fear. Bullying can also have negative lifelong consequences both for students who bully and for their victims. Therefore, she defined the concept of bullying as a hostile behaviour displayed by

an individual in order to harm another person or group of people. That bullies engaged in the act in order to establish power and control over their colleagues, whom they consider to be weaker world. Bullying, a sub category of aggressive behaviour, is encountered regularly by children and adolescents in the context of schools worldwide. Olweus as cited in Fareo (2015) said that a person is being bullied when he or she is exposed repeatedly and overtime to negative actions on the part of one or more other persons. Negative actions are considered to be when someone purposefully inflicts or tries to inflict injury or discomfort on another person. Negative actions may be both verbal (for example, threatening, degrading, teasing) and non – verbal (for example, hitting, kicking, slapping, pushing, vandalizing property, rude gesture and making faces).

Toscany Academy (2012) stated that bullying is when a person uses their strength or power to frighten or hurt weaker people, it can also be seen as a conscious attempt to control another person through verbal abuse using threats, harsh tones, teasing, among others. It stated further that bullying is most common in schools where the bigger boys frighten and even hurt the smaller boys. With research it has shown that the bullies sometimes are not bigger, are not stronger, they play on the weakness of others, claiming some sort of superiority they wish they had. That the truth about bullies is they are often times weaker inside than those they bully. Going further still, it stated that a lot of factors cause children, adolescents and even adults to bully. These causes are: cultural, institutional, social issues, family issues, personal history, power, provocation causes respectively. That, examples of bullying in schools are: Teasing, abuse, hitting, pushing, making students errand boys, forceful persistent obtaining of students' money, rape, humiliation to mention but few. That, effects of bullying on victims include: It destroys self esteem, creates hatred, and leads to suicide, retaliated violence, aggressive

personality, shyness, nervousness or timidity, vandalism, leads to murder or manslaughter and drop in academic excellence.

U. S. Department of Health and Human Services (2017) said that bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated or has the potential to be repeated over time. Both children who are bullied and who bully others may have serious lasting problems. In order to be considered as bullying, the behaviour must be aggressive and include; An imbalance of power: children who bully use their power – such as physical strength, access to embarrassing information or popularity – to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people. Repetition: Bullying behaviours happen more than once or have the potential to happen more than once. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose.

Sanchez - Vives, Kafania and Eleni (2013), defined bullying as an aggressive behaviour of international “harm doing” which is carried out repeatedly and over time within a personal relationship characterized by an imbalance of power. They submitted that bullying may take a variety of forms including physical and verbal abuse, social isolation and or exclusion.

Bullying behaviour is a persistent and repeated negative action which is intended to intimidate, hurt another person in a weaker position, or the systematic abuse of power (Smith et al as cited in Owoyemi, 2012).

Eweniyi, Adeoye, Ayodele and Adebayo (2013), opined that bullying constitutes a significant threat to the mental, social and physical well being of school children. That it is an old phenomenon and worldwide problem, and has defied several efforts to curtail it.

Townsend, Alan, Chikobvu, Carl and Gary (2012), said that bullying is generally defined as largely unprovoked, negative physical or psychological actions perpetrated repeatedly over time between bullies and victims. They said bullying can lead to fear of school, absenteeism, and stunted academic progress, which in turn are precursors to dropping out of school.

Owuamanam (2015) opined that bullying is a form of aggressive behaviour manifested by the use of force or coercion to affect others particularly when the behaviour is habitual and involves imbalance of power.

Human beings are capable of acts of enormous compassion and kindness, acts which may even involve altruistic or self sacrifice of one kind or another. Even in everyday life we have a striking propensity or inclination or tendency to be supportive to others, to offer comfort and help, to shape our behaviour for the good of the community. But at least some members of our species also display the opposite tendency; a propensity for violence, vandalism and theft, for social disorder. A few are capable of acts of grotesque or ugly cruelty which amount to evil.

Bullying behaviour simply implies hostile, injurious or destructive behaviour or outlook especially when caused by frustration and it covers a wide range of activities including verbal or physical bullying, extreme temper tantrums and fights on the playground, cruelty to animals, vandalism, starting fires, verbal abuse and self mutilation. Individuals with anti social personality disorder are substantially more likely than the average to engage in aggressive, delinquent anti social behaviours. Such behaviours in early childhood are known as conduct disorders. Some

twenty five to forty five percents of children diagnosed with conduct disorder go on to develop anti social personality disorder in adult life. A percentage of these individuals will go on to commit crimes of atrocious callousness – many serial murderers have anti social personality disorder.

Joanne and Kevin (2016) are of the views that, managing the children’s transition from childhood through adolescence to adulthood requires effective adult oversight particularly on going awareness of the child’s friendship network. Parents, who are either unable or not motivated to provide supervision of their child’s friendships during the transition from childhood to adolescence either because of psychiatric illness or impairment from a substance use disorder, provide opportunities for their children to be exposed to high risk social situations. Parental substance use disorder and psychiatric illness are commonly associated with an aversive and stressful home environment that combined with parental dysfunction, promotes the child’s disengagement from the family. Furthermore, it is noteworthy that children of parents with substance use disorder more frequently manifest difficult temperament, externalizing disorders and aggressiveness.

Young children with these psychological features require more parenting resources and more intense parental involvement. These resources may not be available if a parent has a substance use disorder or another psychiatric disorder, thereby augmenting the child’s risk for violence outcome (Joanne and Kevin, 2016). Almost all studies concur that boys are more likely to engage in violent behaviour than girls, even after adjusting for confounding variables. Although, recent findings like that of the National Survey on Drug Use and Health reveals some surprising facts about violent behaviour in teen girls (University of Cambridge, 2014).

Certain kinds of social interactions are especially likely to provoke aggression in humans. Most important among these are frank provocations that include both physical aggression and obstruction and other less direct attacks such as social slights, insults and verbal assaults (Siobhan, 2013). Often these provocations lead immediately to violence but sometimes the violence emerges only after a delay as retaliation for the earlier grievance. In some cases, the delay can be quite long with someone eventually exploding into violence in response to a long festering insult. When retaliation does occur, it is often aimed at the provocateur. However, sometimes it is directed toward an innocent bystander – as for instance, in the case of a parent yelling at his child after being scolded severely by his boss (Siobhan, 2013).

It should be noted that, not all individuals respond to provocation with violence. Some turn the other cheek; some find non violent means of asserting themselves or their privileges. What determines how someone responds? For many years investigators believed that aggression was more likely to come from people with relatively low self esteem on the argument that such individuals were particularly vulnerable to insult and also likely to have few other means of responding. More recent work however, suggests that the opposite is the case; that social provocations are more likely to inspire aggression if the person provoked has unrealistically high self esteem (Siobhan, 2013). Such a person is particularly likely to perceive the provocation as a grievous assault challenging his inflated self image and in many cases, violence will be the result.

Whether someone turns to aggression or not is influenced heavily by culture in which he was raised. Some cultures prescribe violence often through rules of chivalry or gallantry and honour that demand certain responses to certain insults. Gang violence in many United States cities can be understood partly in this way and so can many cases of larger scale violence (for

instance, some of the fighting among the warlords of Somalia). Within the United States, social psychologists described what they call a ‘culture of honour’ in the southern states, a culture that in their views, have features that make it prone to violence (Grosjean, 2014).

They begin with the fact that the homicide rate in South America is reliably higher than in North America and they argue that the difference cannot be attributed to differences in population density, socioeconomic factors, climate or a history of slavery. Rather, they argue that the southern states shares culture that indicates the idea that men must learn to ‘fight or even kill to defend their reputations as honourable men’.

This mention of honour also draws our attention to another issue. For obvious reasons, discussions of aggression usually showcase the evils that aggression can produce and unfortunately these evils are easy to catalog: Shooting in high schools, the devastation of war, the senseless violence of many crimes, the numerous cases of genocide our species have attempted. But we should also add that it is sometimes initiated by motives that are not so dark: The defense of honour or the wish to defeat an awful enemy. It is certainly possible to argue that, even in these cases, the aggression is unacceptable, after all, the position of ‘conscientious objectors’ who refuse military service under any circumstances. Whatever one makes of this moral position, though the psychological point should be clear; aggression can arise from a variety of motives – some of which are obviously condemnable and some are not.

Kendra (2013) opined that the term aggression originated from the Latin word aggression which means attack. But in psychology, the term aggression refers to a range of behaviours that can result in both physical and psychological harm to oneself, others or objects in the environment. He went further to state that the classification and dimensions of aggression

depends on whether the aggression is verbal or physical, mental or emotional. That, types of aggressive behaviours include name calling, gossiping, mockery, shouting, swearing, abusive phone calls, racial or sexual comments, harassment, emotional abuse, hitting, kicking, threatening gestures amongst others. Again, Kendra (2013), said that aggression can serve different purposes such as to express anger and hostility, to assert dominance, to intimidate or threaten, to achieve a goal, to express possession, a response to fear, a reaction to pain and to compete with others. Aggression varies in individuals but can be identified with physical or emotional reactions like sweating, rapid heartbeat, rapid breathing, clenched fists, clenched teeth and jaw, frustration, restlessness and anxiety.

Malcolm (2013:79) described the causes of aggression as follows:

- Medication: Sudden changes in behaviour are sometimes attributed to medication. Both prescription and over – the – counter medications can cause a normally balanced personality to suddenly become both aggressive and somewhat combative. This is especially true with medications that are used to treat depression, schizophrenia, or other types of psychological issues. Some anti – seizure medications may also trigger a sudden increase in aggression.
- Presence of some type of disease or brain disorder: Aggressive behaviour can also stem from the presence of some type of disease or brain disorder. People with autism or some form of mental retardation may exhibit this behavior in spurts, while appearing docile in between explosions of anger. Also, people suffering with epilepsy are more likely to become aggressive. When the individual suffers with Attention Deficit/Hyperactivity Disorder (ADHD), the behaviour may develop out of sheer frustration, especially if the

ADHD has not been diagnosed and the individual has no idea why these sudden moods of aggressive behaviour or conduct occur.

- Aggression can also occur when an individual is recovering from some type of addiction. For example, people who stop using tobacco products often feel agitated and may exhibit short tempers, impatience, and other manifestations of aggressive behaviour as the body goes through withdrawal. When recovery from addiction is the root cause for these tendencies, using some type of medication to calm the body while it adjusts to the new set of circumstances will often soothe the tendency to engage in the negative behaviour and allow the individual to begin enjoying life once more.
- Injuries to the brain can also lead to the development of aggression. Severe trauma on the head that cause the brain to bounce within the skull may lead to bruising that in turn affects the brain's production of different types of neurotransmitters. The end result is that the individual is overcome with intense feelings of anger and is likely to lash out at anyone within relatively close vicinity. Often, the behaviour will fade as the brain begins to heal, especially if medication is taken to help compensate for the imbalance of neurotransmitters.
- Emotional traumas can also lead to fits of anger. The death of loved one, the loss of a job, or the diagnosis of a life threatening illness can often create an emotional imbalance that is partly manifested by bouts of aggressive behaviour. Therapy along with medication can often help move the healing process along, and help the individual recover from the trauma. As the healing progresses, the episodes will likely occur less frequently, while also becoming shorter and less intense.

Jarret (2013) reported that human aggression has been blamed on many things; including broken homes, poverty, racism, in - equality, chemical imbalances in the brain, toy guns, TV violence, sexual repression, sexual freedom, overpopulation, alienation, bad genes and original sin. However, virtually all of these potential causes have one thing in common – unfulfilled human needs and desires.

Gender is a factor that plays a role in both human and animal aggression. Males are historically believed to be generally more aggressive than the females from an early age. There is evidence that males are quicker to aggression and more likely than to express their aggression physically. When considering indirect forms of non – violent aggression like relational aggression and social rejection, some scientists argue that females can be quite aggressive although this is rarely expressed physically.

Eweniyi, Adeoye, Ayodele and Adebayo (2013), were of the view that, bullying behaviour constitutes a significant threat to the mental, social and physical wellbeing of school children. It is an old phenomenon and worldwide problem which has defied several efforts to curb it. Bullying Behaviour occurs mostly among children and adolescents in any setting like workplace, schools and others (Oyewunmi, 2015). During elementary schools, bullying Behaviour is consistently more prevalent among boys than among girls. However, the prevalence in each sex decreases during junior high school and continues to decrease into senior high school. Boys tends to use physical and verbal bullying while girls use more subtle and psychologically manipulative behaviour such as alienation, ostracism and character deformation (Owoyemi, 2013 as cited in Oyewunmi, 2015).

Bullying and other antisocial behaviours are maintained through operant conditioning. Bullying behaviour is defined as aggression which is intended to harm, occurs repeatedly and consists of an imbalance of power, in which a more powerful person or group of persons attacks a less powerful victim. Bullying behaviour affects adolescents psychological well – being and psychosocial functioning. Perpetrators of bullying behaviour are at increased risk of poor school adjustment, worse academic achievement, increased alcohol use and smoking, and higher criminality as adults (Shetgiri, Lin and Flores, 2012).

When explaining anger and aggression in youth diagnosed with bullying behaviour, John and Freberg (2012), stated that most antisocial behaviour is a manifestation of one's personal construct system and the irrational thoughts that emanates from that construct system. They further explained that these personal constructs and irrational thoughts precede the development of anger and hostility, which ultimately contribute to the onset of antisocial behaviour.

Ellis as cited in Yahaya (2014), found that children who engage in antisocial behaviour show distortions and deficiencies in cognitive processes such as generating alternative solutions to interpersonal problems, identifying the means to obtain particular ends or consequences of one's actions including what would happen after a particular behaviour. More examples include deficiencies and distortions in making attributions to others of the motivation of their actions, perceiving how others feel and expectations of the effects of one's own actions. He went further to report that antisocial behaviour is not merely triggered by environmental factors but occurs through the way in which the child perceives and processes the events. The cognitive behavioural therapists have empirically evaluated many interventions for effectiveness in treating anti social behaviour.

Jerrold (2014) reported that the cognitive behavioural therapies comprise about fifty percent of treatment studies on antisocial behaviour that has proved to be effective to a reasonable extent. Bonke (2012) enumerated the features of bullies to include the following: Destructiveness, impulsiveness, aggressiveness, assertiveness, and easily provoked. Others are temperamental, abusiveness, forceful and pushy.

2.5 Theoretical Framework of Bullying Behaviour

The theoretical framework for bullying Behaviour of this study was hinged on the Psychoanalytic theory of Sigmund Freud, the Social learning theory of Albert Bandura, the Cognitive behaviour theory of Aaron Temkin Beck, the Cognitive behavioural theory of Albert Ellis and the Theory of human behaviour of Alfred Adler which were elucidated under the appropriate sub headings as shown below:

2.5.1 The Psychoanalytic Theory

Sigmund Freud the proponent of the psychoanalytic theory was born in Freiberg, Moravia, in 1856 and died in London in 1939. Conversely, he was considered to have belonged to Vienna, where he lived for nearly eighty (80) years. He was the first of his mother's eight children; he also had two half brothers more than twenty (20) years his elder.

Freud graduated from the gymnasium at seventeen (17) years and, in 1873, entered the medical school at the University of Vienna. He became deeply involved in neurological research and did not finish his medical degree for eight (8) years. He never intended to practice medicine because he wanted to be a scientist and devoted his next fifteen (15) years to investigations of the nervous system. But since his salary as a scientific researcher was inadequate to support his wife and six (6) children he had at that time in addition to the anti – Semitism prevalent in Vienna

which prevented him from achieving University advancement, he was as a result felt forced to take up the practice of medicine.

Based on the fore going, Freud decide to specialize in the treatment of nervous disorder; which at that time, not much was known about this particular branch of medicine. He spent a year in France learning about Jean Charcot's use of hypnosis in the treatment of hysteria. He was dissatisfied with hypnosis because he thought its effects were only temporary and the treatment did not get at the centre of the problem. He then studied with Joseph Breuer, learning the benefits of the catharsis (talking out your problems) form of therapy. Freud noticed that his patients' physical symptoms seemed to have a mental base and he probed deeper and deeper into the minds of his patients. His probing revealed dynamic forces at work which were responsible for creating the abnormal symptoms that he was called upon to treat; gradually, he developed in his mind the idea that most of these forces were unconscious and decided to undertake an intensive analysis of his own unconscious forces in order to check on the material he had gathered from his patients. Based on the knowledge he gained from his patients and from himself; subsequently he began to lay the foundations for a theory of personality.

Freud developed his psychoanalytic model of people over five (5) decades of observing and writing. Its major principles were based on the clinical study of individual patients undergoing treatment for their problems. Free association or saying whatever comes to mind became his preferred procedure after he discarded hypnosis. Therefore, psychoanalysis includes theories about the development and organization of the mind, the instinctual drives, and the influences of the external environment, the importance of the family and the attitudes of society. As useful as psychoanalysis was as a therapeutic tool, its impact and value reach far beyond medical applications. It was the only comprehensive theory of human psychology. It was a

theory that proved helpful to parents and teachers in the upbringing and education of children (Hall as cited in Henderson and Thompson, 2015). Although psychoanalytic theory has been modified in some areas, its basic concepts remain unchanged. The fact that almost all counselling theories include some of the basic premises from the psychoanalytic method shows the influence and durability of the theory (Henderson and Thompson, 2015).

Sigmund Freud believed that humans existed in perpetual turmoil. He considered innate drives or instincts as the determining factors in life. To him, a person's behaviour is organized in efforts to satisfy those drives; that mental processes are considered the causal factors of human behaviour. The concept of human nature in psychoanalytic theory assumes two hypotheses namely: Psyche determinism and dynamic unconscious. Psyche determinism implies that mental life is a continuous manifestation of cause – related relationships nothing happens by chance (Merydith as cited in Henderson and Thompson, 2015). Dynamic unconscious implies that some basic needs and impulse are outside a person's awareness. Therefore, mental activity may be kept below the conscious level. The goal of psychoanalytic counselling involves helping a person fulfill their development by understanding human behaviour through investigating that unconscious and inner experience. Counselling levels to catharsis and then leads to the confrontation of the unconscious mind in ways that promote learning, understanding and growth in mental development and coping skills.

Freud viewed people as basically evil and victims of instincts that must be balanced or reconciled with social forces to provide a structure in which human beings can function. That the two types of innate drives are sex and aggression; and to achieve balance, people need a deep understanding of those forces that motivate them to action; he said people operate as energy systems, distributing psyche energy to the id, ego and superego; and that human behaviour is

determined by this energy, by unconscious motives and by instinctual as well as biological drives. That psychosocial events; during the first five (5) years of life are critical to adult personality development.

The concept of unconscious is the foundation of psychoanalytic theory and practice. It is a part of the mind beyond our awareness: Drives, desires, attitudes, motivations and fantasies that exist and exert influence on how people think, feel and behave in the conscious refers to the part of mental activity that we are aware of at any given time. For example, as children grow their conscious minds becomes more logical and realistic. The unconscious mind does not become more mature. The preconscious refers to thoughts and materials that are not readily available to the conscious but can be retrieved with some effort. The subconscious refers to those involuntary bodily processes such as digestion and breathing that have been with the person since birth. Thus, Carl Jung added a concept of collective unconscious which refers to the vast reservoir of inherited wisdom, memories and insights that individuals share with all human kind.

Freud's psychoanalytic theory viewed concept of personality from three (3) perspectives namely: Structural, dynamic and developmental respectively. The structural concepts are id, ego and superego. The dynamic concepts are instinct, catharsis, anti - catharsis and anxiety. The developmental concepts are defense mechanisms and psychosexual stages. Freud believed human behaviour resulted from the interaction of three (3) important parts of the personality: id, ego and superego.

The id contains our basic instincts or drives to satisfy basic needs, including thirst, hunger, sex and aggression. These drives can be constructive and destructive. Therefore, constructive or pleasure – seeking or sexual drives provide the basic energy of life (libido).

Destructive or aggressive drives tend toward self – destruction and death. Life instincts (libido) are opposed by death instincts (Thanatos). Libido motivates someone toward survival and prosperity whereas Thanatos pushes someone toward chaos and destruction. The id working on the pleasure principles exists to provide immediate gratification of any instinctual need, regardless of the consequences.

The ego strives to strike a balance between the needs of the id and the superego. The ego operates out of the reality of the external world and transforms the mental images formed by the id into acceptable behaviour. This reality – oriented, rational processes of the ego are referred to as the secondary process. The ego operating under the reality principles is left with the task of mediating a balance among the demands of the id, superego and reality.

The superego composed of two (2) parts namely: The ego ideal (developed from the child's idea of what parents and significant others thought was good). The superego is in essence, a personal moral standard. It incorporates the standards that have been learned from parents and from society and internalized over time. The superego works to control the id by imposing ideals of right and wrong. Often thought of as the judicial branch of the personality; the superego can act to restrict, prohibit and judge conscious actions.

Freud believed that energy could be directed into three (3) parts of the personality; id, ego and superego. This is the hydraulic element of personality, the stresses, conflicts and dynamic interactions between drives and reality (Luborsky, O'Reilly – Landry and Arlow as cited in Henderson and Thompson, 2015). The more energy that goes into one part, the less energy is available for the other structures. So if strong energy is fed to the id, the person will have less power for the superego to prevent the impulsive action or for the ego to mediate and find a realistic way to satisfy the impulse.

In psychoanalytic thought, the mind contains mental structures that have different aims, content and operations; rather than a unified whole. Some of these dynamic concepts are explained as follows:

Instinct is an inborn psychological representation referred to as a wish that stems from a physiological condition referred to as need. For example, hunger is a need that leads to a wish for food. The wish becomes a motive for behaviour. Life instincts serve to maintain the survival of the species. Hunger, thirst and sex needs are served by life instincts. Freud believed that human behaviour is motivated by basic instincts. Libido is the energy that permits life instincts to work.

Catharsis refers to directing one's libidinal energy toward an object, person or idea that will satisfy a need.

Anti – catharsis refers to the force the ego exerts to block or restrain the impulses of the id. The reality principle or superego directs this action of the ego against the pleasure principle emanating from the id.

Anxiety refers to a conscious state in which a painful emotional experience is produced by external or internal stimulus that is a welling up of automatic nervous energy. Closely akin to fear but more encompassing, is the anxiety that originates from internal and external causes.

Freud believed there were three (3) types of anxiety namely: Reality, neurotic and moral. Reality anxiety results from real threats from the environment. Neurotic anxiety results from the fear that our instinctual impulses from the id will overpower our ego controls and get us into trouble. Moral anxiety results from the guilt a person feel when he or she fails to live up to his or her own standards.

The ego protects itself from heavy pressure and anxiety with defense mechanisms which are patterns of thoughts or behaviours that protect someone from overwhelming anxiety.

Defenses are any operations of the mind that aim toward offsetting anxiety and depression. The healthy, high – functioning ego attempts to cope with anxiety, depression and stress with effective, reality – base, task – oriented, coping skills. When the load becomes too heavy, the ego may resort to defense – oriented coping methods that provide short – term relief but deny or distort reality and generally cause more problems in the long term. People use defense mechanisms to respond to situations that cause them unconscious fears which is called ‘psyche danger’ (Luborsky, O’Reilly – Landry and Arlow as cited in Henderson and Thompson, 2015).

Defense mechanisms are the unconscious distortions of reality that reduced painful affect and conflict through automatic and habitual responses. Defense mechanisms are specific unconscious, adjustive efforts used to resolve conflict and provide relief from anxiety. Some defense mechanisms that are healthy and common in the well – adjusted life include: Affiliation, altruism, anticipation, humour, sublimation and suppression. It can also be primary or higher order defenses. Both types function to protect the ego from anxiety.

Primary defenses are used to ignore the world or wish problems away, such as magical thinking, or believing to wish for something and it will magically happen. Higher order defenses are more sophisticated and may serve to distort reality or focus attention away from the unpleasant. Therefore, primary defenses entails: Identification, projection, rationalization, denial, fantasy, withdrawal, fixation, undoing, acting out and compensation. While higher order defenses include: Displacement, repression and suppression, reaction formation, intellectualization, regression and sublimation.

Freud viewed personality development as a succession of stages, each characterized by a dominant mode of achieving libidinal pleasure and by the pleasure – seeking drives related to specific tasks. Thus, he theorized that the developmental stages of infancy and early childhood

chart human lives in ways that are difficult to change (Encyclopedia of Psychology as cited in Adeusi, 2013). Freud's psychoanalytic theory demonstrates the idea that aggression is an innate personality characteristic common to all humans and behaviour is motivated by sexual drives. According to Freudians, criminal behaviour results from various dysfunctions. This includes faulty egos (in which the individual has problem with learning from experience, coping with frustration and insecurity and assessing social reality). Faulty or inadequate superego (in which the individual does not feel remorse or wrong doing); Deviant superego (where the individual has failed to internalize conventional standards of manners and sees nothing bad in his behaviour) and undeveloped or restraining id (in which the individual allows free outlets for aggressive and sexual drives instead of restraining it by the ego or superego). These imbalances may lead to development of criminal behaviour (violence bullying) or mental illness.

Freud believed that most adult neuroses could be attributed to a fixation developed during one of these stages of early life. The psychosexual stages of development are: Oral, Anal, Phallic, Latency and Genital. According to Freud, there is a crisis which must be worked through at each stage. If the crisis is not properly worked out, the person could become fixated at that stage of development. Fixations are seen in adulthood as child – like approaches to gratifying the basic impulses of the id.

At the oral stage for instance, a child could either be orally aggressive (chewing gum and the end of pencils, etc) or orally passive (expressed in smoking, eating, kissing, or oral sexual practices). Oral stage fixation might result in a passive, gullible or naïve, immature, manipulative personality. In anal stage, fixation at either anal retentive (obsessively organized, or excessively neat) or anal expulsive (reckless, careless, deviant, disorganized) has its repercussion. The consequences of psychological fixation across the other three psychosexual stages are: Frigidity,

aggression, impotence, sexual unfulfilment, unsatisfactory relationships, high or low self esteem, over ambitious. Adolescent behavioural disorder (aggression, hostility, early sexual activity, disorderliness, rebelliousness or deviance, bullying, to mention but few) can evolve from fixation at any of the psychosexual stages of development.

Just as earlier on mentioned, defense mechanisms are psychological strategies in psychoanalytic theory which reveals the role on the unconscious mind to manipulate, deny, or even distort reality. Healthy persons normally use various defenses throughout life (altruism or selflessness, anticipation, humour, sublimation, thought suppression, introjections, and identification). An ego defense mechanism becomes pathological only when its persistent use leads to maladaptive behaviour such that the physical and or mental health of the individual is adversely affected. Displacement and rationalization (making excuses) are examples of defense mechanism that can be found in the adolescent with bullying behaviour.

Displacement is the shift of sexual or aggressive impulses to a more acceptable or less threatening target; redirecting of emotion to a safer outlet; separation of emotion from its real object and redirection of the intense emotion toward someone or something that is less offensive or threatening in order to avoid dealing directly with what is frightening or threatening. An adolescent that experiences frequent abuse, physical or otherwise from parent or caregiver may display such behaviour to his or her mate or junior colleague and this act will be tagged bullying behaviour after consistent repetition.

In psychoanalysis, the relationship is the agent of change. The counsellor is an expert who interprets the client's drives and defenses. Clients are encouraged to talk about whatever comes to mind, a technique known as free association. By their passive and unobtrusive behaviours, psychoanalysts encourage clients to develop transference, reacting to the counsellor

as the client has responded to other people in the past. As therapy progresses, the counsellor takes a more active role in interpreting what has been learned from free association and transference.

Arlow as well as Seligman as cited in Henderson and Thompson (2015) noted three (3) characteristics of a psychoanalyst to include: Empathy, intuition and introspection. Introspection allows the therapist to understand and interpret. Through the psychoanalytic process, the therapists served as a third ear attuned to underlying meanings, symbols, contradictions and important omissions that may point the way to unlocking the unconscious. The goals of psychoanalytic counselling are to help a person achieve a more adaptive compromise between conflicting forces through understanding the nature of the conflicts and dealing with them in a more mature and rational manner. The objectives include increasing self – understanding, improving acceptance of feelings and desires, replacing unconscious defense mechanisms with conscious coping skills and developing relationships.

The goals of psychoanalysis are for clients to (a) resolve their problems so that they can improve their abilities to cope with changes (b) work through unresolved developmental stages and (c) cope more effectively with the demands of society. These goals are reached by exploring unconscious materials, especially as they relates to the relationship between client and therapist.

Change occurs through a course of opening up to self – discovery, finding patterns that interfere in life, unraveling the influence of the past from the present and finding new coping skills. In the opening phase of counselling, free association helps in self – discovery. The second phase includes communicating, understanding, interpreting and analyzing transference and counter transference. In this phase, the therapist and client began to recognized patterns. The third part of therapy allowed the counsellor and client to identify sources of pain in order to

untangle the past from the present. In the final phase of counselling, therapeutic relationship became a place to develop new competence.

The counselling methods using psychoanalysis therapy include indirect interpretation through stories and metaphors techniques that may lead to age – appropriate self – awareness as well as play therapy as a primary method to access emotions and to analyse children’s thinking. The fundamental principles to keep in mind when analyzing children are the following according to Merydith as cited in Henderson and Thompson, 2015:

- Develop a warm and friendly relationship
- Accept the child
- Create an atmosphere of permissiveness in the relationship
- Recognise the child’s feelings and reflect them
- Respect the child’s ability to solve problems
- Allow the child to lead and follow that lead
- Do not hurry
- Use only necessary limits (Merydith as cited in Henderson and Thompson, 2015).

Freudian psychoanalysis includes little formal assessment: Free association is the mirror to the mind and therefore provides a look into unconscious material to be analysed and connected to behaviour. Dream interpretation could also be considered for the assessment of symbolic events in the client’s world. Some analysts may use projective assessment techniques such as Rorschach Inkblot Test in which the client projects thoughts and feelings on pictures and the Thematic Apperception Test in which a person tells a story about pictures. So, projection involves people perceiving in the external environment the emotional qualities and meanings that are actually theirs internally.

The process of psychoanalysis focuses on discovery and recovery. The beginning or opening phase revolves around the reasons for seeking treatment at this time which triggers to current problems and the degree of distress the client is demonstrating. The elements of treatment are building the therapeutic relationship and exploring the client's concerns. The middle phase of psychoanalysis is the working through part in which themes are revisited and explored. The therapist and client increase their understanding of the forces, past patterns and inner conflicts that are causing the client's problems. The analysis of transference and examination of other relationships occurs in the working phase of treatment. In the final phase, the therapist and client agreed goals have been reached, transference is resolved and separation is the next step.

With regards to counselling and development of self in the psychoanalytic theory and therapy, there are six (6) conditions for nurturing and maintaining self – esteem and mental health in children and adults. Self – esteem is a by – product of our productive activity as well as our relationships. It is not a goal that can be attained through self – affirmation activities. Programmes designed to build self – esteem tend to fall short unless the participants take steps to improve their productivity and relationships. These conditions complement the productivity and relationship equation for self – esteem. They are: Belonging, child advocacy, risk management, empowerment, uniqueness and productivity respectively.

The primary goal of counselling within a psychoanalytic frame of reference is to make the unconscious conscious. All the materials in the unconscious was once in the conscious; and once they are brought to the conscious level, repressed materials can be dealt with in rational ways by using any numbers of methods or techniques. Therefore, several methods are used to uncover the unconscious. Detailed case histories are taken, with special attention given to the handling of

conflict areas. Hypnosis, although rejected by Freud, is still been used to assist in plumbing the unconscious. Other methods include analysis of resistance, analysis of transference, dream analysis, catharsis, free association, interpretation, and play therapy, analysis of incomplete sentences, storytelling and bibliocounselling differently. All these methods have the long – term goal of strengthening the ego.

Just as mentioned earlier, love and work are important concepts in Freud’s system. He believed that a quick assessment of mental health could be based on how well people were managing their relationships and careers. This is why object relations theory assumes emotional life and relationships centre on the unconscious images of our earliest and most intense relationships. In other words, object relations theory focuses on how the early family relationships affect the types of relationships formed outside the family. Freud used the word object to refer to people or things used to satisfy sexual or aggressive drives, a means to an end. Object relations theorists stress the importance of the person’s relationship to that object. To avoid loss and abandonment, humans will do whatever they can to maintain connections to love objects. This may be done by looking for others to have relationships that match the idealised earlier ones. So, object relations theory helps therapists understand reasons people continue to have relationships that seem to be maladaptive, perhaps even self – destructive (Luborsky, O’Reilly – Landry and Arlow as cited in Henderson and Thompson, 2015).

The theory of Sigmund Freud shall be justifiably used with the rational self analysis counselling technique in modifying bullying behaviour among secondary school students in the area of study because, it shall assist them to objectively and rationally evaluate their distorted beliefs and irrational thoughts, thereby putting them in a better position to change their unwanted behaviour of bullying to an excellent and well behaved manners.

2.5.2 The Social Learning Theory

Jackson (2017) said that Albert Bandura was a Canadian psychologist recognised for the theory of social cognitive learning and for his theory of personality. That he has made great contributions in the field of education and in many disciplines of psychology; and that in addition, he has had a great influence on the transition from behaviourism to cognitive psychology. That the theory of social cognitive learning attempts to predict how people learn by observing others; and examples would be how students imitate teachers or how a son imitates his father. A 2002 survey classified Bandura as the fourth most cited psychologist in research history behind B. F. Skinner, Sigmund Freud and Jean Piaget. He was undoubtedly one of the most influential psychologists of history.

Jackson (2017) said further that Albert Bandura was born in Mundare, a small town in North Alberta, Canada, on December 4, 1925. That he was the youngest son and only male in the family; and that education in a village as remote as Mundare was very limited and this made Bandura an independent and self – motivated student regarding learning. This condition he had to develop was especially useful in his long career. That Bandura’s parents always encouraged him to venture into projects outside the small village where they lived. Thus, in the summer, after finishing high school, the young man worked in the Yukon, one of the northern Canadian territories, to protect the Alaska Highway from collapse. It was this experience that Bandura was exposed to a subculture where drinking and gambling reigned. This helped him expand his perspective and his views of life.

Jackson (2017) said that Bandura received his B. A. in Psychology from the University of British Columbia, in 1949, and he continued his studies in the United States, at the University of Iowa, which at that time was the epicenter of theoretical psychology. In 1951 he obtained his

master's degree and in 1952 his doctorate. It was in that University, he met Virginia Varns, whom he married and had two daughters. During his years at the University of Iowa, Bandura began to support a style of psychology that sought to investigate psychological phenomena through experimental and repetitive tests; and its inclusion in mental phenomena such as imagination and representation as well as its concept of reciprocal determinism, which postulated the relation of mutual influence between the agent and the environment that marked a radical change in the theory of Behaviourism, which was the dominant for that time. After graduation, Bandura assumed a candidacy for a postdoctoral internship at the Winchita Guidance Centre. By 1953, he began his teaching career at Stanford University, where he remains to these days. That in his early years at Stanford University, he worked alongside one of his doctoral students, Richard Walters. The result of the collaboration was the book "Teenage Aggression" published in 1959; and social learning and personality development published in 1963. Sadly, Walters died as a result of a motor cycle accident while still young. In 1973, Bandura was named President of the American Association of Psychologists (APA) and in 1980 received the Distinguished Scientific Contribution Award. That same year was named President of the Western Psychological Association. He was also a honorary doctor in numerous Universities and in 2008; he was awarded the Grawemeyer Prize for his contributions to psychology.

Bandura developed observational learning theory referred to as social learning theory of personality which is quite different from the S – R learning theory of theorists like John Dollard and Neal Miller. His theory was based on the premise that behaviour is learned and personality can be explained in terms of the cumulative effects of a series of learning experiences. The principles of learning are sufficient to explain development of personality. But his approach differs from other learning theorists on the following points:

Other theories of personality like that of Dollard and Miller are based on neo – Hullian approach which has been rejected by Bandura who emphasize the role of observational learning (cognition) in the development of personality in contrast to strict S – R connections.

Other theorists such as Dollard and Miller borrowed basic concepts from Freudian and neo – Freudian theories and tried to explain them in terms of S – R connections. They tried to develop a rapprochement between learning theory of personality. Conversely, Bandura is anti – Freudian and rejected psychoanalytic theory as an incomplete explanation of behaviour.

Other theorists like Dollard and Miller conducted experiments on animals under controlled conditions in laboratory and developed basic principles of learning which they extrapolated to human life situations and their applicability to human behaviour is doubted. Bandura in contrast to other theorists, conducted experiments on children and his extrapolation from laboratory to real life is less artificial.

Other learning theorists did not take into account the role of observational learning or models in the development of personality, whereas Bandura stress the major role of observational learning in the development of personality. He provided a more balanced synthesis of cognitive psychology with the principles of behaviour modification. According to Bandura, man’s cognitive symbolic functioning is more important in acquiring new behaviours (Chauhan, 2013).

Bandura said that the most fundamental and significant principle of social learning is the principle of reinforcement. That most of our behaviour in social situations is acquired through the principle of reinforcement. The scope of responses acquired through reinforcement is unlimited. He described how aggressive behaviour can be acquired through reinforcement by children. An experiment to that effect was conducted by Cowan and Walters on small children

who are were given “Bobo” clown with a sign saying “Hit me” painted on the clown. It was observed by the experimenters that the rate of responding (hitting) were increased as a result of reinforcement. The experiment further established the fact that partial reinforcement leads to greater resistance to extinction than continuous reinforcement.

Bandura emphasise the importance of reinforcement in situations where a person observes the actions of another person (model) who is reinforced or punished for those actions. He introduced an important type of reinforcement that is known as vicarious reinforcement which refers to the modification of an observer’s behaviour by reinforcement administered to a model which is being observed. An illustration from the experimental studies conducted by Bandura make the concept of vicarious reinforcement very clear or obvious. Nursery school children were exposed to film of adults or live adults behaving aggressively to a large plastic doll. He found that children who were exposed to aggressive model tended to behave toward the doll in the same way and exhibited a large number of precisely matching responses. Such responses rarely occurred for children who were not exposed to models behaving aggressively.

The experiment indicates that children acquire novel responses through vicarious reinforcement by observing the behaviour of the model. This process of learning through imitation is influenced by the nature of the reinforcement given to the model. If we minutely analyse the behaviours of children, adolescents and even adults, we will discover that most of the behaviour is imitated to match the behaviour of the model. Therefore, according to Jackson (2017) models may be categorized into two (2) broad categories or classes namely:

- Real Life Models: Here, we have parents, teachers, friends, and movie stars, sport stars, most successful persons in the society or in the immediate environment.

- Symbolic Models: These include verbal material, pictorial and representation (film and television), written materials, books, magazines and works of art. Both types of models are equally effective in learning.

It is a common experience that what children view and listen to on television and in films, they try to imitate in their real life. Hairstyles, dress, delinquency and conversational styles have been imitated by our adolescents in recent years from films and television. Bandura use another term “self – reinforcement” which operates in observational learning; and in many situations the individual sets a standard for self – reinforcement. Children and adolescents tend to adopt standards of self – reinforcement which matches the standards of the models to which they have been exposed.

Positive reinforcement and reward play an important role in social learning. They develop a tendency to repeat the same responses in future. Bandura studied a number of factors which operate in social learning (observational learning). Few of the variables are given below:

Stimulus Properties of the Model.

- The model’s age, sex, social and economic statuses which are relative to that of the subjects are varied. High status models are more imitated.
- The model’s similarity to the subjects. The more similarity is between the model and the subjects the more imitation occurs (Jackson, 2017).

Type of Behaviour Exemplified by the Model

- Novel skills
- Hostile or aggressive responses
- Standards of self – reward.

Consequences of Model’s Behaviour

Rewarded behaviours of the model are more likely to be imitated.

- Motivational set given to the subjects: Instructions given to the subjects before he or she observes the model provide him or her with high or low motivation to pay attention to and learn the model's behaviour.
- Motivating instructions may be given after the subject views the model and before he or she is tested. This aids in distinguishing learning from performance of imitative responses.

Bandura extensively studied observational learning and made an analysis of the whole process of learning. He emphasized four (4) interrelated sub – processes in observational learning as listed below:

- Attention processes: Attention to the model is the first process in observational learning. The subjects must pay attention to the model in order to learn from the model. Attention is influenced by a number of variables including the past functional value of attention to the model.
- Retention processes: The subjects in order to integrate the behaviour of the model must retain the learning.
- Motoric reproduction of skills: A child or adult may know “cognitively” and roughly what is to be done but nonetheless be relatively unskilled at the performance itself. A considerable motor practice with feedback of results is needed to shape the motor skills. It is known that with some motor skills such as basketball, shooting, driving and dart throwing, covert cognitive rehearsal or imaginary practice can often produce significant improvement in actual performance.

- The role of reinforcement: Bandura treats the anticipation of reinforcement as a motivational factor determining expression of cognition and behaviours learned earlier.

Jackson (2017) explained that the social learning theory of Albert Bandura focused his studies on the learning processes in the interaction between the learner and the social environment. That according to Bandura, behaviourists underestimated the social dimension of human behaviour. Its scheme for acquiring knowledge was reduced to the fact that one person influences another and mechanisms of association occur in the second. In this process there was no interaction. For Bandura, learning according to behaviourism was only a matter of sending packets of information from one individual to another. This was why the psychologist included the social dimension in his theory of learning and the famous social learning theory (TAS). This includes behavioural factor and cognitive factor, two essential components for the understanding of social relations.

Jackson (2017), went further to state that according to the theory of social learning, the so called behavioural patterns of learning are in two different ways: By own experience (or also called direct learning) and through the observation of behaviour in other people (or also called vicarious learning). That the theory of Bandura considers that the behaviour of other people acquires a great influence not only in the learning but in the formation of constructs as well as in the own conduct; for the psychologist, learning by observation is the most common. According to Bandura, behaviours that have a certain complexity can only be learned in two ways: Through example or through the influence of behaviour models. He points out that learning is simplified by introducing appropriate and valid behaviour patterns. In this way the individual will be able to imitate them or feel modeled by them. Bandura's theory of social learning is also known as learning by observation or modeling, since this was the key aspect of the theory. In this learning

theory, the individual was able to learn from observing what another individual does. This model emphasizes that in the human being as an apprentice in continuous formation, the psychological processes are private. However, these originate, in part, from the social.

Jackson (2017) added that the most famous study with which Bandura explained this theory was the experiment of the silly doll. For this study the psychologist used a video recorded by one of his students. In this movie you could see a girl hitting an egg – shaped inflatable doll, which was painted like a clown. The young woman beat him mercilessly with hammers and sat on it. She also shouted aggressive phrases and repeatedly said “stupid”. Bandura showed the video to a group of nursery children, whom he found extremely funny. After the session ended with the video, he took the children to a games room where a new bobo doll and some small hammers awaited them. The immediate reaction was imitation. The children started beating the doll and shouting “stupid” just like the girl in the video they had seen. Although this childlike behaviour would not surprise any parent or teacher, the findings served to confirm something important. The children changed their behaviour only by the process of observation, without the need for reinforcement aimed at performing such behaviour. This was why Bandura called this phenomenon as learning by observation or modeling usually known as a theory of social learning.

Throughout his career, Bandura practiced several types of therapy related to the theory of the personality. One of them was self – management therapy, but the most popular was modeling therapy. This consisted of bringing together two people with similar pathologies. In the process one of the subjects was dedicated to observe the second while he performed an action that would lead him to overcome his problem. The goal is for the former to learn from the latter through a process of imitation.

Jackson (2017) gave the five steps of the modeling process and their explanations as follows:

- Attention: To learn anything, you need to pay attention. Therefore, if there are elements in the learning process that are an obstacle to paying the maximum possible attention, the result will be poor learning. For example if your mental state is not the most appropriate because you are sleepy, hungry or feel bad, your ability to acquire knowledge will be affected. The same thing happens if there are distracting elements.
- Retention: To learn it is necessary to be able to retain (remember or memorize) what we have paid attention to. It is in this process that imagination and language come into play. We keep the scene in the form of mental images or verbal descriptions. We need to be able to use them to reproduce them in our behaviour.
- Reproduction: In this step the individual must be able to decode the archived images or descriptions to serve to change their behaviour in the present. To learn to do something requires a mobilization of behaviour, that is, the person must be able to reproduce such behaviour. But for successful reproduction you need prior knowledge. For example, if you do not know how to skate, watching skating videos will not make you learn. But if you already know how to do it, this visualization will improve your skills. It is important to keep in mind that the ability to imitate behaviours is gradually improving with practice.
- Motivation: To learn, the person in question must have reason to want to do so. This will depend on their ability to focus attention, retain and reproduce behaviours. Of course the motives can be positive, they are the ones that push us to imitate behaviour and negative which are those that push us not to imitate certain behaviour.

- Self – regulation: It is about the ability we have to control, regulate and model our own behaviour. Bandura suggests that there are three steps. The first is self – observation, which is observing our behaviour and taking cues from it. The second is judgement, which is to compare with a desired standard. The third is self – response, which is to punish us or reward us for the judgement obtained.

The principles of observational learning have been applied by Bandura in the development of personality. From the very beginning of a child's life, he or she learns a number of activities through observation of others behaviour. The male child imitates the behaviour of his father and the female child tries to imitate the behaviour of her mother. The model which the child observes in his or her environment plays two (2) important roles in social learning. The first is that the model's behaviour may serve to elicit some responses in the observer that are already in his or her repertoire. This occurs when the behaviour is socially acceptable. Secondly, when the model is performing socially prescribed and deviant behaviour; it has been observed that children may identify with a person whom they dislike, if his or her behaviour is successful.

Bandura studied acquisition of different types of behaviour in children and adolescents. He advanced a new explanation of aggressive behaviour in children and adolescents. He points out that aggressive boys who are punished in home but are rewarded outside the home learn aggression. The tendency to be aggressive outside the home is an instance of acquisition of a discrimination based on the reinforcement history of those boys. He explained further that displacement may or may not occur and if it does occur the precise target for expression of tendency is chosen as a result of a specific reinforcement history in which responses directed towards that target have been directly or vicariously reinforced.

Observational learning plays an important role in personality development. We can learn acquisition of a variety of new responses like aggression, sex and dependency, amongst others from a model; and also the strengthening or weakening of inhibitory responses such as acquiring greater or less fear by observing model's behaviour. Bandura in an experiment demonstrated that observational technique could lessen snake phobia. That observation also stimulates already existing responses in the repertoire of the individual.

As regards the stages in development of personality, he does not postulate continuities and discontinuities in the development of personality like Freudian and other theorists. He emphasized that there are marked differences between individuals in their reinforcement history. Therefore, summarizing the main concept in his theory, it can be said that he has emphasized the role of observational learning through which an individual attempts to imitate the behaviour of the model whose behaviour he or she has observed. He has given more importance to imitation in learning and has specified the conditions under which a child will reproduce the behaviour of a model. He reported that children tended to imitate the behaviour of an adult who controlled and dispensed reinforcements rather than an adult model who competed for reinforcement (Chauhan, 2013).

The justification of using the fore going theory for this study was based on the fact that behaviours are usually learned from models and since they are learned, they can be modified through learning processes. Consequently, the theory was utilized for cognitive restructuring counselling technique in handling bullying behaviours among secondary school students in the area of study.

Judging from another perspective social learning theory disagrees with psychoanalytic theory which believes that humans are innately aggressive and that frustration automatically

leads to aggression. Social Learning Theory is of the view that people learn within a social context. Such learnings are facilitated through concepts which include modeling and observational learning.

According to social learning theory, models are an important source for learning new behaviours and for achieving behavioural change in institutionalised settings (Mae - Sincero (2012), reported that social learning theory is derived from the work of Albert Bandura which proposed that observational learning can occur in relation to three models, namely:

Lives Model – in which an actual person is demonstrating the desired behaviour.

Verbal Instruction – in which an individual describes the desired behaviour in detail and instruct the participant on how to engage the behaviour.

Symbolic – in which modeling occurs by means of the media, including movies, television, internet, literature and radio. This type of modeling involves a real or fictional character demonstrating the behaviour.

There is convincing evidence from Bandura's famous 'Bobo Doll' studies that violent and or aggression, the main ingredient of bullying, is a learned behaviour. People who observe others behaving in aggressive ways (and this includes watching aggression and violence on television, movies and video games) are more likely to demonstrate the aggressive behaviours they witnessed.

The adolescent who witnesses aggressive behaviours at home, such as physical fighting, pushing and shoving, is at an increased risk for developing bullying character. An adolescent with bullying behaviour often live in families in which there is a high level of conflict that takes physical form (Shuttleworth, 2012).

The General Aggression Model (GAM) was a newer framework which is an improvement of the social learning view or perspective. According to this theory, a chain of events that may ultimately lead to overt aggression can be initiated by two major types of input variables namely: situational factors (which are relating to the current situation – some kind of provocation or insult, exposure to other people behaving aggressively either real or in the media) and personal factors (which are relating to people involved – individual differences across people, including traits that predisposes some individual to aggression).

Modern theory of aggression (General Aggression Model) recognizes the importance in aggression of learning; various eliciting input variables, individual differences, affective states, and especially, cognitive processes. In other to correct the consequence of wrong model in individuals, social learning theory put up the technique of cognitive restructuring whereby persons with wrong behavioural patterns were exposed to new behavioural patterns which was aided by demonstration and role play by the therapy. Cognitive restructuring is one of the principles that social learning theory was based on and it simply promotes acting out behaviour to learn and refine old behavioural patterns. That is upholding new and good behaviours to correct old and bad behaviours that are caused by wrong models or vicarious (explicit or shocking or juicy) reinforcement.

2.5.3 The Cognitive Behaviour Theory

According to Andreas (2018), cognitive theory and therapy was developed by an American psychiatrist Aaron Temkin Beck. It was a therapeutic approach that is used to deal with problems relating to cognitive behaviour. That Beck was an American psychiatrist who pioneered research on psychotherapy, psychopathology, suicide, and psychometrics, and developed the cognitive therapy. That he became interested in psychiatry during an internship at

the Rhode Island hospital, where he studied neurology as a specialty. That Beck is considered as the father of cognitive behaviour therapy. Andreas (2018) said that according to Beck, “If beliefs do not change, there is no improvement. If beliefs change, symptoms change. Beliefs function as little operational units”, which means that one’s thoughts and beliefs (schema) affect one’s behaviour and subsequent actions; That Beck believed dysfunctional behaviour is caused due to dysfunctional thinking is shaped by our beliefs decide the course of our actions. That Beck was convinced of positive results if parents could be persuaded to think constructively and to forsake negative thinking. On the basis of this theory, a therapy was devised that could effectively treat a variety of disorders.

Cognitive behavioural therapy is beneficial for treating several psychological, psychiatric and medical disorders. Patients with psychological disorders like uncontrollable anger and compulsive gambling can be treated with this therapy. Psychiatric problems like depression, substance abuse, personality disorders, amongst others, can also be dealt with it. Though most health problems are treated using medications, some of them having a psychological component like obesity, pre – menstrual syndrome, chronic pain, amongst others, are also addressed using this therapy (Andreas, 2018).

Behavioural therapists suggest that depression results from faulty and irrational psychological perception, causing distorted learning and reasoning. This depressive cognition could be a result of traumatic experience or incapability of adaptive coping skills. Depressive people have a negative perception or belief about themselves and their environment. More the severity of one’s negative thoughts more is the severity of depression symptoms. That Beck devised the negative cognitive triad, which includes the following three main dysfunctional belief themes, a depressive person experiences:

- * A depressed person sees himself as inadequate, incapable of success, and always as a victim of circumstances.
- * He considers all past and present experiences through the kaleidoscope of negativity, constantly emphasising on defeats, failures, and a victim in mentality.
- * He envisions the future, just as he interprets the past and present, and sees only despair and hopelessness.

These beliefs focus attention towards negative aspects of life and the way information is processed. As perception becomes more distorted, selective attention is placed in failures and everything is approached negatively. The depressed person maneuvers all his feelings towards hopelessness unconsciously. That in 1961, Beck developed the Beck Depression Inventory (BDI) that has a 21 item scale that uses a Likert scale to determine the severity of depression. It is one of the most widely used scales to measure depression (Andreas, 2018).

He went further to explain that Beck laid major emphasis on understanding and changing core beliefs as an approach to treating depression; by restructuring destructive thinking, he believed that positive changes could be brought in the patient. That he considered the role of a therapist as crucial in the treatment. The therapist involves the patient in setting realistic goals and taking responsibilities for action and thought. By changing thought and perception, a change can be brought in behaviour and emotional responses. A course is outlined to educate the patient on the concept of faulty thinking. New ideas and ways are generated to develop a positive outlook of oneself, experiences and the environment around. Sometimes, home assignments are also given to help the depressed person review and understand the impact of faulty thinking on his behaviour and emotional well – being (Andreas, 2018).

That Beck combined Sigmund Freud's psychoanalysis with his own understanding and observations of schema and developed the cognitive behavioural therapy. That he further developed Beck Scale for Suicidal Ideation, Beck Hopelessness Scale, Beck Anxiety Inventory, and Beck Youth Inventories to help treat all kinds of mental disorders. Today, psychiatrists world wide use his cognitive behaviour theory and various scales to treat patients suffering from depression (Andreas, 2018).

The above used example of depression to explain the cognitive behavioural theory of Beck works is very relevant to this study because bullying behaviour at high level severity causes depression and even suicide ideation, attempt and commitment.

2.5.4 The Cognitive Behavioural Theory

Shamekia (2017) submitted that Albert Ellis was known as the father of cognitive behavioural theory and therapy as well as founder of Rational Emotive Behavioural Therapy (REBT). That Ellis began developing it because he was disappointed with psychoanalysis and did not feel it worked for everyone; that his work was based on how an individual's beliefs strongly affect their emotional functioning and behaviour. That Ellis called these irrational beliefs, because they made people feel depressed, anxious, and angry and led to self defeating behaviours.

Shamekia (2017) said that rational emotive behavioural therapy was a humanistic approach that focuses on our ability to create our own positive and negative emotions. That according to REBT, our belief system impacts whether we achieve success and self – actualisation in our lives. That the goal of REBT was to make changes to irrational thinking patterns, behaviours and emotional responses, using reasonable and rational thinking.

Rational emotive behavioural therapy can be used to treat people affected by disorders such as anxiety, depression and stress. REBT therapist helps clients by disputing irrational beliefs, (the therapist points out how irrational it would be for a client to believe he or she had to be good at everything to be considered a worthwhile person), reframing (situations are viewed from a more positive perspective), problem – solving, role – playing, modeling and humor. The client may also be requested to complete certain exercises at home in order to achieve a life of acceptance (Shamekia, 2017).

According to Shamekia (2017), Ellis and REBT were of the views that irrational beliefs are the source of psychological distress. That any irrational belief stem from a core ‘should’, ‘must’, ‘have to’, or ‘need to’ statement: That Ellis identifies three common irrational beliefs regarding demands about the self, other people or the world. These beliefs are known as the three basic musts, which include the following thoughts:

- * ‘I must do well or else I’m no good’.
- * ‘Other people must treat me fairly and kindly, and if they don’t, they are no good and they deserve to be condemned and punished’
- * I must get what I want when I want it, and I must not get what I don’t want. If I don’t get what I want, I can’t stand it’.

These irrational thoughts can lead to needless suffering. The first belief often leads to anxiety, depression, shame and guilt. The second belief often leads to rage, passive – aggression and acts of violence; and the third belief can lead to self pity and procrastination. The demanding nature of these beliefs causes problems; being less demanding and more flexible in your belief system leads to healthy emotions and helpful behaviours.

Shamekia (2017) went further to state that Ellis developed an ABCDE format to teach people how their beliefs cause their emotional and behavioural responses. 'A' stands for activating events or adversity. 'B' refers to one's irrational belief about 'A'. That belief then leads to 'C', the emotional and behavioural consequences. 'D' stands for disputes or arguments against irrational beliefs. 'E' stands for new effect or the new, more effective emotions and behaviours that result from more reasonable thinking about the original event. Some examples explaining the ABCDE model were given as follows:

- A. Activating event – you fail a big exam.
- B. Belief about the event – you believe, 'I'm not smart enough'.
- C. Emotional and behavioural response – you feel depressed and rip up all of your study materials.
- D. Disputation – you realise that you are not required to always pass every exam.
- E. New effect/emotions and behaviours – you feel disappointed but start studying to do better next time.

OR

- A. Activating event – you fail a big exam.
- B. Belief about the event – you believe, 'I have to pass this exam or my life is over'.
- C. Emotional or behavioural response – you feel anxious and decide to quit school.
- D. Disputation – you realise your existence is not dependent on a test.
- E. New effect/emotions and behaviours – you are concerned about your grade and explore ways to improve it.

The goal of rational emotive behavioural therapy (REBT) was to help people change their irrational beliefs into rational beliefs, and accept their lives and situations. The ABC model

shows that (A) does not cause (C). It is (B) that causes (C). In the first example, it's not the fact that you failed the exam that makes you feel sad and rip up your materials, it's the belief that you're not smart enough that causes sadness. In the second example, it's not the fact that you failed your exam that makes you anxious and quit school, it's the belief that your life will be over if you can't pass the exam that causes the anxiety (Shamekia, 2017).

Epictetus (Stoic philosopher and a major influence on Ellis) says: "What disturbs men's mind is not events but their judgements on events" (Shamekia, 2017). The Albert Ellis 12 typical irrational beliefs and disputing statements are as follows:

1. The idea that it is dire necessity for adults to be loved by significant others for almost everything they do. Instead of their concentrating on their own self – respect, on winning approval for practical purposes, and on loving rather than on being loved.
2. The idea that certain acts are awful or wicked and that people who perform such acts should be severely damned. Instead of the idea that certain acts are self – defeating or antisocial, and that people who perform such acts are behaving stupidly, ignorantly, or neurotically and would be better helped to change. People's poor behaviour does not make them rotten individuals.
3. The idea that it is horrible when things are not the way we like them to be. Instead of the idea that it is too bad, that we had better try to change or control bad conditions so that they become more satisfactory, and, if that is not possible, we had better temporarily accept and gracefully lump their existence.

4. The idea that human misery is invariably extremely caused and is forced on us by outside people and events. Instead of the idea that neurosis is largely caused by the view that we take of unfortunate conditions.
5. The idea that if something is or may be dangerous or fearsome we should be terribly upset and endlessly obsess about it. Instead of the idea that one had better frankly face it and render it non – dangerous and when that is not possible, accept the inevitable.
6. The idea that it is easier to avoid them to face life difficulties and self – responsibilities. Instead of the idea that the so called easy way is usually much harder in the long run.
7. The idea that we absolutely need something other or stronger or greater than oneself on which to rely. Instead of the idea that it is better to take the risks of thinking and acting less dependently.
8. The idea that we should be thoroughly competent, intelligent and achieving in all possible respects. Instead of the fact that we would prefer to do well rather than always need to do well and accept ourself as a quite imperfect creature, who has general human limitations and specific fallibilities.
9. The idea that because something once strongly affected our life, it should indefinitely affect it. Instead of the idea that we can learn from our past experiences but not be overly – attached to or prejudiced by them.
10. The idea that we must have certain and perfect control over things. Instead of the idea that the world is full of improbability and chance and that we can still enjoy life despite this.

11. The idea that human happiness can be achieved by inertia and inaction. Instead of the idea that we tend to be happiest when we are vitally absorbed in creative pursuits or when we are devoting ourselves to people or projects outside ourselves.
12. The idea that we have virtually no control over our emotions and that we cannot help feeling disturbed about things. Instead of the idea that we have real control over our destructive emotions – if we choose to work at changing the “masturbatory” hypothesis which we often employ to create them (Shamekia, 2017).

Walsh (2013) said that cognitive behavioural therapy (CBT) today was an amalgamation of a range of best practice cognitive and behavioural therapies and strategies that have been developed over the last 50 years. That one of the principle founding fathers was Albert Ellis, the pioneering maverick or eccentric who created rational emotive behaviour therapy (REBT).

Walsh (2013), stated further that after 6 years as a psychoanalyst, without any evidence of his patients ‘getting better’, Ellis instead began to put in practice strategies based on his own philosophical theory that, no matter what the situation or event, it is largely how we think about and interpret our problems – (now, today) – that causes our levels of upsettiness and corresponding choice of self, our ‘thinking’ that causes them. He believed that anxious and depressed people have developed distorted thinking and beliefs, which directly cause inappropriate extreme upsettiness and self sabotaging behaviours – but that we can learn to identify and challenge such thinking, and apply new ‘self talk’ and strategies that will help to change it to healthy evidence based thinking. Why? In order to have less

upsettness (to feel good) and more constructive behaviours (living the life we want); and patients started getting better. It worked.

2.5.5 The Human Behaviour Theory

American Society of Adlerian Psychology (2015) said that Alfred Adler was an early associate of Sigmund Freud in Vienna but his revolutionary observations triggered a life of research dedicated to understanding people that he called individual psychology. That Adler's comprehensive theory of human behaviour has resulted in models of practice that have had broad impact on the fields of education, social sciences, family life, psychology and psychotherapy.

That he pioneered ideas and techniques that have become the basis for most contemporary work including cognitive behaviour therapy, reality therapy; solution – focused therapy, rational emotive behaviour therapy, existential therapy, holistic psychology and family therapy, to name but few. Theorists as diverse as Karen Horney, Erich Fromm, Viktor Frankl, Abraham Maslow, Albert Ellis and Aaron Temkin Beck credit Adler's work as an important basis for their own contributions. That Adler was one of the earliest theorists to utilise a short – term, active, focused and solution – oriented approach to psychotherapy. That Adler's work is fundamental to the professions and practices of school psychology, school counselling, the community mental health movement and parent education. As a dynamic and vital view of human development, individual psychology continues to grow and thrive in a changing world (American Society of Adlerian Psychology, 2015).

Contributing to the Adlerian theory, Paul as cited in American Society of Adlerian Psychology (2015), said that Adler in his youth was a sickly child, which caused him embarrassment and pain. These early experience with illnesses and accidents probably account for his theory of organ inferiority and were the foundation for his theories on inferiority feelings.

That according to Adler, each individual has a weak area in his or her body – organ inferiority which tends to be the area where illness occurs, such as the stomach, head, heart, back, lungs, amongst others. That Adler said that to some degree every emotion finds expression in the body. From his understanding of organ inferiority, Adler began to see each individual as having a feeling of inferiority. That Adler wrote, “To be a human being means to feel oneself inferior”. The child comes into the world as a helpless little creature surrounded by powerful adults. A child is motivated by feelings of inferiority to strive for greater things. Those feelings of inferiority activate a person to strive upward so that normal feelings of inferiority impel the human being to solve his or her problems successfully, whereas the inferiority complex impedes or prevents one from doing so.

Paul as cited in American Society of Adlerian Psychology (2015) went further to state that the healthy individual will strive to overcome his or her inferiority through involvement with society. That one is concerned about the welfare of others as well as oneself and develops good feeling of self – worth and self – assurance; while some are more concerned with selfishness than with social interest. They may express this selfishness in a need to dominate, to take and not to give. From these unhealthy responses, the person develops an inferiority complex. A superiority complex is a cover up of for an inferiority complex. They are different sides of the same coin. The person with the superiority complex has hidden doubts about his or her abilities. That Adler developed a theory of personality based upon the under mentioned according to Paul as cited in American Society of Adlerian Psychology (2015):

- * Inferiority feelings and inferiority complex
- * Striving for superiority
- * Style of life

- * Social interest
- * Family constellation
- * Fictional finalism
- * The creative self
- * Masculine protest
- * The interpretation of dreams

Theory of psychotherapy Paul as cited in American Society of Adlerian Psychology, 2015.

2.6 Types of Bullying Behaviour

United States Department of Health and Human Services (2017:29) said that aggressive behaviour maybe bullying depending on what happened, how often it happens and who it happens to. That bullying is unwanted aggressive behaviour among school age children that involves a real or perceived power imbalance. The behaviour is repeated or has the potential to be repeated overtime. Bullying Behaviour includes actions such as making threats, spreading rumours, attacking someone physically or verbally and excluding someone from a group or purpose. It therefore gave four most common types of bullying behaviour as follows:

Verbal Bullying: This is name – calling, sarcasm or mockery, teasing, spreading rumours, threatening, making negative references to one’s culture, ethnicity, race, religion, gender or sexual orientation, unwanted sexual comments.

Social Bullying: This is mobbing, scapegoating, excluding others from a group, humiliating others with public gestures or graffiti intended to put others down.

Physical Bullying: This is hitting, poking, pinching, chasing, shoving, coercing, destroying or stealing belongings, unwanted sexual touching.

Cyber Bullying: This entails using internet or text messaging to intimidate or threaten or frighten or scare, put – down, spreads rumours or make fun of someone.

According to Newfoundland Liberator (2015), bullying is a pattern of aggressive behaviour meant to hurt or cause discomfort to another person. Bullies always have more power than victims. Their power comes from physical size, strength, status and support within the peer group. They opine that, there are three types of bullying, namely:

Physical: A person is harmed or their property damaged. Some examples are: Slapping, hitting, punching, kicking; kicking in a confined space, unwelcomed touching, extortion.

Verbal: A person's feelings are hurt through insults and name – calling. Some examples are: Name – calling, unwelcome teasing, taunting, unkind, hurtful, spreading rumours, gossiping, racist or homophobic comments.

Social: A person is shunned or excluded from groups and events. Some examples are: Excluding from a group, threatening or insulting graffiti, threatening notes, letters, emails, and telephone calls, threatening words, actions or weapons.

Bullying Behaviour may be **obvious or hidden**. Children who are being bullied or are bullying others may: Complain of being poorly treated; Change their behaviour (for example, sleeplessness, loss of appetite, angry outbursts, being sick in the morning, become more aggressive towards siblings). Be unwilling to leave the house, change their route to school or skip school. Come home with torn clothes, unexplained bruises, new clothes or other items or money not accounted for. Talk about responding to others in a way that may result in the school taking disciplinary action. Start doing poorly in school.

The terms harassment and intimidation are sometimes used when referring to bullying situations involving junior and senior high school students. Harassment is any behaviour or comment that is hurtful, degrading, humiliating or offensive to another person. While intimidation is the act of causing fear in order to force or influence someone to do or not to do something.

Some examples of harassment or intimidation are: Name – calling, unwelcome teasing, kicking in a confined space, racist or homophobic slur or disgrace or insult, unwelcome touching, threatening notes, letters, emails; Threatening words, actions or weapons, taunting or unkind, excluding from a group, spreading rumours, threatening or insulting graffiti, stalking or pestering or persecution, extortion.

Harassment according to Einarsen and Raknes as cited in Owoyemi (2012) consist of behaviours that frighten and intimidate the targets, with the behaviours ranging from physical violence to verbal abuse, insults, ridicule and social exclusion.

Victoria State Government: Education and Training (2014:31), said that bullying is a repeated verbal, physical, social or psychological aggressive behaviour by a person or group of persons directed towards a less powerful person or group of persons that is intended to cause harm, distress or fear. It states that there are some specific types of bullying behaviour listed as follows:

Verbal or Written Abuse: Such as targeted name – calling or jokes or displaying offensive posters.

Violence: Including threats of violence.

Sexual Harassment: Unwelcome or unreciprocated conduct of a sexual nature, which could reasonably be expected to cause offence. Homophobic and other hostile behaviour towards students relating to gender and sexuality; Discrimination including racial discrimination – treating people differently because of their identity

Cyber Bullying: Either online or via mobile phone.

It went further to state that, there are some behaviours which although they might be unpleasant or distressing are not bullying.

Mutual Conflicts; which involves a disagreement, but not imbalance of power.

Unresolved mutual conflict can develop into bullying if one of the parties targets the other repeatedly in retaliation.

Single – episode acts of nastiness or physical aggression, or aggression directed towards many different people, is not bullying.

Social rejection or dislike is not bullying unless it involves deliberate and repeated attempts to cause distress, exclude or create dislike by others.

U. S. Department of Health and Human Services (2017) said that there are three types of bullying and these are: Verbal bullying which is saying or writing mean things. Verbal bullying includes: Teasing, name – calling, inappropriate sexual comments, taunting and threatening to cause harm. Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying include: Leaving someone out on purpose, telling other children not to be friends with someone, spreading rumours about someone and embarrassing someone in public. Physical bullying involves hurting a person's body or possessions. Physical bullying includes: Hitting or kicking or pinching, spitting, tripping or

pushing, taking or breaking someone's things and making mean or rude hand gestures. However, this study concerns only the physical and verbal types of bullying behaviours.

The U. S. Department of Health and Human Services (2017) further stated that bullying can occur during and after school hours. While most reported bullying happens in the school building, a significant percentage also happens in places like on the playground or the bus. It can also happen travelling to or from school, in the youth's neighbourhood, or on the internet.

However, this study focuses majorly on physical and verbal bullying behaviours of secondary school students. Hence, physical bullying is when one person or group of people picks on or harasses another person by confronting them face – to – face. It can range from subtle actions to casually degrade the person over time, to a series of more aggressive and direct acts to purposefully hurt the person in a more immediate manner. Examples of physical bullying entails pushing, shoving, kicking, punching, fist fighting or being physically attacked by a gang; in some middle and high schools, students join gangs for personal protection against bullies (<http://nobullying.com>physical-bullying>; Retrieved 10th September, 2016).

Physical bullying is any bullying that hurts someone's body or damages their possessions. Stealing, shoving, hitting, fighting and destroying property are all types of physical bullying. It is rarely the first form of bullying that a target will experience.

Physical bullying is using one's body and physical bodily acts to exert power over peers. Punching, kicking and other physical attacks are all types of physical bullying. Unlike relational and verbal bullying, the effects of physical bullying can be easier to spot.

Physical bullying includes person to person contact. Examples of this include shoving, tripping or dainty, kicking and hitting or striking (<https://www.storyboardthat.com>article>sch...> Retrieved 11th April, 2018).

Verbal bullying is when an individual uses verbal language (such as insults, teasing, to mention but few) to gain power over his or her peers. For example, a less athletically inclined peer may be called nerd or wimp. Unlike physical bullying, by definition verbal bullying is harder to see and stop. It tends to occur when adults are not around to stop it and the effects of it are not obvious or pertinent. Verbal bullying can be very damaging and may have long term psychological effects on the victim. Words alone do have power. While the effects of physical bullying may be more obvious or clear at first, verbal bullying is more insidious or dangerous and over long periods of time works to destroy a child's self image and self esteem. This can lead to depression, anxiety and other problems. In extreme cases, several well noted instances of teen suicide have been linked to prolonged verbal bullying of a classmate or peer.

Verbal bullying should not be treated as kids simply being kids and should be dealt with seriously by parents, teachers and school administrators. In dealing with verbal bullying, the first step is to be aware of what is going on in your child's life so as to be aware of the situation. If you suspect that your child is being bullied, asking questions can help; although you should be aware that children, especially older children, may require a bit more talking to before they can open up about the situation.

Signs to show that your child might be experiencing verbal bullying include an aversion to going to school, drop in grades, sleeping problems, complaints of stomach aches and more. To take control of the situation, the following measures can be implemented:

- Tell the School Administrator: It is important the school administrators are made to be aware of the situation so that they can intervene and monitor the situation. Follow – up with your child and the school regularly to ensure the situation is dealt with.
- Resist Suggestions to Simply Ignore the Bully: Ignoring the bully does not work. It is the responsibility of the student exhibiting bullying behaviours not to bully. The victim should not hide or endure the harassment.
- Have your Child Participate in School Activities (Extracurricular Activities, Community Groups and other Supportive Environments): It is important the victim was not bullied into isolation. Engaging in social activities and having close friends can help a child immensely – both in helping them develop pro – social behaviours and in offering some level of protection against the development of depression, anxiety, amongst others (hello@antibullyingsoftware.com 1(805)372-1776).

Verbal bullying are words directed to a person such as:

- Name calling

- Insults

- Teasing

- Intimidation

-Making homophobic or racist remarks are forms of verbal abuse

(<https://www.storyboardthat.com>article>sch...> Retrieved 11th April, 2018).

2.6.1 Causes of Bullying Behaviour

Earnestine (2014:53) opined that there are a variety of reasons why people bully. Some of them are listed and explained as follows:

Cultural Causes of Bullying: In a culture that is fascinated with winning, power and violence. Some experts suggest that it is unrealistic to expect that people will not be influenced to seek power through violence in their own lives. Researchers point to the World Wrestling Federation (WWF) now World Wrestling Entertainment (WWE) as glorification of bullies in the name of entertainment and point out that the high rate of domestic violence means that many young people grow up expecting that violence is an acceptance way to get what one wants.

Institutional Causes: If the institution at which the bullying behaviour takes place – whether the home, the school, or the workplace – does not have high standards for the way people treats each other, then bullying behaviour may be more likely and or prevalent and have an influence on why people bully.

Social Issues: The fact that one gets more social recognition for negative behaviours than for positive ones can also contribute to reasons why people bully. Situation comedies and reality television as well as real life situations in schools, for example, show that acting out is more likely to get noticed than behaving oneself civilizable and courteously. Jealousy or envy and a lack of personal and social skills to deal with such feelings can also be reasons why people bully.

Family Issues: Families that are not warm and loving and in which feelings are not shared are more likely to have children who bully, either within the family home or in other locations in which the children meet others. Another home environment that is prone to

producing bullies is one in which discipline and monitoring are inconsistent and or a punitive atmosphere exists.

The Bullying Personal History: Children who experience social rejection themselves are more likely to “pass it on” to others. Children who experience academic failure are also more likely to bully others.

Having Power: Some research indicates that the very fact of having power may make some people wish to wield it in a noticeable way, but it is also true that people may be given power without being trained in the leadership skills that will help them wield it wisely. Either situation can contribute to why people bully others.

Provocative victims: people who are annoying and condescending to others and or aggressive verbally, or in other ways that are not picked up by those in authority, may contribute to the dynamic that can be characterized as bullying behaviour by one individual but actually grows out of provocation by another individual.

Unreliable Reports: According to Stevie Einarsen of the University of Bergen in Norway in “The Nature and Causes of Bullying at Work”, that because most reports of bullying behaviour comes from a victim, in case in which there is a provocative victim or the so – called bullying stems from a dispute between the parties or other pre – existing interpersonal conflict. Outside evidence should be gathered before it is concluded that bullying behaviour has taken place.

So, why do people bully? There are many reasons. But one thing is clear regardless of why People bully, any type of bullying behaviour needs to come to an end.

Rostkowski (2012:23) itemized the followings as causes of bullying behaviour:

- Want to get noticed
- They live having power over their peers
- They have problems at home
- Think it is cool and funny
- Aggressive personality
- Lack of adult supervision
- Jealousy
- Revenge
- Take their feelings out on others.

She then explain that, some people bully to get power, they think if you push people around and make them do what you want them to do you will get noticed. They think that they get their name out there that makes them feel cool, they get attention, and they become popular. But some bullies do it just because they like to hurt people and see the victim cry and if the victim has no nerve to respond, the bully has no pity. Most people think if you are popular you can get away with things that they know is not right. Some common causes of bullying behaviour is when kids do not have enough supervision they think they can get away with anything. Another causes is that some people just have an aggressive personality and because they have low self – confidence issues.

Toscany Academy (2012) stated that a lot of factors cause children, adolescents and even adults to bully. These causes are: cultural, institutional, social issues, family issues, personal history, power, provocation causes respectively. That, examples of bullying in schools are:

Teasing, abuse, hitting, pushing, making students errand boys, forceful persistent obtaining of students' money, rape, humiliation to mention but few.

Olweus as cited in Isiaku (2016) said that there are several common suppositions about the causes of bullying behaviour. These include claims that bullying behaviour is as a result of large classes and school size in Nigeria. It is a common phenomenon in both the public and private secondary schools to see large number of students' in classes with insufficient teachers and professional guidance counsellors to carry out effective and efficient supervision of the students and the implementation of the various behavioural management interventions of dealing with students bullying behaviour. The large number of students in the classes of Nigerian secondary schools and the inadequate number of teachers and guidance counsellors to handle effectively these students makes it impossible for the peaceful coexistence and mutual understanding among them. Hence, reason for bullying behaviour tendencies in them.

Ledingham and Richardson as cited in Gulraiz (2017) attributed the cause of bullying to exposure to television and imitation. That, some parents and family members do watch television along with their children at their tender ages. That, whenever force is used to win a contest, these children become impressive and commend the actions which they in turn use as a bases to form the idea that one can use force to get whatever he or she wanted or required to be a societal norms and values as well as something worthy of imitation and practice. That the effect of television on children and their inculcation of bullying behaviour have been well documented or recorded.

2.6.2 Consequences of Bullying Behaviour

United States Department of Health and Human Services (2017), said that bullying behaviour makes people upset. It can make children feel lonely, unhappy and frightened. It can make them feel unsafe and think there must be something wrong with them. Children can lose confidence and may not want to go to school anymore. It may even make them sick. Some people think bullying behaviour is just part of growing up and a way for young people to learn to stick up for themselves. Bullying behaviour can have long term physical and psychological consequences. Some of these include: Withdrawal from family and school activities, wanting to be left alone; shyness, stomachaches, headaches, panic attacks, not being able to sleep, sleeping too much; being exhausted and nightmares. If bullying behaviour is not stopped, it hurts the bystanders as well as the person who bullies others. Bystanders are afraid they could be the next victim. Even if they feel badly for the person being bullied, they avoid getting involved in order to protect themselves or because they are not sure of what to do. Children who learn they can get away with violence and aggression continue to do so in adulthood. They have a higher chance of getting involved in dating aggression, sexual harassment and criminal behaviour later in life.

Bullying behaviour can have effect on learning: Stress and anxiety caused by bullying behaviour and harassment can make it more difficult for kids or brood to learn. It can cause difficulty in concentration and decrease their ability to focus, which affects their ability to remember things they have learned. Bullying can lead to more serious concerns: Bullying is painful and humiliating, and kids or children who are bullied feel embarrassed, battered and shamed. If the pain is not relieved, bullying can even lead to consideration of suicide or violent behaviour (United States Department of Health and Human Services, 2017).

Approximately one in ten children has bullied others and as many as twenty five percent of children in grades four to six have been bullied. A 2004 study published in the Medical Journal of Pediatrics found that about one to seven Canadian children aged 11 to 16 are victims of bullying. Studies have found that bullying occurs once every seven minutes on the playground and once every twenty five minutes in the classroom. In the majority of cases, bullying stops within ten seconds when peers intervene or do not support the bullying behaviour. Students are most vulnerable to bullying during transition from elementary to junior high school, and from junior to senior high school. There is a correlation between increased supervision and decreased bullying. Bullies stop when adults are around (United States Department of Health and Human Services, 2017).

Rostkowski (2012), said that effects of bullying are of short and long terms which she gave as follows: Short term effects of bullying are: Low self – confidence, depression, suicidal thoughts and suicidal attempts, abnormal fears and worries, sleep disorders, nervous habits, frequent crying, bed – wetting, poor appetite or digestive problems, school problems and rage or fury or anger or frenzy. While long term effects of bullying are: Psychological post – trauma disorders, self destructive behaviour, alcohol or substance abuse may result.

Studies have shown that those involved in prolonged and serious bullying of others experience a wide range of mental health, academic and social issues. Several longitudinal studies conducted over twenty years have recognised bullying behaviour in elementary schools as a precursor of violent behaviour later in adolescence and adulthood.

Toscany Academy (2012), said that effects of bullying on victims include: It destroys self esteem, creates hatred, and leads to suicide, retaliated violence, aggressive personality, shyness

or timidity or nervousness, vandalism, leads to murder or manslaughter and drop in academic excellence.

Tambawal and Umar (2017) were of the views in their study that bullying has effects on secondary school students in Nigeria. That bullying in schools in Nigeria was a phenomenon that has serious psychological consequences for victims and these include; low psychological well – being, poor school adjustment, psychological distress and physical illness. They opined that some of the major causes of bullying identified are; defective or wrong – upbringing of children, peer group influence among others. Again, they identified some of the effects of bullying as; fear and tension in victims, refusing to go to the school on the part of the victims amongst others. Thus, they recommended that every secondary school should have anti – bullying policies and to take appropriate measure to stamp it out.

In Lagos State of Nigeria, it was reported by Adeosun, Adegbohun, Jejeloye, Oyekule, Ogunlowo and Pedro (2015) that bullying victimization among students in the secondary schools resulted to a lot of emotional, behavioural and mental health problems. This was why Fareo (2015), said that bullying was a serious problem for people in the society and Nigeria at large. That it was a threat no school disregards or dismisses. That it can have negative consequences on the general school climate and on the right of students to learn in a safe environment without fear. That it can also have negative lifelong consequences both for students who bully and for their victims.

Bonke (2012) carried out a study on bullying behaviour, its associated factors and psychological effects among secondary school students in Osun State, Nigeria. The study examined the prevalence and nature of bullying behaviour among secondary school students and

its psychological consequences as the purposes of the research work. The study adopted the survey design. A sample size of 750 secondary school students were selected through stratified random sampling technique using sex, age and class level as strata from five randomly selected secondary schools in Ile – Ife, Osun State, Nigeria. Information was collected from the students through the administration of an instrument titled “Bullying Behaviour Questionnaire (BBQ). Results showed that the prevalence of bullying among the students was 67.2%. From this, 88.1% had been bullied and 31.1% were bullies. Many students (64.7%) had been bullied in relational (verbal) bullying. Watching violent films (57.7%) and retaliation for being bullied in the past (51.2%) were some of the factors associated with bullying. The bullied students exhibited fear (63.6%) and depression (58.1%).

U. S. Department of Health and Human Services (2017), said there are many warning signs that may indicate that someone is affected by bullying – either being bullied or bullying others. Recognising the warning signs is an important first step in taking action against bullying. Not all children who are bullied or are bullying others ask for help. It is important to talk with children who show signs of being bullied or bullying others. These warning signs can also point to other issues or problems, such as depression or substance abuse. Talking to the child can help identify the root of the problem. Look for changes in the child. However, be aware that not all children who are bullied exhibit warning signs. Some signs that may point to a bullying problem are: Unexplainable injuries; lost or destroyed clothing, books, electronics or jewelry; frequent headaches or stomachaches, feeling sick or faking illness; changes in eating habits, like suddenly skipping meals and binge or splurge or overdo eating. Children may come home from school hungry because they did not eat lunch; difficulty sleeping or frequent nightmares; declining grades, loss of interest in school work or not wanting to go to school; sudden loss of friends or

avoidance of social situations; feelings of helplessness or decreased self esteem; self – descriptive behaviours such as running away from home, harming themselves or talking about suicide. It stated further that, if you know someone in serious distress or danger, don't ignore the problem; get help right away.

That signs of children may be bullying others include: Get into physical or verbal fights; have friends who bully others; are increasingly aggressive; get sent to the principal's office or detention frequently; have unexplainable extra money or new belongings; blame others for their problems; don't accept responsibility for their actions; are competitive and worry about their reputation or popularity; that statistics from the 2012 indicators of school crime and safety – PDF show that an adult was notified in less than half (40%) of bullying incidents. Children don't tell adults for many reasons which it stated to include: Bullying can make a child feel helpless.

Children may want to handle it on their own to feel in control again. They may fear being seen as weak or a tattletale. Children may fear backlash from the children who bullied them. Bullying can be a humiliating experience. Children may not want adults to know what is being said about them, whether true or false. They may also fear that adults will judge them or punish them for being weak. Children who are bullied may already feel socially isolated. They may feel like no one cares or could understand. Children may fear being rejected by their peers. Friends can help protect children from bullying and children can fear losing this support (United States Department of Health and Human Services, 2017).

In school bullying, various individuals and social risk factors have been identified for victimization. These includes low self esteem, disability, physical weakness, shyness or unassertive personality, maternal overprotection, lack of friends at school (Smith et al as cited in Owoyemi, 2012).

Recent Canadian studies on bullying behaviour indicate a connection between bullying and sexual harassment as well as violence in later years (Craig and Pepler as cited in Gundersen, 2012).

Pontzer as cited in Isler (2016) said that the presence of emotional, developmental, or behavioural problems are heavily associated with bullying behaviour. That parental involvement, communication, and relationships with children are associated with bullying. That neighbourhood safety within the community was assessed and that bullying behaviour continues to be a significant problem among adolescents. Almost 1 in 6 adolescents were bullied at various times in 2007 versus 1 in 5 in 2003. Study findings documented that Emotional, Developmental and Behavioural (EDB) problems in children occur more often among bully victims as well as subpar mental health, and parental anger with the child.

Decreased odds of bullying behaviour occur with more parental communication and involvement. It would be useful to further examine these relationships using bullying self – reports by children and adolescents. There have been many studies conducted researching who is most at risk to become a bully. Findings have been mostly inconsistent up to this point but the most common contributors were found to be parental anger, domestic violence, lack of confidence, feelings of shame and child maltreatment, and poor peer relations (Pontzer, as cited in Isler, 2016).

It has also been discussed that children's bullying behaviour was heavily influenced by their intense desire to be accepted by their peers; primarily other children who bully. This motivates them to behave in specific ways in order to elicit the bullies' acceptance. This occurs in both genders; often leading to future anti – social behaviour (Olthof and Goossens as cited in Pronk, 2015).

With the various methods of bullying behaviour that exist today, it has become increasingly harder to control and to protect the victims. Bullying behaviour has been known to cause a life - long psychological effects that may require therapy in order to overcome. In more serious cases, the victims of bullying may choose to take their own lives to escape the pains they are enduring or have endured. The mental health problems caused by bullying behaviour include high levels of depression, anxiety and general social isolation.

There has even been evidence mounting of increased self – harm behaviours, suicidal ideation and prior suicide attempts among bully victims. According to 2011 study conducted by the Centre for Disease Control and Prevention (CDCP), among middle school students, victims of bullying behaviour were 6.6 times more likely to report seriously considering suicide compared to youth who were not bully victims and or who did not bully (Underwood, Rish – Scott and Springer as cited in Padgett and Notar, 2012).

Rivara (2016) said that bullying behaviour was a serious problem among school – age children and adolescents. It has short and long term effects on the individual who is bullied, the individual who bullies, the individual who is bullied and bullies others, and the bystanders present during the bullying event. Bullying can be either direct or indirect and children and youth may experience different types of bullying. He submitted that, bullying behaviour have various consequences. These consequences are: Physical (including neurobiological), mental and behavioural health; academic performance and achievement.

Mounting evidence on bullying in USA and London – UK has highlighted the detrimental effects of being bullied on children’s health and behaviour (Lereya, Copeland, Costello and Wolke 2015). Being bullied makes young people incredibly insecure. When you are being bullied, you can feel constantly insecure and on guard. Even if you are not actively being

bullied, you are aware it could start anytime. It has a big mental and emotional impact – you feel unaccepted, isolated, angry, and withdrawn. You are always wondering how you can escape a bully’s notice (Rivara, 2016). You are also stunted because of the constant tension and because maybe you forego making certain friendships or miss out on taking certain chances that could actually help your development (Rivara, 2016).

The physical health consequences of bullying can be immediate such as physical injury or they can involve long – term effects such as headaches, sleep disturbances or somatization. However, the long – term physical consequences of bullying can be difficult to identify and link with past bullying behaviour versus being the result of other causes such as anxiety or other adverse childhood events that can also have physical effects into adulthood (Hager and Leadbeater, 2016).

In one of the few longitudinal studies on the physical and mental effects of bullying, Bogart, Elliott, Klein, Tortolero, Mrug and Schuster (2014), studied 4,297 children and their parents from three urban locales: Birmingham, Alabama; 25 contiguous school districts in Los Angeles counties, California; and one of the largest school districts in Houston, Texas. Bogart and her team were interested in the cumulative effects of bullying on an individual. They collected data when the cohort was in fifth grade (2004 to 2006), seventh grade (2006 to 2008) and tenth grade (2008 to 2010). Data consisted of responses to the Peer Experience Questionnaire, the Pediatric Quality of Life Inventory with its Psychosocial Subscale and Physical Health Subscale, and a Self – Perception Profile. The Physical Health Subscale measured perceptions of physical quality of life.

Bogart, Elliott, Klein, Tortolero, Mrug and Schuster (2014), found that children who were bullied experienced negative physical health compared to non – involved peers. Among

seventh grade students with the worst – decile physical health, 6.4 percent were not bullied, 14.8 percent had been bullied in the past only, 23.9 percent had been bullied in the present only, and nearly a third (30.2%) had been bullied in both the past and present. These effects were not as strong when students were in tenth grade. Limitations to their study was that physical health was measured by participants' perceptions of their health – related quality of life, rather than by objectively defined physical symptoms. It is critical to understand that their study or other studies assessing correlations between behaviour and events caused the behaviour. Future research might build on their large multisite longitudinal study and obtain more in – depth evidence on individuals' physical health as a consequence of bullying.

In their study of 2,232 twins reared together and separately as a part of the Environmental Risk (E – Risk) Longitudinal Twin Study, Baldwin, Arseneault and Danese (2015), found that children who had experienced chronic bullying showed greater adiposity subsequently, but not at the time of victimization. The study revealed that at age 18, these children had a higher body mass index ($b = 1.11$, [CI 0.33, 1.88]), waist – hip ratio ($b = 0.017$, [CI 0.008, 0.026]), and were at a higher risk of being overweight (OR = 1.80, [CI 1.28, 2.53]) than their non bullied counterparts (Baldwin, Arseneault & Danese 2015). An important future direction for research is to gather more information on physical consequences such as elevated blood pressure, inflammatory markers and obesity in light of work showing effects on these outcomes of harsh language by parents and other types of early life adversity (Danese and Tan, 2014).

Most of the extant evidence on the physical consequences – somatic symptoms in particular – of bullying pertains to the individual who is bullied. The emotional effects of being bullied can be expressed through somatic disturbances, which, similar to somatisation, are physical symptoms that originate from stress or an emotional condition. Common stress or

anxiety – related symptoms include sleep disorders, gastrointestinal concerns, headaches, palpitations and chronic pains. The relationship between peer victimization and sleep disturbances has been well documented (Hunter, Durkin, Boyle, Booth and Rasmussen 2014; VanGeel, Vedder and Tanilon 2014).

For instance, Hunter, Durkin, Boyle, Booth and Rasmussen (2014), examined that sleep difficulties (feeling too tired to do things, had trouble getting to sleep, and had trouble staying asleep) among a sample of 5,420 Scottish adolescents. The researchers found that youth who were bullied (OR = 1.72, 95% CI [1.07, 2.75]) and youth who bully (OR = 1.80, CI [1.16, 2.81]) were nearly twice as likely as youth who were not involved in bullying to experience sleep difficulties. One limitation of the study was that it was based on self – reports, which have sometimes been criticized as being subject to specific biases. Patients with insomnia may overestimate how long it takes them to fall asleep (Harvey and Tang, 2012).

Another limitation was that the study included young people at different stages of adolescence. Sleep patterns and sleep requirements vary across the different stages of adolescence. A recent Meta – analysis based on 21 studies involving an international sample of 363,539 children and adolescents examined the association between peer victimization and sleeping problems. A broader focus on peer victimization was used because of the definitional issues related to bullying. The authors defined peer victimization as “being the victim of relational, verbal or physical aggression by peers” (VanGeel, Goemans and Vedder 2015). Children and youth who were victimized reported more sleeping problems than children who did not report victimization (OR = 2.21, 95% CI [2.01, 2.44]).

Moreover, the relationship between peer victimization and sleep problems was stronger for younger children than it was for older children (VanGeel, Goemans and Vedder, 2015). The

study was based on cross – sectional studies that varied widely on how peers victimization and sleeping problems were operationalised and thus cannot make any claims about causal relations between peer victimization and sleeping problems. Another recent Meta – analysis by Gini and Pozzoli (2013) concluded that children and adolescents who are bullied were at least twice as likely to have psychosomatic disturbances (headache, stomachaches, dizziness, bed wetting, among others) than non bullied children and adolescents (OR 2.39, 95% CI [1.76, 3.24] for longitudinal studies; OR = 2.17, 95% CI [1.91, 2.46] for cross – sectional studies).

There was also evidence of gender differences in the physical effects of being bullied. For example, Kowalski and Limber (2013), examined the relation between experiences with cyber - bullying or traditional bullying (which is bullying that does not involve digital electronic means of communication) and psychological and physical health, as well as academic performance, of 931 students in grade 6 through 12 living in rural Pennsylvania. Students were asked how often in the past 4 weeks they experienced 10 physical health symptoms, with scores across these ten symptoms averaged to provide an overall health index (higher scores equal more health problems). Traditional bullying was defined as “aggressive acts that are meant to hurt another person, that happen repeatedly and that involve an imbalance of power” (Kowalski and Limber, 2013). The authors found that girls who were traditionally bullied reported more anxiety and overall health problems than boys who were bullied (females: M = 1.65, SD = 0.41; males: M = 1.42, SD = 0.38). A limitation of the study was that it was correlation in nature and the authors cannot conclude that being a victim of traditional bullying caused the psychological or physical problems.

Psychological and physical stressors such as being the target of bullying, activate the stress system centred on the hypothalamic – pituitary – adrenal (HPA) axis (McEwen and

McEwen 2015). The role of HPA and other hormones was to promote adaptation and survival, but chronically elevated hormones can also cause problems. Stress has ubiquitous effects on physiology and the brain, alters levels of many hormones and other biomarkers, and ultimately affects behaviour. Therefore, both a general understanding of stress during early adolescence and, where known, specific links between stress and bullying can provide insight into the enduring effects of bullying.

Judd, Schettler, Brown, Wolkowitz, Sternberg, and Fardet (2014), said there is evidence to suggest that cortisol is typically elevated immediately following many types of stress and trauma but blunted after prolonged stress; since the levels of the stress hormone cortisol have been shown to change in targets of repeated bullying, with being bullied associated with a blunted cortisol response.

Kliwer, Dibble, Goodman and Sullivan (2012), reported that among African American urban adolescents, peer victimization was associated with greater sympathetic nervous system (fight or flight reaction) reactivity to a stress task (measured using Salivary α - amylase, an enzyme that increases in saliva when the sympathetic nervous system is activated). In order to test whether in the short - term, bullying produces an increase in cortisol, whereas in the long - term it is associated with a blunted cortisol response (as seen with other types of psychosocial stressors);

Judd Schettler, Brown, Wolkowitz, Sternberg, and Fardet (2014), said a longitudinal study is needed to examine bullying chronicity and regulation of the HPA axis. The importance of the future work notwithstanding, there is evidence to support a finding that when stress becomes prolonged, the stress hormone system becomes hypo - functional and a blunted stress response results (McEwen, 2014). When stress becomes prolonged, the stress hormone system becomes

hypo - functional and a blunted stress response results (Knack, Vaillancourt and Hutcherson 2012a; McEwen, 2014, Vaillancourt, Hymel and McDougall 2013a).

This study used rational self analysis and cognitive restructuring counselling techniques in solving the issue or concern of bullying behaviour among secondary school students in Lokoja, Kogi State - Nigeria.

2.7 Empirical Studies

Bonke (2012) carried out a study on bullying behaviour, its associated factors and psychological effects among secondary school students in Osun State, Nigeria. The study examined the prevalence and nature of bullying behaviour among secondary school students and its psychological consequences as the purposes of the research work. The study adopted the survey design. A sample size of 750 secondary school students were selected through stratified random sampling technique using sex, age and class level as strata from five randomly selected secondary schools in Ile – Ife, Osun State, Nigeria. Information was collected from the students through the administration of an instrument titled “Bullying Behaviour Questionnaire (BBQ). Results showed that the prevalence of bullying among the students was 67.2%. From this, 88.1% had been bullied and 31.1% were bullies. Many students (64.7%) had been bullied in relational (verbal) bullying. Watching violent films (57.7%) and retaliation for being bullied in the past (51.2%) were some of the factors associated with bullying. The bullied students exhibited fear (63.6%) and depression (58.1%).

Egbochuku (2013) executed a study on bullying in Nigerian schools: Prevalence study and implications for counselling with the objectives of examining the neglected demographic variables in addition to establishing the incidence of bullying in schools in Benin City, Edo State. The population of the study consisted of all students in private mission and government schools

in Benin – City. The study used only the junior secondary school 3 (JSS3) students. The subjects were randomly selected from six schools made up of three each of private mission and government schools. Questionnaire tailored after Olweus Questionnaire on bullying was used for data collection of the study. 1002 questionnaires were distributed to the six schools and only 300 were selected from the pool and use for analyses because the others were not adequately completed. The 300 questionnaires used were made up of 150 consisting of 75 boys and 75 girls from private mission schools and another 150 consisting of 75 boys and 75 girls from government schools respectively. The questionnaire consists of seven multiple – choice questions about bullying behaviour and actions taken by pupils. It also contained one open – ended free response question which asked the students what they thought could be done in their schools to stop bullying in their schools.

The investigator had earlier established the psychometric properties of the questionnaire during a preliminary study and obtained 0.65. It was found that 78% of the children have been victims of bullying on at least one occasion and 71% have lashed out at others at least once. However, more boys than girls were found to be both bullies and victims ($X = 18.570$ $P < 0.01$). Boys reported being kicked or hit more than girls ($X = 13.302$ $P < 0.01$). The result shows that it was more common for bullying to take place in the classroom in government schools than in private schools ($X = 43.773$ $P < 0.05$). The result demonstrated significant differences between the schools investigated. However, significantly more private schools reported kicking and hitting taking place in the playground than in the government schools, whereas bullying is more likely to take place in the classroom in government schools. It was recommended that counsellors should play a significant role in combating the patterns of unhappiness and violence out on which much bullying arises; amongst others.

Owoyemi (2012), carried out a study on from school yard to work yard; workplace bullying: An undiagnosed social problem in workplace in Nigeria; with the objectives of creating awareness of a workplace problem that has never been studied in Africa, especially with reference to Nigeria and to critically examine the existing literature on the contemporary phenomena. The underlying epistemological standpoint of the study takes a social constructivist knowledge position which suggests that the subjective meaning motivating peoples' actions are determined by their understanding of the social world and that their realities are socially constructed. This view was based on the assumption that people place different interpretations on the workplace bullying. These different interpretations are likely to affect their actions and the nature of their social interactions with others. It is therefore necessary to understand the subjective reality and be able to make sense of, and understand their actions in a way that may provide deeper insight into workplace bullying. Given this philosophical and methodological position, this was a conceptual study based on past findings, reports and literature. Therefore, the study concluded that research into workplace bullying is broadening our understanding of the concept.

Although much progress has been reported in academic and non – academic research in advanced societies on the understanding of what workplace bullying is, its effects and how to deal with it, it is clear that in Nigeria, much still remains to be done. The study created awareness in an area where no research has been conducted or reported in Nigeria and even Africa. This has shed an updated insight into what is happening in contemporary organization in the Western World for future research.

Ayenibiowo and Akinbode (2017) carried out a study to investigate the psychological effects of bullying on victims of bullying acts using self reported method. Negative Act Scale

was designed and validated to assess experience of bullying among students. Also, Symptom Distress Checklist (SCL – 90) was used to assess manifestations of emotional distress among the respondents. The study was anchored on Social Information – Information Processing Theory. Participants for the study were obtained from both private and public schools in Lagos, including boarders and non – boarders aged between 12 and 19 with mean age of 11. It was hypothesised that bullying behaviour will be more prevalent among boys than girls in both private and public schools. Also hypothesised was that bully victims were more likely to report more psychopathologic tendencies. The result showed higher incidence of bullying among boys than girls. It also shows significant correlations between bullying and all the 10 symptoms of distress investigated. The implication of the study was that there is need for proper monitoring of relationships and activities that occur among secondary school students, to prevent lasting emotional damage that can result from bullying.

\ Adegboyega, Jacob, Uyanne and Jacob (2016), executed a study to examined the relationship between school climate and bullying behaviour among secondary school students in Yagba West, Kogi State, Nigeria. The research design employed for the study was a descriptive survey method of the correlational survey type. The target population consisted of all SSS ii secondary school students in Yagba West of Kogi State. Simple random sampling technique was used to select 300 students as sample for the study. Questionnaire was used to collect relevant data. Frequency counts and percentage was used to describe the demographic characteristics of the respondents. Also, summated mean rating was used to answer the research questions. While the Pearson Product Moment Correlation (PPMC) and the t – test statistical tools were used to test the formulated hypotheses. Finding revealed that there was a significant relationship between school climate and bullying behaviour among secondary school students in Yagba West of Kogi

State. Another finding revealed that there was no significant difference in the bullying behaviour of secondary school students in Yagba West of Kogi State based on gender. Hence, it was recommended that school management should create a conducive environment for students to feel safe and victims of bullying should be encouraged to report and not to be stereotyped. Cases of bullying should also be referred to the school counsellors. This is because bullying is the most common form of violence in schools and reason for the study.

Sanchez - Vives, Kafania and Eleni (2013), conducted a study with the aim of studying the prevalence rates of bullying in preschool children using a multi - method approach in Greece. Participants were 167 preschool children (ages 4 – 6) and 8 classroom teachers. Measures were four forms of bullying: Verbal, physical and relational bullying and rumour spreading. Data were collected through peer nominations, self and teacher reports, and natural observations. Results have shown that the frequencies of bullying episodes vary greatly according to the source of information. Moreover, agreement between informants was either non significant or moderate. This is extremely important when conducting relevant empirical research with preschool populations. It is probable that inconsistent results obtained in previous research may be due to the selection of one or another source of information. It is of primary importance to design methodological tools that are both valid and reliable if prevention programmes against victimizations are to be consistent and effective.

Townsend, Alan, Chikobvu, Carl and Gary (2012), carried out a study with the aim to report rates of bullying behaviour, and to investigate whether bullying behaviour predicts high school dropout in Cape Town, South Africa. Stratified, proportional sampling yielded 39 from a total of 214 schools, from which 40 learners were randomly selected from the combined class list of two, randomly chosen, Grade 8 classes in each of the 39 participating schools. Thus, 1470

learners (from a total of 161018) completed a self – report questionnaire in 1997, and were followed – up in 2001. This report focuses on those learners who had dropped out of school between 1997 and 2001 (n = 776; 55.2%). Univariate and multiple logistic regression models were used to investigate the relationship between bullying behaviours and drop out, controlling for factors known to be strongly related to high school dropout, namely; age, socio – economic status, race, or ethnicity, being raised by a single parent, repeating a grade, and substance use. Odds ratios and 95 percent confidence intervals were calculated, taking the clustering of schools into account. In 1997, 52% of the boys and 37% of the girls had been involved in bullying behaviours. Of the three bullying categories (bully, victim, and bully – victim) girls but not boys in the “bully – victim” category were significantly more likely to drop out of school (OR 1.82; CI 1.09 – 3.04, and when controlling for confounders OR 2.60; CI 1.32 – 5.10). The pervasiveness of both high school dropout and bullying behaviour points to an urgent need for future research and intervention in these areas.

Waasdorp, Bradshaw and Philip (2012), carried out a study on the impact of School - wide Positive Behavioural Interventions and Supports on bullying and peer rejection: A randomised controlled effectiveness trial. The objective of the study was to find out the impact of school – wide positive behavioural interventions and supports (SWPBIS) on school climate and discipline problems to examine the extent to which it affects bullying and peer rejection during the transition into early adolescence. The design adopted for the study was three – level models using hierarchical linear modeling to determine the effect of SWPBIS on children’s involvement in bullying. The study used thirty – seven Maryland public elementary schools. Data involved 12344 children (52.9% males, 45.1% African American, 46.1% white) followed up longitudinally across 4 school years. A randomised controlled effectiveness trial of SWPBIS

intervention was used. The outcome measures showed that reports from teachers on bully – related behaviours were assessed through the Teacher Observation of Classroom Adaptation – Checklist.

The results of analyses indicated that implemented SWPBIS displayed lower rates of teacher – reported bullying and peer rejection than those in schools without SWPBIS. A significant interaction also emerged between grade level of first exposure to SWPBIS and intervention status, suggesting that the effects of SWPBIS on rejection were strongest among children who were first exposed to SWPBIS at a younger age. The results indicated that SWPBIS had a significant effect on teachers’ reports of children’s involvement in bullying as victims and perpetrators. The findings were considered in light of other outcomes for students, staff and the school environment, and they suggested that SWPBIS may help address the increasing national concerns related to school bullying by improving school climate.

Espelage, Basile and Hamburger (2012), executed a study that examined the association between bullying experiences and sexual violence (SV) perpetration among a sample of middle school students (n = 1391; males and females in grades 5 – 8) across five middle schools in a mid – western state. The methods adopted included wave 1 and 2 of a larger longitudinal study that aimed to track the overlap between bullying and sexual violence victimisation and or perpetration across a 3 – year period. Wave 1 data were collected in the spring of 2008, and wave 2 data were collected in the fall of 2008. Student participants completed a series of scales in a paper and pencil survey. After missing data imputation, a total of 1391 students were analysed. The results involved using cutoff scores, 12% of males and 12% of females could be considered bully perpetrators. Thirty – two percent of the boys (22% of girls) reported making sexual comments to other students, 5% of boys (7% of girls) spread a sexual rumour, and 4% of boys

(2% of girls) pulled at someone's clothing. Bullying perpetration and homophobic teasing were significant predictors of sexual harassment perpetration overtime. It was concluded that given the overlap among bullying, homophobic teasing perpetration, future studies should address the link among these forms of aggression so that prevention programmes can be enhanced to address gender – based bullying and sexual harassment.

Klein, Dewey and Timothy (2012), carried out a study that examined whether characteristics of a positive school climate were associated with lower student risk behaviour in a sample of 3,687 high school students who completed the school climate Bullying Survey and Questions about risk behaviour from the Youth Risk Behaviour Surveillance Survey (YRBSS). Confirmatory factor analyses established fit for 20 items with three hypothesised school climate scales measuring (1) prevalence of bullying and teasing; (2) aggressive attitudes; and (3) student willingness to seek help. Structural equation modeling established the relationship of these measures with student reports of risk behaviour. Multi - group analyses identified differential effects across gender and race. A positive school climate could be an important protective factor in preventing student risk behaviour.

Schmidt, Pierce and Stoddard (2016), carried out a study to examine the relationship between neighbourhood collective efficacy and bullying perpetration and sought to determine whether future expectations mediated this relationship. A sample of 196, 7th – grade students (60% females; 27% white) from a Midwestern school completed measures assessing past 30 day bullying perpetration, neighbourhood collective efficacy on bullying was fully mediated by future expectations. Their findings suggested that neighbourhood collective efficacy was associated with lower bullying perpetration by increasing adolescents' expectations for the future. Strong social relationships increase adolescents' perceptions of a positive future. Youth

with more positive expectations of the future may be less likely to participate in bullying if they perceive the possible outcomes of bullying to be negative and an impediment to goals.

Yahaya and Mustapha (2015) carried out a study on the efficacy of client – centred and rational emotive behavioural therapies in reducing bullying behaviour among in – school adolescents in Ilorin, Nigeria. The objective of the study was to find out the efficacy of client – centred and rational emotive behaviour therapies in reducing bullying behaviour among in – school adolescents in the area of study. The study adopted the quasi – experimental design research method using a 3x2 factorial design made up of three (3) row groups (two experimental and one control). Stratified random sampling technique was used to select three secondary schools on the basis of location to prevent experimental contamination. Self – report questionnaire was used to purposively select the participants. The primary dependent variable was bullying behaviour and respondents with high scores on bullying items and low scores on victimisation items were selected to participate in the treatment. The findings revealed a significant reduction in the bullying behaviour of the in – school adolescents exposed to experimental treatments. Client – centred therapy (CCR) produced significant reduction in the bullying behaviour among the in – school adolescents, and rational emotive behaviour therapy (REBT) produced significant reduction in the bullying behaviour of the in – school adolescents. It was recommended that CCT and REBT procedures should be employed in modifying bullying behaviours.

Abdu (2015) conducted a study to examine the effects of rational self analysis and cognitive restructuring counselling techniques on retirement anxiety among academic staff of tertiary institutions in Katsins State. The objectives of the study amongst others are to determine how rational self analysis and cognitive restructuring counselling techniques can effectively

tackle retirement anxiety among academic staff of tertiary institutions in Katsina State and to determine which technique among the two is most effective in reducing retirement anxiety. Based on the five stated objectives of the study, five research questions and null hypotheses were formulated, tested and analysed using mean, standard deviation, t – test and analysis of variance. The research design used for the study was quasi – experimental design using pretest – posttest. 1225 academic staff formed the population out of which 24 are experimental group and 12 formed a control group constituted the sample size of the study using stratified random sampling technique.

The study used retirement anxiety scale to collect data, which was a five point Likert scale used for the identification of the treatment subjects. The treatment groups of the study were rational self analysis and cognitive restructuring groups as well as one control group that was not expose to treatment. Validity and reliability of the retirement anxiety scale was established at Cronbach’s alpha score of more than 0.8 which was considered good. Mean and standard deviation, t – test and ANOVA were used to analyse the data from the stated null hypotheses at 0.05 level of significance.

The results showed that both counselling techniques were effective in reducing retirement anxiety among academic staff of tertiary institutions in Katsina State. The academic staff that were exposed to rational self analysis and cognitive restructuring counselling techniques had their retirement anxiety reduced significantly with ($f = 23.631$, $p = 0.000$) compared to the subjects who were not exposed to any form of treatment. Significant difference does not also exist in male and female exposed to rational self analysis with ($t = 1.467$, $p = 0.173$). Likewise, significant difference does not exist between male and female academic staff exposed to cognitive restructuring with ($t = 1.949$, $p = 0.080$). Significant difference does not exist on the

basis of years of experience of those exposed to rational self analysis with ($f = 1.062$, $p = 0.418$), and significant difference does not exist on the basis of years of experience in reducing retirement anxiety of those exposed to cognitive restructuring with ($f = 0.533$, $p = 0.479$). The study recommended among others that counsellors, psychologists, educational psychologists, teachers and heads of institutions should be trained on the effects of rational self analysis and cognitive restructuring counselling techniques on reducing retirement anxiety among academic staff of tertiary institutions. This study was reviewed because of the dual counselling techniques involved as well as anxiety which was a negative consequence of bullying behaviour.

Mujtaba (2016) carried out a study to examine the effects of cognitive restructuring and social skills training counselling techniques on avoidant personality disorder among secondary school students in Kano Metropolis. The study was a quasi – experimental design involving pretest posttest control group design. The population of the study consists of senior secondary school two students in Kano Metropolis who exhibited avoidant personality disorder. Three male and three female senior secondary schools, making six schools, twelve from each school, were sampled and put into 3 experimental groups (cognitive restructuring, social skills training and control group).

Each group consists of 12 male and female students. APD test (DSM – 5) was used for data collection in the study. Each treatment group, either CR or SST, received treatment for 12 consecutive weeks (3 minute a week) counselling sessions. Seven research questions and seven null hypotheses were formulated and the hypotheses were tested at 0.05 alpha levels of significance; while standard deviation and t – test for independent sample were used to analyse the data collected. Also ANOVA was used on the pretest results to confirm that there was no significant difference in the level of APD among the groups. The results indicated that CR

counselling technique had effects in the reduction of APD ($t = 8.086, p = 0.000$). SST counselling technique had effects in the reduction of APD ($t = 8.884, p = 0.000$). There was no significant differential effect based on the techniques between CR and SST ($t = 0.617, p = 0.540$). There was a significant differential effect based on gender in the CR treatment in favour of male ($t = 0.14, p = 0.006$); while there was no significant effects based on gender in SST ($t = 0.309, p = 0.760$). Based on the findings of the study, the researcher recommended among others:

A structured treatment package of the two techniques (CR and SST) used in this study should be used by the school counsellors in conjunction or isolation for the treatment of APD among students. CR and SST counselling techniques could be used in the treatment of APD in both school and clinical settings. CR and SST counselling techniques should be designed and incorporated into national curriculum of secondary schools; and lastly, gender differences of the clients should be considered when structuring and implementing CR and SST counselling techniques in the treatment of APD.

Eweniyi, Adeoye, Ayodele and Adebayo (2013), conducted a study to examine the influences of class types and religions on the effects of Contingency Management and Cognitive Self – Instruction on bullying behaviour among secondary school students in Ogun State, Nigeria. The population for the study consisted of bullies in public secondary schools in Nigeria schools. Stratified random sampling technique was used to select three schools while purposive sampling was used to select the participants. The study adopted a 3x2x2 pretest and posttest experimental research design consisting of two treatment groups and one control group. Each of this group has 40 participants each, while six participants did not complete the study.

Adolescent Peer Relation Inventory (APRI) was the instrument used for data collection and a total number of one hundred and fourteen students fully participated. Analysis of

Covariance (ANCOVA) was used to analyse the three hypotheses formulated at 0.05 levels of significance. Results revealed a significant effect of cognitive self – instruction, contingency management on bullying behaviour ($f_{2,101} = 6.444; p < 0.05$). Cognitive self – instruction was found to be more effective ($MD = 7.754$) than Contingency management ($MD = 5.503$). The study also revealed that the combination of class type and religions of the students did not interact with the effect of the two treatments ($f_{2,101} = 2.379; p > 0.05$) did not affect bullying behaviour. Lastly, religion and class type collectively ($f_{1,101} = 0.04; p > 0.05$) did not affect bullying behaviour.

Based on these findings, it was recommended that psychologists, counsellors, parents, teachers and social workers should use these treatments packages in controlling bullying behaviour among secondary school students. Also, the government should sponsor seminars or workshops for school counsellors and educational psychologists on how to use cognitive self – instruction and contingency management techniques in controlling bullying behaviour. Finally, government should make policy that each school (private or public) should have a counsellor in the school so as to checkmate it among students.

Adeosun, Abosede, Adebayo, Olufemi, Oyewale and Adunola (2015), conducted a study aimed to determine the association between bullying victimization (being bullied) and the presence of emotional and behavioural problems among secondary school students in Lagos, Nigeria. The study used cross – sectional descriptive design; secondary school students ($n = 412$) completed the Strength and Difficulty Questionnaire (SDQ) and the Violence and Injury Module of the Global School Based Health Survey Questionnaire were used to assess mental health problems and bullying victimization respectively. From the results of the study, the mean age of the participants was 15.9 (± 1.3) years, and 58.9% were males. More than half (56.8%) of the

sample had been victims of bullying in the past months. Males experienced significantly higher rates (63.4% Vs 47.4%) of bullying than females ($p = 0.002$). Bullying victimization was significantly associated with the presence of emotional problems ($p = 0.005$), conduct problems ($p < 0.001$), hyperactivity problems ($p < 0.001$) and mental health problems/total SDQ difficulties scores ($p < 0.001$). On regression analysis, bullying victimization was predictive of conduct problems ($p < 0.001$, OR = 8.38, 95% CI = 3.87 – 18.14), hyperactivity ($p = 0.002$, OR = 10.20, 95% CI = 2.32 – 44.8), emotional problems ($p = 0.015$, OR = 1.683, 95% CI = 1.11 – 2.56) and mental health problems ($p < 0.001$, OR = 3.164, 95% CI = 1.838 – 5.444). Based on the findings of the study highlighted, it was recommended that there was the need for interventions to prevent and combat bullying as well as to facilitate prompt referral of victims for appropriate mental health assessment.

Isiaku (2016) conducted a study that examined the effects of self – management and social skills counselling techniques on bullying behaviour among secondary school students in Katsina State. The study has five objectives and based on it, research questions and hypotheses were raised to guide the study. Quasi experimental design involving pretest and posttest control group procedures was adopted for the study. The target population of the study was one hundred and eighty (180) school bullies identified from a total of thirty thousand three hundred and ninety two (30,392) secondary school students of three public secondary schools in Katsina metropolis. Purposive sampling technique was used in selecting thirty six (36) bullies to participate in the study. It was this number of bullies that were assigned to the treatment groups and the control group.

A researcher's developed questionnaire titled "Students' Bullying Behaviour Questionnaire (SBBQ)" was used for data collection. The instrument was validated in Funtua

senatorial district using sample of students drawn from Funtua and Malumfashi secondary schools, to established face and content validity for the instrument. The reliability of the instrument was 0.70. Out of the stated five hypotheses of the study, three were rejected and two were retained using t – test and ANOVA as the statistical tools used for data analysis. Both self – management and social skills counselling techniques were found to have effects on bullying behaviour of both male and female school bullies. Based on the findings, it was recommended that counsellors could use self – management and social skills counselling techniques for influencing positive behaviour change among school bullies.

Yahaya (2014), conducted a study to analysed the effectiveness of cognitive restructuring (CR) and rational emotive counselling (REC) techniques in remediating proneness to violent behaviour among secondary school students in Katsina metropolis. Four hypotheses were raised for the study. The research design employed was pretest posttest quasi – experimental classification with three levels of treatment. A sample size of 120 subjects was purposively drawn from a population of 18,814 students from secondary schools in Katsina State Ministry of Education. The instrument used for data collection was an adapted version of the Violence Proneness Scale (VPS). The statistical tool used for the analysis of data for the study was t – test. The results of the study revealed that there is an observed difference in the effectiveness of the treatment groups in remediating proneness to violent behaviour amongst others. Based on the findings of the study, one of the recommendations offered was that rational emotive counselling technique should be best utilised in remediating proneness to violent behaviour among both male and female students as it has proven most efficient.

Owuamanam (2015) executed a study that investigated the prevalence of bullying among secondary school students in Ondo State, Nigeria. The sample consisted of 600 students selected

through multistage sampling technique from secondary schools in the state. A structured questionnaire that sought information on the subjects' involvement in bullying was used. Validity and reliability of the instrument were ensured through content validity and test – retest reliability techniques respectively. The results of data analysis on the experience and manifestation of bullying showed that less than half of the sample (28%) had experienced bullying; while 42% had bullied other students. It also revealed that emotional form of bullying was most experienced and that boys had experienced and manifested bullying more than their female counterparts. The results point to the need for violence prevention programmes in schools.

Adeusi (2013), conducted a study on the efficacy of cognitive restructuring and behavioural rehearsal on conduct disorder in adolescents in special correctional centres in Lagos State. The objectives of the study amongst others was to identified the causes of conduct disorder as well as to determined its consequences on the healthy future for both individuals and the nation at large. The study adopted an experimental research with 3x2x3x3 factorial design. The independent variables of the study are cognitive restructuring and behavioural rehearsal and control group. The intervening variables are gender, socio – economic status and parenting styles; while the dependent variable was conduct disorder. The sample size of the study was 90 adolescents which were purposively selected and were randomly assigned into the experimental and control groups.

Conduct Disorder Scale, Socio – Economic Scale and Parenting Scale were the three instruments used for the study. Eight hypotheses were raised and tested for the study at 0.05 levels of significance. Data for the study were collected through administered pre and post tests to the participants. The collected data were analysed using both the descriptive and inferential

statistical methods. The study revealed that there was no significant difference in the prevalence of paternal and maternal parenting styles amongst others. Based on the findings of the study, recommendations were proffered.

Abayomi (2013) observed that change in attitude is peculiar to all individuals that desired it and that members in a group setting respond to treatment and goals as one, regardless of any external variables. Thus, a therapy facilitated the change in the way participants think. Cognitive restructuring counselling technique is a popular treatment approach for children exhibiting disruptive and aggressive behaviour. The extent to which these procedures used alone or within a multi component treatment framework, modify aggressive and disruptive behaviour is still somewhat ambiguous. Thus, analysis of their actual efficacy is necessary. Some studies have found that cognitive restructuring decreases disruptive behaviour according to teacher reports. While other studies have found that cognitive restructuring has limited effects.

A study investigated the effectiveness of mentoring and cognitive restructuring in the modification of adolescent aggression among selected senior secondary school students in Lagos state, Nigeria. The findings revealed that mentoring was more efficacious than cognitive restructuring in the modification of aggressiveness in adolescent students. The study utilized survey research design to the baseline data while the second phase was a quasi experimental pretest posttest control group design. It was hypothesised that there will be no significant difference in posttest treatment aggression between adolescent students treated with cognitive restructuring and those exposed to mentoring. Through multistage sampling technique, a total of four hundred and twenty adolescents were drawn from six senior secondary schools in Lagos state, Nigeria; and they provided baseline data for the study. However, the final sample consisted of ninety four (forty seven male and forty seven female) adolescents identified as aggressive.

Aggression Questionnaire, Assertiveness Schedule and Multidimensional Peer Victimization Scale were adapted by the study and used to collect the relevant data which were analysed using Analysis of Covariance (ANCOVA) technique (Bassey, Peter and Omazagba, 2014).

2.8 Summary

Rational Self Analysis is an independent methodological objective attempt to study and comprehend one's own personality, emotions and behaviours. It is an evaluation of one's own thoughts and behaviours. It is referred to as the analysis of one's own personality without the help of another (Editors of the American Heritage Dictionaries, 2016; Houghton, 2014; Love To Know Corporation, 2017).

Rational Self Analysis is a technique based on the idea that many psychological problems are ultimately derived from cognitive errors especially regarding oneself, the world and future (Boeree as cited in Abdu, 2015).

Cognitive restructuring refers to any methods which help people to think differently about a situation, event, thought or belief. In a broad sense, this could apply to anything done in (or outside of) a therapy session which promotes cognitive change. It is a concept that involved actively altering maladaptive thought patterns and replacing them with more realistic and constructive thought (Psychologytools.com/technique-cogni... Retrieved 13th December, 2017).

Cognitive Restructuring is conceptualized as a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts known as cognitive distortions such as spitting, magical thinking, filtering, overgeneralization, magnification and emotional reasoning which are commonly associated with many mental health disorders.

Bullying behaviour is a form of persistent aggressive behaviour against victims who are unable to defend themselves and which can cause distress to victims. It can be carried out by one person or a group of people and it is usually repeated against a particular victim. The victims usually cannot retaliate effectively because they are physically weaker, psychologically less confident or simply outnumbered. It could be physical or verbal bullying behaviour respectively.

Authorities or scholars such as David in Dunn (2015), Richard (2015), Harvey and Kenneth (2012), Cuncic (2014), Ford – Martin (2014), Clark (2013), James and Winstead (2015), Brian and Daniel (2017), United States Department of Health and Human Services (2017), Earnestine (2014), Rivara (2016), Spear (2013), Romeo (2015), Hager and Lead -beater (2016), to mentioned but few of them; they have all wrote on the concepts of rational self analysis, cognitive restructuring, bullying behaviour and its types, causes as well as consequences, theoretical bases of the concepts differently; both at national and international levels respectively.

Empirical studies on bullying behaviours and techniques of treatment carried out by Tambawal and Umar (2017), Owuamanam (2015), Omoniyi (2013), Yahaya (2014), Isiaku (2016), Sanchez - Vives, Kafania and Eleni (2013), Adeusi (2013), Bonke (2012), Egbochuku (2013), Owoyemi (2012), Adegboyega, Jacob, Uyanne and Jacob (2016), to list but some of them; were reviewed. They used various techniques, research designs, population and samples, instruments and methods of data analyses in handling the psychosocial issue.

All the reviewed literatures and empirical studies cannot in any way replaced this present study because of its uniqueness in terms of techniques or interventions adopted, population and

sample size as well as the location of the study which are completely different from the reviewed ones.

For example, Bonke (2012) carried out a study on bullying behaviour, its associated factors and psychological effects among secondary school students in Osun State, Nigeria. The study examined the prevalence and nature of bullying behaviour among secondary school students and its psychological consequences as the purposes of the research work. The study adopted the survey design. A sample size of 750 secondary school students were selected through stratified random sampling technique using sex, age and class level as strata from five randomly selected secondary schools in Ile – Ife, Osun State, Nigeria. Information was collected from the students through the administration of an instrument titled “Bullying Behaviour Questionnaire (BBQ). Results showed that the prevalence of bullying among the students was 67.2%. From this, 88.1% had been bullied and 31.1% were bullies. Many students (64.7%) had been bullied in relational (verbal) bullying. Watching violent films (57.7%) and retaliation for being bullied in the past (51.2%) were some of the factors associated with bullying. The bullied students exhibited fear (63.6%) and depression (58.1%).

Ayenibiowo and Akinbode (2017) carried out a study to investigate the psychological effects of bullying on victims of bullying acts using self reported method. Negative Act Scale was designed and validated to assess experience of bullying among students. Also, Symptom Distress Checklist (SCL – 90) was used to assess manifestations of emotional distress among the respondents. The study was anchored on Social Information – Information Processing Theory. Participants for the study were obtained from both private and public schools in Lagos, including boarders and non – boarders aged between 12 and 19 with mean age of 11. It was hypothesised that bullying behaviour will be more prevalent among boys than girls in both private and public

schools. Also hypothesised was that bully victims were more likely to report more psychopathologic tendencies. The result showed higher incidence of bullying among boys than girls. It also shows significant correlations between bullying and all the 10 symptoms of distress investigated. The implication of the study was that there is need for proper monitoring of relationships and activities that occur among secondary school students, to prevent lasting emotional damage that can result from bullying.

Adegboyega, Jacob, Uyanne and Jacob (2016), executed a study to examine the relationship between school climate and bullying behaviour among secondary school students in Yagba West, Kogi State, Nigeria. The research design employed for the study was a descriptive survey method of the correlational survey type. The target population consisted of all SSS ii secondary school students in Yagba West of Kogi State. Simple random sampling technique was used to select 300 students as sample for the study. Questionnaire was used to collect relevant data. Frequency counts and percentage was used to describe the demographic characteristics of the respondents. Also, summated mean rating was used to answer the research questions. While the Pearson Product Moment Correlation (PPMC) and the t – test statistical tools were used to test the formulated hypotheses. Finding revealed that there was a significant relationship between school climate and bullying behaviour among secondary school students in Yagba West of Kogi State. Another finding revealed that there was no significant difference in the bullying behaviour of secondary school students in Yagba West of Kogi State based on gender. Hence, it was recommended that school management should create a conducive environment for students to feel safe and victims of bullying should be encouraged to report and not to be stereotyped. Cases of bullying should also be referred to the school counsellors. This is because bullying is the most common form of violence in schools and reason for the study.

Townsend, Alan, Chikobvu, Carl and Gary (2012), carried out a study with the aim to report rates of bullying behaviour, and to investigate whether bullying behaviour predicts high school dropout in Cape Town, South Africa. Stratified, proportional sampling yielded 39 from a total of 214 schools, from which 40 learners were randomly selected from the combined class list of two, randomly chosen, Grade 8 classes in each of the 39 participating schools. Thus, 1470 learners (from a total of 161018) completed a self – report questionnaire in 1997, and were followed – up in 2001. This report focuses on those learners who had dropped out of school between 1997 and 2001 (n = 776; 55.2%). Univariate and multiple logistic regression models were used to investigate the relationship between bullying behaviours and drop out, controlling for factors known to be strongly related to high school dropout, namely; age, socio – economic status, race, or ethnicity, being raised by a single parent, repeating a grade, and substance use. Odds ratios and 95 percent confidence intervals were calculated, taking the clustering of schools into account. In 1997, 52% of the boys and 37% of the girls had been involved in bullying behaviours. Of the three bullying categories (bully, victim, and bully – victim) girls but not boys in the “bully – victim” category were significantly more likely to drop out of school (OR 1.82; CI 1.09 – 3.04, and when controlling for confounders OR 2.60; CI 1.32 – 5.10). The pervasiveness of both high school dropout and bullying behaviour points to an urgent need for future research and intervention in these areas.

Waasdorp, Bradshaw and Philip (2012), carried out a study on the impact of School - wide Positive Behavioural Interventions and Supports on bullying and peer rejection: A randomised controlled effectiveness trial. The objective of the study was to find out the impact of school – wide positive behavioural interventions and supports (SWPBIS) on school climate and discipline problems to examine the extent to which it affects bullying and peers rejection during

the transition into early adolescence. The design adopted for the study was three – level models using hierarchical linear modeling to determine the effect of SWPBIS on children’s involvement in bullying. The study used thirty – seven Maryland public elementary schools. Data involved 12344 children (52.9% males, 45.1% African American, 46.1% white) followed up longitudinally across 4 school years. A randomised controlled effectiveness trial of SWPBIS intervention was used. The outcome measures showed that reports from teachers on bully – related behaviours were assessed through the Teacher Observation of Classroom Adaptation – Checklist. The results of analyses indicated that implemented SWPBIS displayed lower rates of teacher – reported bullying and peer rejection than those in schools without SWPBIS. A significant interaction also emerged between grade level of first exposure to SWPBIS and intervention status, suggesting that the effects of SWPBIS on rejection were strongest among children who were first exposed to SWPBIS at a younger age. The results indicated that SWPBIS had a significant effect on teachers’ reports of children’s involvement in bullying as victims and perpetrators. The findings were considered in light of other outcomes for students, staff and the school environment, and they suggested that SWPBIS may help address the increasing national concerns related to school bullying by improving school climate.

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behaviour. Lastly, religion and class type collectively ($f_{1,101} = 0.04$; $p > 0.05$) did not affect bullying behaviour. Based on these findings, it was recommended that psychologists, counsellors, parents, teachers and social workers should use these treatments packages in controlling bullying behaviour among secondary school students. Also, the government should sponsor seminars or workshops for school counsellors and educational psychologists on how to use cognitive self – instruction and contingency management techniques in controlling bullying behaviour. Finally, government should make policy that each school (private or public) should have a counsellor in the school so as to checkmate it among students.

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2.56) and mental health problems ($p < 0.001$, OR = 3.164, 95% CI = 1.838 – 5.444). Based on the findings of the study highlighted, it was recommended that there was the need for interventions to prevent and combat bullying as well as to facilitate prompt referral of victims for appropriate mental health assessment.

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A researcher's developed questionnaire titled "Students' Bullying Behaviour Questionnaire (SBBQ)" was used for data collection. The instrument was validated in Funtua senatorial district using sample of students drawn from Funtua and Malumfashi secondary schools, to established face and content validity for the instrument. The reliability of the instrument was 0.70. Out of the stated five hypotheses of the study, three were rejected and two were retained using t – test and ANOVA as the statistical tools used for data analysis. Both self – management and social skills counselling techniques were found to have effects on bullying behaviour of both male and female school bullies. Based on the findings, it was recommended

that counsellors could use self – management and social skills counselling techniques for influencing positive behaviour change among school bullies.

Owuamanam (2015) executed a study that investigated the prevalence of bullying among secondary school students in Ondo State, Nigeria. The sample consisted of 600 students selected through multistage sampling technique from secondary schools in the state. A structured questionnaire that sought information on the subjects' involvement in bullying was used. Validity and reliability of the instrument were ensured through content validity and test – retest reliability techniques respectively. The results of data analysis on the experience and manifestation of bullying showed that less than half of the sample (28%) had experienced bullying; while 42% had bullied other students. It also revealed that emotional form of bullying was most experienced and that boys had experienced and manifested bullying more than their female counterparts. The results point to the need for violence prevention programmes in schools.

While this present study examined the Effects of Rational Self Analysis (RSA) and Cognitive Restructuring (CR) Counselling Techniques on Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria. The research design used for this study was quasi experimental design using pre-test post-test. 164 secondary school students formed the population out of which 20 are quasi experimental groups that constituted the sample size of the study using purposive, simple and stratified sampling techniques. Data for the study were collected using Students' Bullying Behaviour Scale (SBBS). The study had two treatment groups namely: Rational Self Analysis and Cognitive Restructuring counselling techniques. The participants were assigned into these two groups and exposed to treatment.

Validity and reliability of the Students' Bullying Behaviour Scale was established with $r = 0.85$ which was considered reliable for the study. The results of the study showed that there was significant effect of rational self analysis counselling technique on physical bullying behaviour among secondary school students with ($p = 0.000$). There was significant effect of cognitive restructuring counselling technique on physical bullying behaviour among secondary school students with ($p = 0.000$); amongst others. Based on the finding of the study, the following recommendations were made: Since there was significant effect of RSA counselling technique on physical bullying behaviour of secondary school students, professional guidance counsellors, psychologists and other care providers in the secondary schools should utilise rational self analysis counselling technique in treating and reducing physical bullying behaviour among the students. Since there was significant effect of CR counselling technique on physical bullying behaviour of secondary school students, professional guidance counsellors, psychologists and other care providers operating within and outside the secondary school environment should use cognitive restructuring counselling technique in treating and reducing physical bullying behaviour among the students.

Rather or to a certain extent, the reviewed literatures and empirical studies have only added to the knowledge and sharpened the focus of the researcher thereby making the problem of the study to be easily tackled.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focused on the research design, population of the study, sample size and sampling techniques, instrument of data collection, validity of the instrument, reliability of the instrument, procedure for data collection as well as procedure for the analysis, respectively.

3.2 Research Design

This study used the quasi – experimental research design which involved the pre-test post-test group. This design allowed the researcher to use the non random assignment of participants to groups – the treatment groups. James (2016) said that a quasi – experimental design involving a pre–test post–test group expose all subjects to the treatment or stimulus. The comparison in this design comes from examining subjects values on the outcome of interest prior to and after the exposure. If post – treatment values differ significantly from pre – treatment values, a case can be made that the treatment was the cause of the change. While quasi – experimental designs are often more practical to implement than true experiments, they are more susceptible to threats to internal validity. Special care must be taken to address validity threats and the use of additional data to rule out alternate explanations.

Paul, Rajiv and I-Chant (2017), said that quasi – experimental design involves the manipulation of an independent variable without the random assignment of participants to conditions or order of conditions. Among the important types are non – equivalent group designs, pre-test post-test and interrupted time – series designs. Quasi – experimental design or research eliminates the directionality problem because it involves the manipulation of the independent variable. It does not eliminate the problem of confounding variables, however,

because it does not involve random assignment to conditions. For these reasons, quasi – experimental design or research is generally higher in internal validity than correlation studies but lower than true experiments.

Quasi – experimental situations are compromised designs; an apt or appropriate or suitable description when applied to much educational research where the random selection or random assignment of schools and classrooms is quite impracticable (Kerlinger as cited in Isiaku, 2016).

The design was diagrammatically represented according to Creswell (2014) as follows:

Group	Pre - test	Treatment	Post - test
G1 = Exp. Gr. 1	O1	X = RSACT	O3
G2 = Exp. Gr. 2	O2	X = CRCT	O4

Key:

G 1, 2 - The experimental groups 1 and 2.

O 1, 2 - Pre test that was given to the two experimental groups before treatments.

X - Treatments that was given to the two experimental groups 1 and 2. That is, RSACT (Rational

Self Analysis Counselling Technique) and CRCT (Cognitive Restructuring Counselling Technique)

O 3, 4 - Post test that was administered to the two experimental groups after treatments.

3.3 Population of the Study

The population of this study was made up of One Hundred and Sixty Four (164) SSS II students from two (2) private secondary schools in Lokoja – the Capital City of Kogi State, Nigeria. These private schools were chosen for the study because one of them was a boarding school where cases of bullying behaviours are more prominent among the students and they had large student population size. Out of these total numbers of students, the student bullies were identified through reference to the school log books where records of students' discipline and bio – psycho – social problems are kept along with the usage of the adapted Students Bullying Behaviour Identification Scale (SBBIS). As a result, the student bullies were identified to be Forty Five (45).

The identified private secondary school bullies included male and female between the ages' brackets of twelve to seventeen (12 – 17). The private secondary school principals were consulted to ensure that only students who have bullied their victims repeatedly (three to five times) were included as suggested by Olweus as cited in Isiaku (2016). Again, focus was on those students with records of those who keep bad companies or peers, those who are having academic difficulties, those who are having problems of interrelationship with peers, those who have violated school rules and regulations, those who are exercising unnecessary power on the junior students in the name of seniority as well as those who have problem in terms of absenteeism and truancy.

Table 1: Research Population by Schools:

S/No	Schools	No. of Bullies
1.	Harmony Secondary School, Lokoja.	25
2.	Michael Omonogun Memorial Secondary School, Lokoja.	20
Total		45

Source: Private Secondary Schools’ Log Book, 2017.

3.4 Sample Size and Sampling Technique

The total number of student bullies for the study identified from two (2) private secondary schools in Lokoja – the Capital City of Kogi State, Nigeria; was forty five (45) using an adapted Students Bullying Behaviour Identification Scale (SBBIS). The researcher purposively selected twenty (20) student bullies as sample size of the study based on the content of the SBBIS as criteria of selection. This means that ten (10) participants were proportionally drawn from each of the two (2) selected private secondary schools used for the study. Simple and stratified methods of sampling was adopted using the lucky dip processes; and were subsequently assigned into the two (2) groups of the study namely: Group 1 = Experimental Group 1 that was exposed to the treatment of Rational Self Analysis (RSA) and Group 2 = Experimental Group 2 that was exposed to the treatment of Cognitive Restructuring (CR).

Six and Ritch (2016) said that research sample size from three to twenty participants can provide valid results and a good baseline is between five and ten participants. They said that in general, there should be more participants for more complex, highly critical projects; while fewer participants are necessary when testing more novel designs.

Table 2: Samples Drawn from Private Secondary Schools:

S/No	Schools	Male	Female	Total
1.	H. S. S. Lokoja.	5	5	10
2.	M. O. M. S. S. Lokoja.	5	5	10
Total		10	10	20

3.5 Instruments of Data Collection

This study modified and used two (2) types of instruments namely: Instrument for the Identification of Bullying Behaviour developed by Lynda Bond and Instrument of Data Collection developed by Stephen, Dorothy and Espelege as well as Justin and Sameer; which the researcher renamed Students' Bullying Behaviour Identification Scale (SBBIS) and Students' Bullying Behaviour Scale (SBBS). While the SBBIS was used for identifying students' with bullying behaviour tendencies, the SBBS was used for the collection of data for the study.

The contents of the original instrument from where the SBBIS was taken were completely modified. Examples of items modified included: Has anyone teased you or called you names recently? How often? How upsetting was it when you were teased? Has anyone spread rumours about you recently? How often? How upsetting were the rumours? Have you been deliberately left out of things recently? How often? How upsetting was it being left out of things? Have you being threatened physically or actually hurt by another student recently? How often? How upsetting was it being threatened or hurt? To: I tease and call others names frequently. I tease and call others names not frequently. I spread rumours about others very often. I spread rumours about others not too often. I feel upsetted when I teased others; I physically attack others very often. I physically attack others not too often. I hurt or injure others frequently. I hurt or injure others not frequently. I feel upsetted when I physically attack or injure others.

The SBBIS was adapted from a standardized instrument named Gatehouse Bullying Scale developed by Lynda Bond as cited in Hamburger, Basile & Vivolo in Gladden (2014) but modified by the researcher (2017). The adapted instrument contained ten (10) items made up of 5 each on physical and verbal bullying behaviours differently. The scoring pattern of the standardized instrument from where the instrument of this study was adapted was modified to the Likert Scale Scoring pattern of four (4) subscales namely: Strongly Agreed (SA), Agreed (A), Disagreed (DA) and Strongly Disagreed (SD) with four points rating of 4 for (SA), 3 for (A), 2 for (DA) and 1 for (SD) respectively. Therefore, 4 points obtained indicated a high level presence of bullying behaviour and 1 point showed a least level presence of the problem.

The instrument utilized for data collection of the study was a researcher's modified Students' Bullying Behaviour Scale (SBBS) taken from the collections of three standardized Bullying Behaviour Scales developed by Stephen, Dorothy, Espelage; and Bully Survey developed by Justin and Sameer as cited in Hamburger, Basile & Vivolo in Gladden (2014) but modified by the researcher (2017). The modified Students' Bullying Behaviour Scale (SBBS) contained twenty (20) items on physical and verbal bullying behaviours which was the problem of the students. There are ten (10) items on each of the bullying behaviours identified in the study.

The scoring pattern of the three (3) standardized instruments from where the instrument of this study was adapted were modified to the Likert Scale Scoring pattern of four (4) subscales namely: Strongly Agreed (SA), Agreed (A), Disagreed (DA) and Strongly Disagreed (SD) with four points rating of 4 for (SA), 3 for (A), 2 for (DA) and 1 for (SD) respectively. Therefore, 4 points obtained indicated a high level presence of bullying behaviour and 1 point showed a least level presence of the problem. In order to determine the average points of the respondents, the

total points obtained on the instruments shall be added and divided by the total items on the instruments; thereby indicating the high or least levels presence of bullying behaviour in the respondents used as samples for the study.

3.6 Validation of the Instrument

The researcher established the content and face validity of the instrument by giving copies of the instruments to seasoned academic Professors in their respective area of specialisations – psychology, measurement and evaluation, guidance and counselling as well as health education; in the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria; as well as in Physical and Health Education Department in the Faculty of Education of the Ivory tower, for correction and approval; in order to make it appropriate for testing the students' bullying behaviours. They gave their different consents to the instruments after affecting or upsetting all the necessary needed corrections on it thereby making it suitable and valid for data collection of the study.

Examples of corrections made on the modified or adapted SBBS from the original source included items 8 and 17 which reads: I enjoy causing injury to others and I do instigate troublesome argument; From: I threatened to hurt or hit another student and I started (instigated) arguments and conflicts. The Professors of the Physical and Health Education Department of the University were used to validate the instrument because there was a synergy of purpose between the department and that of psychology and counselling.

3.7 Reliability of the Instrument

The researcher established the reliability of the instrument by using samples of students in Lokoja district of Lokoja Local Government Area; even though the proponents namely Lynda

Bond, Stephen, Dorothy and Espelege as well as Justin and Sameer of the instrument from where the ones of this study were modified have established the validity and reliability of it and their Cronbach's alpha ranges between 0.70 to 0.99; the researcher used test – retest method of establishing the reliability of instrument to ensure its reliability for use in Lokoja, Kogi State, Nigeria. The students' of Arigbede College (AC), Phase II – Lokoja and Baptist High School (BHS), Lokoja; were used for the exercise. The sample of students were twenty (20), made up of ten (10) males and ten (10) females of five (5) each of both genders from the schools. The schools are not part of the pre–test post–test group. The participants' shows clear comprehension of the items on the instrument. The time allotment of thirty (30) minutes for responding to the items was sufficient. The interval between test and re-test was two weeks. The instrument was discovered to be reliable with reliability coefficient of 0.85.

Black (2015), said that for a test or instrument to be regarded as highly reliable, its reliability coefficient must be from .80 to .90 and above. Daniel (2015) said that few, if any standards exist for judging the minimum acceptable value for a test – retest reliability estimate. That the difficulty in coming up with a number is that it will depend on the purpose for what is acceptable (for example, if it is for a research paper, a lower bound of acceptability may be appropriate than if it is for deciding whether to put a child into a special needs programme). That, factors like the time between tests and the types of samples also affect the reliability estimate. Ultimately figuring out what is acceptable requires finding out the cost of different types of measurement errors. He concluded saying yes, .70 to .90 shows up in some textbooks, but it assumes a lot about the situation and the sample. Claudio (2014); Richard (2014); Nicoletta (2014); Rita (2014); Tuslsar (2014); Lucy (2014); Amir (2014) as cited in Daniel (2015), all of them said that the acceptable reliability coefficient of test retest is from .70 and above. Again,

Okwaraji (2014) as cited in Daniel (2015) said that if the result is around .60 upward then the psychological instrument can be said to have a high test – retest reliability.

The instruments were considered to be consistent and strong enough to be utilised for data collection. The raw data of the pilot study and reliability statistics using the correlation procedure were shown on appendices IV and V.

3.8 Procedure for Data Collection

The procedure for data collection started with the collection of a signed letter of Students Field Research from the Head of the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria; and submitted to the proprietors through the principals of the selected private secondary schools for permission to carry out the study. Since permissions were granted verbally by the proprietors, it enabled the researcher to get the total number of student bullies which were identified through the assistance of the school principals and the administration of the SBBIS. Twenty (20) student bullies participated as samples of the study; this number was assigned into the two quasi experimental groups.

The treatment sessions lasted for six (6) weeks. It was held for sixty (60) minutes and was conducted a day per week. The treatment procedure was conducted in three (3) phases namely: The pre treatment phase, the treatment phase and the post treatment phase respectively. The researcher was assisted by two (2) trained research assistants who were professional guidance counsellors of the schools.

The Students' Bullying Behaviour Scale (SBBS) was administered to the two groups. That is the two (2) quasi experimental groups and collected data which served as baseline as a result of the contents of the school log books and the SBBIS which were the criteria of the

samples selection, before treatment was given to them. After the treatment sessions, post – test using the same instrument was again given to the two groups to collect data for appropriate analysis.

3.8.1 Treatment Procedure Group One (I₁) - Rational Self Analysis Counselling Technique:

As a professional guidance counsellor and researcher, in order to assist the bullying students in managing their behavioural issue, the researcher used the following procedures in helping the student bullies to achieve positive behavioural change: The researcher used rational self analysis which was an independent methodological objective attempt to study and comprehend one's own personality, emotions and behaviours or an evaluation of one's own thoughts and behaviours as well as the analysis of one's own personality without the help of another. The researcher used a self designed RSA based on the technique template in conducting or carrying out the treatment or intervention sessions. The RSA package was based on the A – B – C – D – E framework or method of disputing irrational beliefs which is central to its adoption, where:

A = an event, behaviour or attitude

B = belief about the event

C = emotional and behavioural consequence or reaction (can be healthy or unhealthy)

D = disputing irrational or self – defeating beliefs

E = effective philosophy of replacing unhealthy thoughts with healthy ones. Details of its application are explained in chapter two of this study.

Week One (Session One):

- The counsellor – researcher introduced oneself to the clients and explained to them the counselling relationship that was about to take place. After which every clients introduced themselves.
- The counsellor – researcher explained to the clients or participants the counsellor's roles and that of the participants expected during the counselling sessions.
- The goals of the entire counselling relationship were collectively made by the counsellor and the participants in order to guide the session.
- The counsellor – researcher emphasized the significance of developing a joint relationship for the success of the counselling processes or sessions.
- The counsellor – researcher enquired from the clients on if they are ready to start the counselling sessions.
- The counsellor – researcher explained to the participants the concepts of Rational Self Analysis counselling technique, bullying behaviour which can be physical and verbal and how RSACT can be utilized to curtail their bullying behaviours. That Rational Self Analysis is an evaluation of one's own thoughts and behaviours. Bullying Behaviour is a repeated aggressive behaviour – both direct (such as hitting, kicking, or pushing) and indirect (such as teasing, social exclusion, or spreading rumour) – intended to cause physical and or psychological harm to another individual. Verbal bullying means saying or writing mean things. It includes: teasing, name – calling, inappropriate sexual comments, taunting and threatening to cause harm. Physical bullying involves hurting a person's body or possessions. It includes: hitting or

kicking or pinching, spitting, tripping or pushing, taking or breaking someone's things and making mean or rude hand gestures.

- The counsellor – researcher requested the participants to ask any questions on what has been discussed in the session.
- The counsellor – researcher informed the participants of the end of the session. Take home assignment of listing ten (10) characteristics of bullying behaviours was given to them. It served as a take off point for the next session. Such characteristics as: Aggressiveness, easily provoked, cruelty, arrogant, temperamental, deviant, like domination, destructiveness, rudeness and wickedness.

Week Two (Session Two):

- The counsellor – researcher gave the participants a warm welcome in order to make them feel at home and relaxed for the joint session to start.
- The counsellor – researcher reminded the clients or participants about the take home assignment given to them in the earlier session. They are thereafter asked to mention such distorted beliefs.
- The various distorted beliefs mentioned by the participants were filtered and explained by the counsellor – researcher. After which each participants were asked to explain them from their own point of view.
- The counsellor – researcher explained the process of distorted beliefs formation to the participants and also discusses a few of the participants' or clients' distorted beliefs and how they started.

- The counsellor – researcher discussed how the distorted beliefs affected their behaviours towards dealing with bullying behaviours and gave examples on how such beliefs can cause unwanted behaviours.
- The counsellor – researcher emphatically explained how the therapy or treatment session can help to provide a conducive atmosphere for joint efforts of the counsellor and the participants to change or modify the unwanted behaviours.
- The counsellor – researcher closed the session by giving the participants another take home assignment of attaching the mentioned distorted beliefs with the behaviours which it makes them to show or display.

Week Three (Session Three):

- The counsellor – researcher warmly welcomed the participants or counselees into another session; expressing unconditional positive regards to each and every one of them.
- The counsellor – researcher read out the distorted beliefs about bullying behaviours as given by the participants. This was done to serve the purpose of refreshing the memory and getting prepared for the present session.
- Each of the distorted beliefs was viewed on its own merit; giving consideration to its negative effects on the participants that the thoughts hasty.
- The participants were directed to identify how these distorted beliefs affected their relationships and personality.
- The counsellor – researcher informed the participants of coming to the end of the session and asked them on if they have any questions or observations to make.

- Take home assignment was given to the participants or counselees asking them to itemize ten (10) effects, bullying behaviours have made them to be faced with. Such effects as: Low self – confidence, depression, suicidal thoughts and attempts, abnormal fears and worries, sleep disorders, nervous habits, frequent crying, bed – wetting, poor appetite or digestive problems, school problems, rage, psychological post – trauma disorders, self destructive behaviour, alcohol or substance abuse may result.

Week Four (Session Four):

- The counsellor – researcher welcomed the participants into another session of the treatment or therapy.
- The counsellor – researcher leads the participants to summarize on the last sessions therapies and the successes recorded so far.
- The counsellor – researcher defined what a normal and positive belief is as against a distorted belief.
- The counsellor – researcher with the cooperation of the participants begins to rationally dispute the distorted beliefs mentioned or offered by the participants by taking each belief and revealing its faults.
- The counsellor – researcher directed the participants in selecting or choosing positive beliefs. Five (5) out of the mentioned distorted beliefs were disputed and replaced with more realistic beliefs.
- The counsellor – researcher whole heartedly appreciated the participants’ commitment to the joint sessions successes recorded so far.

- The counsellor – researcher said the session had ended. Then, assignment was given to the participants to think genuinely on the disputation of the distorted beliefs and to come up with more realistic ones as well as to explain during the next session how such disputation has affected their feelings and behaviours towards bullying behaviours.

Week Five (Session Five):

- The counsellor – researcher welcomed the participants to yet another session.
- The counsellor – researcher makes reference to the distorted beliefs the participants' mentioned which have been discussed.
- The participants were asked to list some other distorted beliefs which were not named by the counsellor – researcher.
- The participants were asked to critically analyse the faults in the listed distorted beliefs.
- They were told to discuss possible behaviours that the distorted beliefs can cause and their unhelpful nature.
- They were told to dispute both the distorted beliefs and the possible unhelpful behaviours they caused.
- The participants were told to ask questions or make observations and comments. Then, the counsellor – researcher announced the end of the session.

Week Six (Session Six):

- The counsellor – researcher warmly welcomed the participants to the concluding session of the treatment or therapeutic session.

- The counsellor – researcher appreciated the joint efforts recorded throughout the weeks and sessions of the counselling processes.
- The participants were asked to communicate or articulate what was the consequence of the disputation of their distorted beliefs with more realistic beliefs.
- They were asked to discuss some general aspects of bullying behaviours and the counselling process which was about to be ended.
- The participants were informed to get ready for another test which shall round up the counselling intervention. Thereafter, the post - test was administered and subsequently the counselling session was ended.

3.8.2 Treatment Procedure Group Two (I₂) - Cognitive Restructuring Counselling

Technique:

The below procedures were utilised in carrying out the treatment sessions: The researcher used cognitive restructuring that was any methods which help people to think differently about a situation, event, thought or belief and in a broad sense, this could apply to anything done in (or outside of) a therapy session which promotes cognitive change; counselling techniques to facilitate the reduction in bullying behaviours of students in secondary schools of Lokoja, Kogi State, Nigeria. The CR package was based on the below listed therapeutic approaches designed by therapists to promote its application; these are:

- Case Formation
- Psycho Education
- Traditional CBT Thought Recording
- Behavioural Experiments

- Socratic Questioning
- Diaries.

Week One (Session One):

- The counsellor – researcher introduced oneself to the clients and explained to them the counselling relationship that was about to take place. After which every clients introduced themselves.
- The counsellor – researcher explained to the clients or participants the counsellor’s roles and that of the participants expected during the counselling sessions.
- The goals of the entire counselling relationship were collectively made by the counsellor and the participants in order to guide the session.
- The counsellor – researcher emphasized the significance of developing a joint relationship for the success of the counselling processes or sessions.
- The counsellor – researcher enquired from the clients on if they are ready to start the counselling sessions.
- The counsellor – researcher explained to the participants the concepts of Cognitive Restructuring counselling technique, bullying behaviour which can be physical or verbal and how CRCT can be used to curtail their bullying behaviours. That Cognitive restructuring refers to any methods which help people to think differently about a situation, event, thought or belief. It is a concept that involved actively altering maladaptive thought patterns and replacing them with more realistic and constructive thought. Bullying behaviour is a repeated aggressive behaviour – both direct (such as hitting, kicking, or pushing) and indirect (such as teasing, social exclusion, or spreading rumour) – intended to cause physical and or psychological

harm to another individual. It could be physical and verbal bullying behaviours. Verbal bullying means saying or writing mean things. It included: teasing, name – calling, inappropriate sexual comments, taunting and threatening to cause harm. Physical bullying involves hurting a person’s body or possessions. It included: hitting or kicking or pinching, spitting, tripping or pushing, taking or breaking someone’s things and making mean or rude hand gestures.

- The counsellor – researcher requested the participants to ask any questions on what had been discussed in the session.
- The counsellor – researcher informed the participants of the end of the session. Take home assignment of listing ten (10) characteristics of bullying behaviours was given to them. It served as a take off point for the next session. Such characteristics as: Aggressiveness, easily provoked, cruelty, arrogant, temperamental, deviant, like domination, destructiveness, rudeness and wickedness.

Week Two (Session Two):

- The counsellor – researcher gave the participants a warm welcome in order to make them feel at home and relaxed for the joint session to start.
- The counsellor – researcher reminded the clients or participants about the take home assignment given to them in the earlier session. They are thereafter asked to mention such negative automatic thoughts.
- The various automatic thoughts mentioned by the participants were filtered and explained by the counsellor – researcher. After which each participants were asked to explain them from their own point of view.

- The counsellor – researcher explained the process of automatic thoughts formation to the participants and also discussed a few of the participants’ or clients’ automatic thoughts and how they started.
- The counsellor – researcher discussed how the automatic thoughts affect their behaviours towards dealing with bullying behaviours and gave examples on how such automatic thoughts can cause unwanted behaviours.
- The counsellor – researcher emphatically explained how the therapy or treatment session can help to provide a conducive atmosphere for joint efforts of the counsellor and the participants to change or modify the unwanted behaviours.
- The counsellor – researcher closed the session by giving the participants another take home assignment of attaching the mentioned negative thoughts with the behaviours which it makes them to show or display.

Week Three (Session Three):

- The counsellor – researcher warmly welcomed the participants or counselees into another session; expressing unconditional positive regards to each and every one of them.
- The counsellor – researcher read out the negative thoughts about bullying behaviours as given by the participants. This was done to serve the purpose of refreshing the memory and getting prepared for the present session.
- Each of the negative thoughts were viewed on its own merit; giving consideration to its negative effects on the participants that the thoughts hasty.
- The participants were directed to identify how these negative thoughts affected their relationships and personality.

- The counsellor – researcher informed the participants of coming to the end of the session and ask them on if they have any questions or observations to make.
- Take home assignment was given to the participants or counsellees asking them to itemize ten (10) effects, bullying behaviours have made them to be faced with. Such effects as: Low self – confidence, depression, suicidal thoughts and attempts, abnormal fears and worries, sleep disorders, nervous habits, frequent crying, bed – wetting, poor appetite or digestive problems, school problems, rage, psychological post – trauma disorders, self destructive behaviour, alcohol or substance abuse may result.

Week Four (Session Four):

- The counsellor – researcher welcomed the participants into another session of the treatment or therapy.
- The counsellor – researcher leads the participants to summarize on the last sessions therapies and the successes recorded so far.
- The counsellor – researcher defined what a normal and positive thinking is as against a distorted thoughts.
- The counsellor – researcher with the cooperation of the participants begins to realistically dispute the distorted thoughts mentioned or offered by the participants by taking each thoughts and revealing its faults.
- The counsellor – researcher directed the participants in selecting or choosing positive thoughts. Five (5) out of the mentioned negative thoughts were disputed and replaced with more realistic thoughts.

- The counsellor – researcher whole heartedly appreciated the participants’ commitment to the joint sessions successes recorded so far.
- The counsellor – researcher said the session had ended. Then, assignment was given to the participants to think genuinely on the replacement of the negative thoughts and to come up with more realistic ones as well as to explain during the next session how such replacement has affected their feelings and behaviours towards bullying behaviours.

Week Five (Session Five):

- The counsellor – researcher welcomed the participants to yet another session.
- The counsellor – researcher makes reference to the automatic thoughts the participants’ mentioned which have been discussed.
- The participants were asked to list some other automatic thoughts which were not named by the counsellor – researcher.
- The participants were asked to critically analyze the faults in the listed thoughts.
- They were told to discuss possible behaviours that the automatic thoughts can cause and their unhelpful nature.
- They were told to dispute both the automatic thoughts and the possible unhelpful behaviours they caused.
- The participants were told to ask questions or make observations and comments. Then, the counsellor – researcher announced the end of the session.

Week Six (Session Six):

- The counsellor – researcher warmly welcomed the participants to the concluding session of the treatment or therapeutic session.
- The counsellor – researcher appreciated the joint efforts successes recorded throughout the weeks and sessions of the counselling processes.
- The participants were asked to communicate or articulate what were the consequences of the replacement of their distorted thoughts with more realistic thoughts.
- They were asked to discuss some general aspects of bullying behaviours and the counselling processes which was about to be ended.
- The participants were informed to get ready for another test which was to round up the counselling intervention. Thereafter, the post - test was administered and subsequently the counselling session was ended.

3.9 Procedure for Data Analysis

In order to analyse the research questions, descriptive statistics of mean and standard deviation were used. To test the stated null hypotheses of the study at 0.05 alpha or significance levels, the t test pair samples was used for hypotheses 1, 2, 3, 4; the paired sample t test sometimes called dependent sample test t test is a statistical procedure used to determine whether the mean difference between two sets of observations is zero. In a paired sample t test, each subject or entity is measured twice resulting in pairs of observations. The paired sample t test compare two means that are from the same individual, object or related units; the two means typically represent two different times (for example, pre–test and post–test with an intervention

between the two time points. The purpose of the test is to determine whether there is statistical evidence that the mean difference between paired observations is significantly different from zero.

The paired sample t test is a parametric test. A paired t test is used to compare two population means where you have two samples in which observations in one sample can be paired with observations in the other sample, to test the null hypothesis that the true mean difference is zero ([www.statisticssolutions.com>manova-an...](http://www.statisticssolutions.com/manova-an...) Retrieved 13th August, 2018; [https://libguides.library.kent.edu>SPSS](https://libguides.library.kent.edu/SPSS) Retrieved 13th June, 2018; [www.statstutor.ac.uk>paired-t test](http://www.statstutor.ac.uk/paired-t-test) Retrieved 13th August, 2018). While independent samples t test was utilised for hypotheses 5 and 6. Independent samples t test also called the two sample t test or student's test is an inferential statistical test that determines whether there is a statistically significant difference between the means in two unrelated groups ([https://statistics.iaerd.com>independent-...](https://statistics.iaerd.com/independent-...) Retrieved 13th August, 2018).

The independent samples t test compares the means of two independent groups in order to determine whether there is statistical evidence that the associated population means are significantly different. The independent samples t test is a parametric test. It is also known as independent t test ([https://libguides.library.kent.edu>SPSS](https://libguides.library.kent.edu/SPSS) Retrieved 13th June, 2018). The t test is one type of inferential statistics that is used to determine whether there is a significant difference between the means of two groups (<https://researchbasics.education.ucon...> Retrieved 13th August, 2018). A t test is an analysis of two populations means through the use of statistical examination, a t test with two samples is commonly used with small sample sizes, testing the difference between the samples when the variances of two normal distributions are not known ([https://www.investopedia.com>terms>t...](https://www.investopedia.com/terms/t...) Retrieved 13th August, 2018). The purpose of t test is

to determine whether there is statistical evidence that the mean difference between paired observations on a particular outcome is significantly different from zero. The paired samples t test is a parametric test and it is also known as dependent t test (<https://libguides.library.kent.edu>SPSS> Retrieved 13th June, 2018).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter entails the results of the study and discussion emanating from the findings of the study. The main objective or purpose of this study was to investigate the Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on reducing specifically physical and verbal bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria.

To attain this objective or purpose, a total of twenty (20) student bullies were categorized into two (2) equal numbers of ten (10) and utilised for the study. The first intervention or treatment group was exposed to the Rational Self Analysis counselling technique; while the second intervention or treatment group was exposed to the Cognitive Restructuring counselling technique. Each of the groups had its pretest and posttest physical and verbal bullying behaviour mean scores. The first part presented the responses to the research questions using the descriptive statistics of mean and standard deviations. The second part tested the six (6) stated null hypotheses at 0.05 alpha or significant levels; using the t test paired samples for hypotheses 1, 2, 3, 4 and t test independent samples for hypotheses 5 and 6.

4.2 Answer to Research Questions

Data collected from the before and after quasi experimental sessions were used to analysed the research questions using mean and standard deviation descriptive statistics as shown below:

Research Question One: What is the effect of Rational Self Analysis counselling technique on physical bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 3: Mean and Standard Deviation of the Effect of Rational Self Analysis Counselling Technique on Physical Bullying Behaviour among Secondary School Students from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev
RSACT Pretest Scores	10	31.3000	1.42
RSACT Posttest Scores	10	16.2000	6.37

Table 3 showed that the pretest means score of RSACT group is higher than the posttest mean score. The pretest means score is 31.3000 and posttest means score is 16.2000. This shows a reduction of physical bullying behaviour of secondary school students as a result of the exposure to rational self analysis counselling technique.

Research Question Two: What is the effect of Cognitive Restructuring counselling technique on physical bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 4: Mean and Standard Deviation of the Effect of Cognitive Restructuring Counselling Technique on Physical Bullying Behaviour among Secondary School Students from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev
CRCT Pretest Scores	10	30.7000	0.94868
CRCT Posttest Scores	10	13.6000	2.87518

Table 4 showed that the pretest means score of CRCT group is higher than the posttest mean score. The pretest means score is 30.7000 and posttest means score is 13.6000. This shows a reduction of physical bullying behaviour of secondary school students as a result of the exposure to cognitive restructuring counselling technique.

Research Question Three: What is the effect of Rational Self Analysis counselling technique on verbal bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 5: Mean and Standard Deviation of the Effect of Rational Self Analysis Counselling Technique on Verbal Bullying Behaviour among Secondary School Students from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev
RSACT Pretest Scores	10	32.8000	2.29976
RSACT Posttest Scores	10	18.0000	7.70281

Table 5 showed that the pretest means score of RSACT group is higher than the posttest mean score. The pretest means score is 32.8000 and posttest means score is 18.0000. This shows a reduction of verbal bullying behaviour of secondary school students as a result of the exposure to rational self analysis counselling technique.

Research Question Four: What is the effect of Cognitive Restructuring counselling technique on verbal bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 6: Mean and Standard Deviation of the Effect of Cognitive Restructuring Counselling Technique on Verbal Bullying Behaviour among Secondary School Students from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev
CRCT Pretest Scores	10	31.2000	1.31656
CRCT Posttest Scores	10	16.9000	4.88649

Table 6 showed that the pretest means score of CRCT group is higher than the posttest mean score. The pretest means score is 31.2000 and posttest means score is 16.9000. This shows a reduction of verbal bullying behaviour of secondary school students as a result of the exposure to cognitive restructuring counselling technique.

Research Question Five: What are the differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques on physical bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 7: Mean and Standard Deviation of the Differential Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Physical Bullying Behaviour among Secondary School students from their Posttest Scores

Variables	Posttest Scores		
	N	Mean	Std. Dev
RSACT Posttest Scores	10	16.2000	6.37356
CRCT Posttest Scores	10	13.6000	2.87518

Table 7 showed that the posttest means score of RSACT group is higher than the posttest mean score of CRCT group. The posttest means score of RSACT group is 16.2000 and posttest mean score of CRCT group is 13.6000. This shows that the differential effects in reduction of physical bullying behaviour of secondary school students is as a result of the exposure to rational self analysis and cognitive restructuring counselling techniques.

Research Question Six: What are the differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques on verbal bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria?

Table 8: Mean and Standard Deviation of the Differential Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Verbal Bullying Behaviour among Secondary School students from their Posttest Scores

Variables	Posttest Scores		
	N	Mean	Std. Dev
RSACT Posttest Scores	10	18.0000	7.70281
CRCT Posttest Scores	10	16.9000	4.88649

Table 8 showed that the posttest means score of RSACT group is higher than the posttest mean score of CRCT group. The posttest means score of RSACT group is 18.0000 and posttest mean score of CRCT group is 16.9000. This shows that the differential effects in reduction of verbal bullying behaviour of secondary school students is as a result of the exposure to rational self analysis and cognitive restructuring counselling techniques.

4.3 Hypotheses Testing

The hypotheses stated in the study were aimed at finding out the effects and determining the possible significant difference in the reduction of the physical and verbal bullying behaviours among the secondary school students that were exposed to the two counselling techniques used.

The hypotheses were tested as shown below:

Hypothesis One: There is no significant effect of Rational Self Analysis counselling technique on physical bullying behaviour among secondary school students from their pretest and posttest scores

Table 9: Paired Samples t test of the Effect of Rational Self Analysis Counselling Technique on Physical Bullying Behaviour among Secondary School Students Bullies from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Pretest Scores	10	31.3000	1.41814	0.44845	8.022	9	0.000
RSACT Posttest Scores	10	16.2000	6.37356	2.01550			

(t crit. = 2.262, p < 0.05)

Table 9 showed the pretest mean score to be 31.3000 and the posttest mean score is 16.2000. While the calculated t value of 8.022 is higher than the critical value of 2.262 at the

probability value of 0.05. The p value is 0.000 ($p < 0.05$). This means there is significant difference between pretest and posttest physical bullying behaviour mean scores of RSACT treatment group. Thus, the null hypothesis which states that there is no significant effect of rational self analysis counselling technique on physical bullying behaviour among secondary school students is rejected; meaning that RSACT had significant effect on the physical bullying behaviour among secondary school students.

Hypothesis Two: There is no significant effect of Cognitive Restructuring counselling technique on physical bullying behaviour among secondary school students from their pretest and posttest score.

Table 10: Paired Samples t test of the Effect of Cognitive Restructuring Counselling Technique on Physical Bullying Behaviour among Secondary School Students Bullies from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
CRCT Pretest Scores	10	30.7000	0.94868	0.30000	16.831	9	0.000
CRCT Posttest Scores	10	13.6000	2.87518	0.90921			

(t crit. = 2.262, $p < 0.05$)

Table 10 showed the pretest mean score to be 30.7000 and the posttest mean score is 13.6000. While the calculated t value of 16.831 is higher than the critical value of 2.262 at the probability value of 0.05. The p value is 0.000 ($p < 0.05$). This means there is significant difference between pretest and posttest physical bullying behaviour mean scores of CRCT treatment group. Thus, the null hypothesis which states that there is no significant effect of cognitive restructuring counselling technique on physical bullying behaviour among secondary school students is rejected; meaning that CRCT had significant effect on the physical bullying behaviour among secondary school students.

Hypothesis Three: There is no significant effect of Rational Self Analysis counselling technique on verbal bullying behaviour among secondary school students from their pretest and posttest scores

Table 11: Paired Samples t test of the Effect of Rational Self Analysis Counselling Technique on Verbal Bullying Behaviour among Secondary School Students Bullies from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Pretest Scores	10	32.8000	2.29976	0.72725	5.832	9	0.000
RSACT Posttest Scores	10	18.0000	7.70281	2.43584			

(t crit. = 2.262, $p < 0.05$)

Table 11 showed the pretest mean score to be 32.8000 and the posttest mean score is 18.0000. While the calculated t value of 5.832 is higher than the critical value of 2.262 at the probability value of 0.05. The p value is 0.000 ($p < 0.05$). This means there is significant difference between pretest and posttest verbal bullying behaviour mean scores of RSACT treatment group. Thus, the null hypothesis which states that there is no significant effect of rational self analysis counselling technique on verbal bullying behaviour among secondary school students is rejected; meaning that RSACT had significant effect on the verbal bullying behaviour among secondary school students.

Hypothesis Four: There is no significant effect of Cognitive Restructuring counselling technique on verbal bullying behaviour among secondary school students from their pretest and posttest scores.

Table 12: Paired Samples t test of the Effect of Cognitive Restructuring Counselling Technique on Verbal Bullying Behaviour among Secondary School Students Bullies from their Pretest and Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
CRCT Pretest Scores	10	31.2000	1.31656	0.41633	8.578	9	0.000
CRCT Posttest Scores	10	16.9000	4.88649	1.54524			

(t crit. = 2.262, $p < 0.05$)

Table 12 showed the pretest mean score to be 31.2000 and the posttest mean score is 16.9000. While the calculated t value of 8.578 is higher than the critical value of 2.262 at the probability value of 0.05. The p value is 0.000 ($p < 0.05$). This means there is significant difference between pretest and posttest verbal bullying behaviour mean scores of CRCT treatment group. Thus, the null hypothesis which states that there is no significant effect of cognitive restructuring counselling technique on verbal bullying behaviour among secondary school students is rejected; meaning that CRCT had significant effect on the verbal bullying behaviour among secondary school students.

Hypothesis Five: There are no significant differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques on physical bullying behaviour among students in the experimental groups from their posttest scores

Table 13: Independent Samples t test of the Differential Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Physical Bullying Behaviour among Secondary School Students in the Experimental Groups from their Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Posttest Scores	10	16.2000	6.37356	2.01550	1.176	18	0.262
CRCT Posttest Scores	10	13.6000	2.87518	0.90921			

(t crit. = 2.101, $p > 0.05$)

Table 13 showed the posttest means score of RSACT group to be 16.2000 and the posttest mean score of CRCT group is 13.6000. While the calculated t value of 1.176 is lower than the critical value of 2.101 at the probability value of 0.05. The p value is 0.262 ($p > 0.05$). This means there is no significant differences between posttest physical bullying behaviour mean scores of RSACT and CRCT treatment groups. Thus, the null hypothesis which states that there is no significant differential effect of rational self analysis and cognitive restructuring counselling techniques on physical bullying behaviour among secondary school students is retained; meaning that RSACT and CRCT had no significant differential effect on the physical bullying behaviour among secondary school students.

Hypothesis Six: There are no significant differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques on verbal bullying behaviour among students in the experimental groups from their posttest scores

Table 14: Independent samples t test of the Differential Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Verbal Bullying Behaviour among Secondary School Students in the Experimental Groups from their Posttest Scores

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Posttest Scores	10	18.0000	7.70281	2.43584	0.381	18	0.708
CRCT Posttest Scores	10	16.9000	4.88649	1.54524			

(t crit. = 2.101, $p > 0.05$)

Table 14 showed the posttest means score of RSACT group to be 18.0000 and the posttest mean score of CRCT group is 16.9000. While the calculated t value of 0.381 is lower than the critical value of 2.101 at the probability value of 0.05. The p value is 0.708 ($p > 0.05$). This means there is no significant differences between posttest verbal bullying behaviour mean scores of RSACT and CRCT treatment groups. Thus, the null hypothesis which states that there is no significant differential effect of rational self analysis and cognitive restructuring counselling techniques on verbal bullying behaviour among secondary school students is retained; meaning that RSACT and CRCT had no significant differential effect on the verbal bullying behaviour among secondary school students.

4.4 Summary of Major Findings

From the analyses of the data collected from the field and test of the stated null hypotheses, the following were the major findings of the study:

1. There is significant effect of Rational Self Analysis counselling technique in the reduction of physical bullying behaviour among secondary school students with ($p = 0.000$).

2. There is significant effect of Cognitive Restructuring counselling technique in the reduction of physical bullying behaviour among secondary school students with ($p = 0.000$).
3. There is significant effect of Rational Self Analysis counselling technique in the reduction of verbal bullying behaviour among secondary school students with ($p = 0.000$).
4. There is significant effect of Cognitive Restructuring counselling technique in the reduction of verbal bullying behaviour among secondary school students with ($p = 0.000$).
5. There is no significant differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques in the reduction of physical bullying behaviour among secondary school students with ($p = 0.262$).
6. There is no significant differential effects of Rational Self Analysis and Cognitive Restructuring counselling techniques in the reduction of verbal bullying behaviour among secondary school students with ($p = 0.708$).

4.5 Discussion of Results

The effects of rational self analysis and cognitive restructuring counselling techniques on bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria; was investigated through quasi experiment in this study. The efficacies of the two treatment groups were tested. In hypothesis one, the effectiveness of the rational self analysis counselling technique in reducing physical bullying behaviour was tested using the paired samples t test. The result shows that the group of participants exposed to rational self analysis counselling technique showed significant effect of behaviour modification from the analysis. The null hypothesis was

consequently rejected. This finding obviously revealed that the use of rational self analysis counselling technique could significantly reduce the physical bullying behaviour among secondary school students. The finding was consistent with Wayne and Richard as cited in Harvey and Kenneth (2012), asserted in their writing on self defeating belief that probably the most useful technique was rational self analysis. That doing analysis, preferably in writing, enables someone to identify and change the thoughts involved when someone experience distress or behave in self – defeating ways. This helps someone in the present and in the future to deal with any current distress and the likelihood of reacting the same way on ward.

Also, Paul (2016) said that completing rational self analysis helps you to identify the underlying values that guide your reaction to specific events. He opined that the rational self analysis template was based on twelve principles namely: Self knowledge, self – acceptance and confidence, enlightened self – interest, tolerance for frustration and discomfort, long range enjoyment, risk – taking, moderation, emotional and behavioural responsibility, self – direction and commitment, flexibility, cognitive thinking as well as acceptance of reality. In line with the finding of this study, Yahaya and Mustapha in their work of (2015), revealed that rational emotive bahaviour therapy produced significant reduction in the bullying behaviour of the in – school adolescents. Boeree as cited in Abdu (2015), said that rational self analysis is a technique based on the idea that many psychological problems are ultimately derived from cognitive errors especially regarding oneself, the world and future.

The goals of psychoanalysis are for clients to (a) resolve their problems so that they can improve their abilities to cope with changes (b) work through unresolved developmental stages and (c) cope more effectively with the demands of society. These goals are reached by exploring unconscious materials, especially as they relates to the relationship between client and therapist.

Change occurs through a course of opening up to self – discovery, finding patterns that interfere in life, unraveling the influence of the past from the present and finding new coping skills. In the opening phase of counselling, free association helps in self – discovery. The second phase includes communicating, understanding, interpreting and analyzing transference and counter transference. In this phase, the therapist and client began to recognize patterns. The third part of therapy allowed the counsellor and client to identify sources of pain in order to untangle the past from the present. In the final phase of counselling, therapeutic relationship became a place to develop new competence.

The counselling methods using psychoanalysis therapy include indirect interpretation through stories and metaphors techniques that may lead to age – appropriate self – awareness as well as play therapy as a primary method to access emotions and to analyse children’s thinking. The fundamental principles to keep in mind when analyzing children are the following according to Merydith as cited in Henderson and Thompson, 2015:

- Develop a warm and friendly relationship
- Accept the child
- Create an atmosphere of permissiveness in the relationship
- Recognise the child’s feelings and reflect them
- Respect the child’s ability to solve problems
- Allow the child to lead and follow that lead
- Do not hurry
- Use only necessary limits (Merydith as cited in Henderson and Thompson, 2015).

Shamekia (2017), said that rational emotive behavioural therapy was a humanistic approach that focuses on our ability to create our own positive and negative emotions. That

according to REBT, our belief system impacts whether we achieve success and self – actualisation in our lives. That the goal of REBT was to make changes to irrational thinking patterns, behaviours and emotional responses, using reasonable and rational thinking.

Rational emotive behavioural therapy can be used to treat people affected by disorders such as anxiety, depression and stress. REBT therapist helps clients by disputing irrational beliefs, (the therapist points out how irrational it would be for a client to believe he or she had to be good at everything to be considered a worthwhile person), reframing (situations are viewed from a more positive perspective), problem – solving, role – playing, modeling and humor. The client may also be requested to complete certain exercises at home in order to achieve a life of acceptance (Shamekia, 2017).

According to Shamekia (2017), Ellis and REBT were of the views that irrational beliefs are the source of psychological distress. That any irrational belief stem from a core ‘should’, ‘must’, ‘have to’, or ‘need to’ statement: That Ellis identifies three common irrational beliefs regarding demands about the self, other people or the world. These beliefs are known as the three basic musts, which include the following thoughts:

- * ‘I must do well or else I’m no good’.
- * ‘Other people must treat me fairly and kindly, and if they don’t, they are no good and they deserve to be condemned and punished’
- * I must get what I want when I want it, and I must not get, what I don’t want. If I don’t get what I want, I can’t stand it’.

These irrational thoughts can lead to needless suffering. The first belief often leads to anxiety, depression, shame and guilt. The second belief often leads to rage, passive – aggression and acts of violence; and the third belief can lead to self pity and procrastination. The demanding

nature of these beliefs causes problems; being less demanding and more flexible in your belief system leads to healthy emotions and helpful behaviours. Shamekia (2017) went further to state that Ellis developed an ABCDE format to teach people how their beliefs cause their emotional and behavioural responses. 'A' stands for activating events or adversity. 'B' refers to one's irrational belief about 'A'. That belief then leads to 'C', the emotional and behavioural consequences. 'D' stands for for disputes or arguments against irrational beliefs. 'E' stands for new effect or the new, more effective emotions and behaviours that result from more reasonable thinking about the original event.

In hypothesis two, the effectiveness of cognitive restructuring counselling technique in reducing physical bullying behaviour was tested using the paired samples t test. The result showed that the group of participants exposed to cognitive restructuring counselling technique indicated significant effect of behavioural modification from the analysis. The null hypothesis was rejected. The finding clearly revealed that the use of cognitive restructuring counselling technique could significantly reduce the physical bullying behaviour among secondary school students. The finding was in agreement with the view of Cuncic (2014), who said that cognitive restructuring as a cognitive behavioural technique was used to identify and correct negative thinking patterns. That the technique involves altering negative automatic thought that occur in anxiety provoking patterns situations; since thoughts are challenged and disputed, their ability to elicit anxiety is weakened. As well as Ford – Martin (2014), who said that cognitive restructuring was a psychological therapy which assumes that faulty cognitive or thought patterns cause maladaptive behaviour and emotional responses. That the treatment focuses on changing thoughts in order to adjust psychological and personality problems.

The finding also agreed with the views of Eweniyi, Adeoye, Ayodele and Adebayo (2013), that their study revealed cognitive restructuring or self instruction was found to be more effective on bullying behaviour ($f_{2,101} = 6.4444$; $p < 0.05$). Bandura said that the most fundamental and significant principle of social learning is the principle of reinforcement. That most of our behaviour in social situations is acquired through the principle of reinforcement. The scope of responses acquired through reinforcement is unlimited. He described how aggressive behaviour can be acquired through reinforcement by children.

An experiment to that effect was conducted by Cowan and Walters on small children who are were given “Bobo” clown with a sign saying “Hit me” painted on the clown. It was observed by the experimenters that the rate of responding (hitting) were increased as a result of reinforcement. The experiment further established the fact that partial reinforcement leads to greater resistance to extinction than continuous reinforcement. Bandura emphasise the importance of reinforcement in situations where a person observes the actions of another person (model) who is reinforced or punished for those actions. He introduced an important type of reinforcement that is known as vicarious reinforcement which refers to the modification of an observer’s behaviour by reinforcement administered to a model which is being observed.

An illustration from the experimental studies conducted by Bandura make the concept of vicarious reinforcement very clear or obvious. Nursery school children were exposed to film of adults or live adults behaving aggressively to a large plastic doll. He found that children who were exposed to aggressive model tended to behave toward the doll in the same way and exhibited a large number of precisely matching responses. Such responses rarely occurred for children who were not exposed to models behaving aggressively. The experiment indicates that children acquire novel responses through vicarious reinforcement by observing the behaviour of

the model. This process of learning through imitation is influenced by the nature of the reinforcement given to the model. If we minutely analyse the behaviours of children, adolescents and even adults, we will discover that most of the behaviour is imitated to match the behaviour of the model.

Andreas (2018) said that according to Beck, “If beliefs do not change, there is no improvement. If beliefs change, symptoms change. Beliefs function as little operational units”, which means that one’s thoughts and beliefs (schema) affect one’s behaviour and subsequent actions; That Beck believed dysfunctional behaviour is caused due to dysfunctional thinking is shaped by our beliefs decide the course of our actions. That Beck was convinced of positive results if parents could be persuaded to think constructively and to forsake negative thinking. On the basis of this theory, a therapy was devised that could effectively treat a variety of disorders. Cognitive behavioural therapy is beneficial for treating several psychological, psychiatric and medical disorders. Patients with psychological disorders like uncontrollable anger and compulsive gambling can be treated with this therapy. Psychiatric problems like depression, substance abuse, personality disorders, amongst others, can also be dealt with it. Though most health problems are treated using medications, some of them having a psychological component like obesity, pre – menstrual syndrome, chronic pain, amongst others, are also addressed using this therapy (Andreas, 2018).

Behavioural therapists suggest that depression results from faulty and irrational psychological perception, causing distorted learning and reasoning. This depressive cognition could be a result of traumatic experience or incapability of adaptive coping skills. Depressive people have a negative perception or belief about themselves and their environment. More the severity of one’s negative thoughts, more is the severity of depression symptoms. That Beck

devised the negative cognitive triad, which includes the following three main dysfunctional belief themes, a depressive person experiences:

- * A depressed person sees himself as inadequate, incapable of success, and always as a victim of circumstances.
- * He considers all past and present experiences through the kaleidoscope of negativity, constantly emphasising on defeats, failures, and a victim in mentality.
- * He envisions the future, just as he interprets the past and present, and sees only despair and hopelessness.

These beliefs focus attention towards negative aspects of life and the way information is processed. As perception becomes more distorted, selective attention is placed in failures and everything is approached negatively. The depressed person maneuvers all his feelings towards hopelessness unconsciously. That in 1961, Beck developed the Beck Depression Inventory (BDI) that has a 21 item scale that uses a Likert scale to determine the severity of depression. It is one of the most widely used scales to measure depression (Andreas, 2018).

He went further to explain that Beck laid major emphasis on understanding and changing core beliefs as an approach to treating depression; by restructuring destructive thinking, he believed that positive changes could be brought in the patient. That he considered the role of a therapist as crucial in the treatment. The therapist involves the patient in setting realistic goals and taking responsibilities for action and thought. By changing thought and perception, a change can be brought in behaviour and emotional responses. A course is outlined to educate the patient on the concept of faulty thinking. New ideas and ways are generated to develop a positive outlook of oneself, experiences and the environment around. Sometimes, home assignments are

also given to help the depressed person review and understand the impact of faulty thinking on his behaviour and emotional well – being (Andreas, 2018).

Hypothesis three tested for the significant effectiveness of rational self analysis counselling technique in reducing verbal bullying behaviour among secondary school students using the paired samples t test. The result showed that the group of participants exposed to rational self analysis counselling technique exhibited significant effect of behavioural modification from the analysis. The null hypothesis was rejected. This finding vividly revealed that the use of rational self analysis counselling technique could significantly reduce the verbal bullying behaviour among secondary school students. The finding was in total agreement with the views of Yahaya and Mustapha (2015), that their conducted study revealed a significant effectiveness of rational behavioural therapy in reducing bullying behaviour among in – school adolescents.

Also, rational self analysis is an independent objective attempt to study and comprehend one's own personality, emotions and behaviours. It is an evaluation of one's own thoughts and behaviours. It is referred to as the analysis of one's own personality without the help of another (Editors of the American Heritage Dictionaries, 2016; Houghton, 2014; Love To Know Corporation, 2017). The goals of psychoanalysis are for clients to (a) resolve their problems so that they can improve their abilities to cope with changes (b) work through unresolved developmental stages and (c) cope more effectively with the demands of society. These goals are reached by exploring unconscious materials, especially as they relates to the relationship between client and therapist. Change occurs through a course of opening up to self – discovery, finding patterns that interfere in life, unraveling the influence of the past from the present and finding new coping skills.

In the opening phase of counselling, free association helps in self – discovery. The second phase includes communicating, understanding, interpreting and analyzing transference and counter transference. In this phase, the therapist and client began to recognized patterns. The third part of therapy allowed the counsellor and client to identify sources of pain in order to untangle the past from the present. In the final phase of counselling, therapeutic relationship became a place to develop new competence. The counselling methods using psychoanalysis therapy include indirect interpretation through stories and metaphors techniques that may lead to age – appropriate self – awareness as well as play therapy as a primary method to access emotions and to analyse children’s thinking. The fundamental principles to keep in mind when analyzing children are the following according to Merydith as cited in Henderson and Thompson, 2015:

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- Respect the child’s ability to solve problems
- Allow the child to lead and follow that lead
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- Use only necessary limits (Merydith as cited in Henderson and Thompson, 2015).

Shamekia (2017) said that rational emotive behavioural therapy was a humanistic approach that focuses on our ability to create our own positive and negative emotions. That according to REBT, our belief system impacts whether we achieve success and self –

actualisation in our lives. That the goal of REBT was to make changes to irrational thinking patterns, behaviours and emotional responses, using reasonable and rational thinking.

Rational emotive behavioural therapy can be used to treat people affected by disorders such as anxiety, depression and stress. REBT therapist helps clients by disputing irrational beliefs, (the therapist points out how irrational it would be for a client to believe he or she had to be good at everything to be considered a worthwhile person), reframing (situations are viewed from a more positive perspective), problem – solving, role – playing, modeling and humor. The client may also be requested to complete certain exercises at home in order to achieve a life of acceptance (Shamekia, 2017).

According to Shamekia (2017), Ellis and REBT were of the views that irrational beliefs are the source of psychological distress. That any irrational belief stem from a core ‘should’, ‘must’, ‘have to’, or ‘need to’ statement: That Ellis identifies three common irrational beliefs regarding demands about the self, other people or the world. These beliefs are known as the three basic musts, which include the following thoughts:

- * ‘I must do well or else I’m no good’.
- * ‘Other people must treat me fairly and kindly, and if they don’t, they are no good and they deserve to be condemned and punished’
- * I must get what I want when I want it, and I must not get, what I don’t want. If I don’t get what I want, I can’t stand it’.

These irrational thoughts can lead to needless suffering. The first belief often leads to anxiety, depression, shame and guilt. The second belief often leads to rage, passive – aggression and acts of violence; and the third belief can lead to self pity and procrastination. The demanding nature of these beliefs causes problems; being less demanding and more flexible in your belief

system leads to healthy emotions and helpful behaviours. Shamekia (2017) went further to state that Ellis developed an ABCDE format to teach people how their beliefs cause their emotional and behavioural responses. 'A' stands for activating events or adversity. 'B' refers to one's irrational belief about 'A'. That belief then leads to 'C', the emotional and behavioural consequences. 'D' stands for for disputes or arguments against irrational beliefs. 'E' stands for new effect or the new, more effective emotions and behaviours that result from more reasonable thinking about the original event.

Hypothesis four tested the effectiveness of cognitive restructuring counselling technique in reducing verbal bullying behaviour among secondary school students using the paired samples t test. The result indicated that the group of participants exposed to cognitive restructuring counselling technique showed significant effect of behaviour modification from the analysis. The null hypothesis was rejected. This finding clearly revealed that the use of cognitive restructuring counselling technique could significantly reduce the verbal bullying behaviour among secondary school students. The finding agreed with the view of Clark (2013), who said that cognitive restructuring is the structured goal – oriented and collaborative intervention strategies that focus on the exploration, evaluation and substitution of the maladaptive thoughts, appraisals and beliefs that maintained psychological disturbance. As well as Asonaba, Antwi and Innocent (2014), that said cognitive restructuring which is also known as cognitive reframing is a technique that can help people identify, challenge and alter anxiety provoking thoughts patterns and beliefs.

Also, Asikhia (2014), sees cognitive restructuring as relatively short – term treatment designed to readdress or change clients thinking about events in their lives. That it strives to change misconceptions, strengthen coping skills and increase self – control and encourage self –

reflection. Cognitive restructuring therapy is one of the major orientations of psychotherapy and represents a unique category of psychological intervention because it is derived from cognitive and behavioural psychological models of human behaviour that include for instance, theories of normal and abnormal development, and theories of emotion and psychopathology (Adeusi, 2013).

Bandura said that the most fundamental and significant principle of social learning is the principle of reinforcement. That most of our behaviour in social situations is acquired through the principle of reinforcement. The scope of responses acquired through reinforcement is unlimited. He described how aggressive behaviour can be acquired through reinforcement by children. An experiment to that effect was conducted by Cowan and Walters on small children who were given “Bobo” clown with a sign saying “Hit me” painted on the clown. It was observed by the experimenters that the rate of responding (hitting) were increased as a result of reinforcement. The experiment further established the fact that partial reinforcement leads to greater resistance to extinction than continuous reinforcement. Bandura emphasise the importance of reinforcement in situations where a person observes the actions of another person (model) who is reinforced or punished for those actions.

He introduced an important type of reinforcement that is known as vicarious reinforcement which refers to the modification of an observer’s behaviour by reinforcement administered to a model which is being observed. An illustration from the experimental studies conducted by Bandura make the concept of vicarious reinforcement very clear or obvious. Nursery school children were exposed to film of adults or live adults behaving aggressively to a large plastic doll. He found that children who were exposed to aggressive model tended to behave toward the doll in the same way and exhibited a large number of precisely matching

responses. Such responses rarely occurred for children who were not exposed to models behaving aggressively. The experiment indicates that children acquire novel responses through vicarious reinforcement by observing the behaviour of the model. This process of learning through imitation is influenced by the nature of the reinforcement given to the model. If we minutely analyse the behaviours of children, adolescents and even adults, we will discover that most of the behaviour is imitated to match the behaviour of the model.

Andreas (2018) said that according to Beck, “If beliefs do not change, there is no improvement. If beliefs change, symptoms change. Beliefs function as little operational units”, which means that one’s thoughts and beliefs (schema) affect one’s behaviour and subsequent actions; That Beck believed dysfunctional behaviour is caused due to dysfunctional thinking is shaped by our beliefs decide the course of our actions. That Beck was convinced of positive results if parents could be persuaded to think constructively and to forsake negative thinking.. On the basis of this theory, a therapy was devised that could effectively treat a variety of disorders. Cognitive behavioural therapy is beneficial for treating several psychological, psychiatric and medical disorders. Patients with psychological disorders like uncontrollable anger and compulsive gambling can be treated with this therapy. Psychiatric problems like depression, substance abuse, personality disorders, amongst others, can also be dealt with it. Though most health problems are treated using medications, some of them having a psychological component like obesity, pre – menstrual syndrome, chronic pain, amongst others, are also addressed using this therapy (Andreas, 2018).

Behavioural therapists suggest that depression results from faulty and irrational psychological perception, causing distorted learning and reasoning. This depressive cognition could be a result of traumatic experience or incapability of adaptive coping skills. Depressive

people have a negative perception or belief about themselves and their environment. More the severity of one's negative thoughts more is the severity of depression symptoms. That Beck devised the negative cognitive triad, which includes the following three main dysfunctional belief themes, a depressive person experiences:

- * A depressed person sees himself as inadequate, incapable of success, and always as a victim of circumstances.
- * He considers all past and present experiences through the kaleidoscope of negativity, constantly emphasising on defeats, failures, and a victim in mentality.
- * He envisions the future, just as he interprets the past and present, and sees only despair and hopelessness.

These beliefs focus attention towards negative aspects of life and the way information is processed. As perception becomes more distorted, selective attention is placed in failures and everything is approached negatively. The depressed person maneuvers all his feelings towards hopelessness unconsciously. That in 1961, Beck developed the Beck Depression Inventory (BDI) that has a 21 item scale that uses a Likert scale to determine the severity of depression. It is one of the most widely used scales to measure depression (Andreas, 2018).

He went further to explain that Beck laid major emphasis on understanding and changing core beliefs as an approach to treating depression; by restructuring destructive thinking, he believed that positive changes could be brought in the patient. That he considered the role of a therapist as crucial in the treatment. The therapist involves the patient in setting realistic goals and taking responsibilities for action and thought. By changing thought and perception, a change can be brought in behaviour and emotional responses. A course is outlined to educate the patient on the concept of faulty thinking. New ideas and ways are generated to develop a positive

outlook of oneself, experiences and the environment around. Sometimes, home assignments are also given to help the depressed person review and understand the impact of faulty thinking on his behaviour and emotional well – being (Andreas, 2018).

Hypothesis five tested the differential effectiveness of rational self analysis and cognitive restructuring counselling techniques in reducing physical bullying behaviour among secondary school students using the independent samples t test. The result shows that both groups' participants exposed to the two different techniques of rational self analysis and cognitive restructuring counselling techniques does not showed significant differential effects of behaviour modifications from the analysis. The null hypothesis was retained. This finding clearly indicated that the use of both rational self analysis and cognitive restructuring counselling techniques could significantly reduce physical bullying behaviour among secondary school students.

Judging from the analysis, it means that both rational self analysis and cognitive restructuring counselling techniques had significant effects of reducing physical bullying behaviour among secondary school students. Since significant differential effect does not exist among the two techniques. In line with this finding; rational self analysis which emanates from rational emotive behavioural therapy was based on the assumption or supposition that clients label emotional reactions which are largely caused by conscious and unconscious irrational and self defeating evaluations, interpretations, expectations and philosophies; thus clients feel anxious or depressed because their belief system strongly convinces them that it is terrible when they fail at something or that they cannot stand the pain or being rejected, unloved or excluded.

Rational self analysis is an independent methodological objective attempt to study and comprehend one's own personality, emotions and behaviours. It is an evaluation of one's own thoughts and behaviours. It is referred to as the analysis of one's own personality without the

help of another (Editors of the American Heritage, 2016; Houghton, 2014). Paul (2016) said that completing rational self analysis helps you to identify the underlying values that guide your reactions to specific events. He opined that the rational self analysis template was based on twelve (12) principles, namely: Self knowledge, self acceptance and confidence, enlightened self – interest, tolerance for frustration and discomfort, long – range enjoyment, risk – taking, moderation, emotional and behavioural responsibility, self – direction and commitment, flexibility, objective thinking as well as acceptance of reality.

Andreas (2018), said that on the basis of the Beck’s theory a therapy was devised that could effectively treat a variety of disorders. That cognitive behavioural therapy is beneficial for treating several psychological, psychiatric and medical disorders. Patients with psychological disorders like uncontrollable anger and compulsive gambling can be treated with this therapy. Psychiatric problems like depression, substance abuse, personality disorders, amongst others, can also be dealt with it. Though most health problems are treated using medication, some of them having a psychological component like obesity, pre – menstrual syndrome, chronic pain, amongst others, are also addressed using this therapy (Andreas, 2018).

The goals of psychoanalysis are for clients to (a) resolve their problems so that they can improve their abilities to cope with changes (b) work through unresolved developmental stages and (c) cope more effectively with the demands of society. These goals are reached by exploring unconscious materials, especially as they relates to the relationship between client and therapist. Change occurs through a course of opening up to self – discovery, finding patterns that interfere in life, unraveling the influence of the past from the present and finding new coping skills. In the opening phase of counselling, free association helps in self – discovery. The second phase includes communicating, understanding, interpreting and analyzing transference and counter

transference. In this phase, the therapist and client began to recognize patterns. The third part of therapy allowed the counsellor and client to identify sources of pain in order to untangle the past from the present. In the final phase of counselling, therapeutic relationship became a place to develop new competence.

The counselling methods using psychoanalysis therapy include indirect interpretation through stories and metaphors techniques that may lead to age – appropriate self – awareness as well as play therapy as a primary method to access emotions and to analyse children’s thinking. The fundamental principles to keep in mind when analyzing children are the following according to Merydith as cited in Henderson and Thompson, 2015:

- Develop a warm and friendly relationship
- Accept the child
- Create an atmosphere of permissiveness in the relationship
- Recognise the child’s feelings and reflect them
- Respect the child’s ability to solve problems
- Allow the child to lead and follow that lead
- Do not hurry
- Use only necessary limits (Merydith as cited in Henderson and Thompson, 2015).

Contributing to the Adlerian theory, Paul as cited in American Society of Adlerian Psychology (2015), said that Adler in his youth was a sickly child, which caused him embarrassment and pain. These early experience with illnesses and accidents probably account for his theory of organ inferiority and were the foundation for his theories on inferiority feelings. That according to Adler, each individual has a weak area in his or her body – organ inferiority which tends to be the area where illness occurs, such as the stomach,

head, heart, back, lungs, amongst others. That Adler said that to some degree every emotion finds expression in the body. From his understanding of organ inferiority, Adler began to see each individual as having a feeling of inferiority. That Adler wrote, “To be a human being means to feel oneself inferior”. The child comes into the world as a helpless little creature surrounded by powerful adults. A child is motivated by feelings of inferiority to strive for greater things. Those feelings of inferiority activate a person to strive upward so that normal feelings of inferiority impel the human being to solve his or her problems successfully, whereas the inferiority complex impedes or prevents one from doing so.

Paul as cited in American Society of Adlerian Psychology (2015), went further to state that the healthy individual will strive to overcome his or her inferiority through involvement with society. That one is concerned about the welfare of others as well as oneself and develops good feeling of self – worth and self – assurance; while some are more concerned with selfishness than with social interest. They may express this selfishness in a need to dominate, to take and not to give. From these unhealthy responses, the person develops an inferiority complex. A superiority complex is a cover up of for an inferiority complex.

Hypothesis six tested the differential effectiveness of rational self analysis and cognitive restructuring counselling techniques in reducing verbal bullying behaviour among secondary school students using the independent samples t test. The result shows that both groups’ participants exposed to the two different techniques of rational self analysis counselling technique and cognitive restructuring counselling technique does not showed significant differential effects of behaviour modification from the analysis. This finding clearly indicated that the use of both rational self analysis counselling technique and cognitive restructuring

counselling technique could significantly reduce verbal bullying behaviour among secondary school students.

Judging from the analysis, it means that both rational self analysis counselling technique and cognitive restructuring counselling technique had significant effect of reducing verbal bullying behaviour among secondary school students. Since significant differential effect does not exist among the two techniques. In total agreement with this finding; Paul (2016), said that completing rational self analysis helps you to identify the underlying values that guide your reactions to specific events. He opined that the Rational Self Analysis template was based on twelve (12) principles, namely: Self knowledge, self acceptance and confidence, enlightened self – interest, tolerance for frustration and discomfort, long – range enjoyment, risk – taking, moderation, emotional and behavioural responsibility, self – direction and commitment, flexibility, objective thinking as well as acceptance of reality. Also, rational self analysis is an independent methodological objective attempt to study and comprehend one’s own personality, emotions and behaviours. It is an evaluation of one’s own thoughts and behaviours. It is referred to as the analysis of one’s own personality without the help of another (Editors of the American Heritage, 2016; Houghton, 2014).

Rational self analysis which emanates from rational emotive behavioural therapy was based on the assumption or supposition that clients label emotional reactions which are largely caused by conscious and unconscious irrational and self defeating evaluations, interpretations, expectations and philosophies; thus clients feel anxious or depressed because their belief system strongly convinces them that it is terrible when they fail at something or that they cannot stand the pain or being rejected, unloved or excluded. Andreas (2018) said that Beck in his theory laid major emphasis on understanding and changing core beliefs as an approach to treating

depression; by restructuring destructive thinking, he believed that positive changes could be brought in the patient.

That, Beck considered the role of a therapist as crucial in the treatment; the therapist involves the patient in setting realistic goals and taking responsibilities for action and thought; that by changing thought and perception, a change can be brought in behaviour and emotional responses. A course is outlined to educate the patient on the concept of faulty thinking; new ideas and ways are generated to develop a positive outlook of oneself, experiences and the environment around; sometimes, home assignments are also given to help the depressed person review and understand the impact of faulty thinking on his behaviour and emotional well – being (Andreas, 2018).

Also; Bonke (2012), carried out a study that revealed the prevalence of bullying behaviour among the students to be 67.2%. From this, 88.1% had been bullied and 31.1% were bullies. That many students (64.7%) had been bullied in relational (verbal) bullying. Watching violent films (57.7% and retaliation for being bullied in the past (51.2%) were some of the factors associated with bullying; that the bullied students exhibited fear (63.6%) and depression (58.1%).

Ford – Martins (2014), said that cognitive restructuring is a psychological therapy which assumes that faulty cognitive or thought pattern cause maladaptive behaviour and emotional responses. The treatment focuses on changing thoughts in order to adjust psychological and personality problems. Cognitive restructuring therapy can be useful for dealing with issues such as anger, anxiety, depression, drug or alcohol problems, eating disorders, obsessive – compulsive disorder, phobias, post – traumatic stress disorder, sexual and relationship problems (James and Winstead, 2015).

Bandura said that the most fundamental and significant principle of social learning is the principle of reinforcement. That most of our behaviour in social situations is acquired through the principle of reinforcement. The scope of responses acquired through reinforcement is unlimited. He described how aggressive behaviour can be acquired through reinforcement by children. An experiment to that effect was conducted by Cowan and Walters on small children who were given “Bobo” clown with a sign saying “Hit me” painted on the clown. It was observed by the experimenters that the rate of responding (hitting) were increased as a result of reinforcement. The experiment further established the fact that partial reinforcement leads to greater resistance to extinction than continuous reinforcement.

Bandura emphasise the importance of reinforcement in situations where a person observes the actions of another person (model) who is reinforced or punished for those actions. He introduced an important type of reinforcement that is known as vicarious reinforcement which refers to the modification of an observer’s behaviour by reinforcement administered to a model which is being observed. An illustration from the experimental studies conducted by Bandura make the concept of vicarious reinforcement very clear or obvious. Nursery school children were exposed to film of adults or live adults behaving aggressively to a large plastic doll. He found that children who were exposed to aggressive model tended to behave toward the doll in the same way and exhibited a large number of precisely matching responses. Such responses rarely occurred for children who were not exposed to models behaving aggressively.

The experiment indicates that children acquire novel responses through vicarious reinforcement by observing the behaviour of the model. This process of learning through imitation is influenced by the nature of the reinforcement given to the model. If we minutely analyse the behaviours of children, adolescents and even adults, we will discover that most of the

behaviour is imitated to match the behaviour of the model. Contributing to the Adlerian theory,

Paul as cited in American Society of Adlerian Psychology (2015), said that Adler in his youth was a sickly child, which caused him embarrassment and pain. These early experience with illnesses and accidents probably account for his theory of organ inferiority and were the foundation for his theories on inferiority feelings. That according to Adler, each individual has a weak area in his or her body – organ inferiority which tends to be the area where illness occurs, such as the stomach, head, heart, back, lungs, amongst others. That Adler said that to some degree every emotion finds expression in the body. From his understanding of organ inferiority, Adler began to see each individual as having a feeling of inferiority.

That Adler wrote, “to be a human being means to feel oneself inferior”. The child comes into the world as a helpless little creature surrounded by powerful adults. A child is motivated by feelings of inferiority to strive for greater things. Those feelings of inferiority activate a person to strive upward so that normal feelings of inferiority impel the human being to solve his or her problems successfully, whereas the inferiority complex impedes or prevents one from doing so.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarises the investigation into the effects of rational self analysis and cognitive restructuring counselling techniques on bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria; it presents the conclusion and proffers recommendations based on the findings of the study, as well as providing suggestions for further studies amongst others. The chapter is presented sequentially as follows: Summary, conclusion, contribution to knowledge, recommendations and suggestions.

5.2 Summary

This study was entitled Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Bullying Behaviour among Secondary School Students in Lokoja, Kogi State, Nigeria. The study was carried out to investigate the effect of rational self analysis counselling technique on physical bullying behaviour among secondary school students in Lokoja, Kogi State, Nigeria; amongst other objectives. Research questions, hypotheses and basic assumptions were formulated based on the stated objectives of the study. The findings of the study were of immense significance to the professional guidance counsellors, psychologists, teachers, school administrators, students, government officials at all levels as well as researchers and other care – providers because it shall add to their knowledge on how RSA and CR counselling techniques would be used in treating and reducing physical and verbal bullying behaviour cases in secondary schools. The study was delimited to two private secondary schools in Lokoja – the Capital City of Kogi State, Nigeria.

Furthermore, related, relevant, recent and adequate literatures were reviewed on the conceptual frameworks of rational self analysis, cognitive restructuring, bullying behaviour specifically physical and verbal bullying behaviours which were considered as the indices of the study, types, causes and consequences of bullying behaviour, their theoretical bases or frameworks respectively as well as empirical studies on them.

The research design adopted for the study was quasi – experimental research design which involved the pretest, posttest group procedure. The population of the study was made up of one hundred and sixty four (164) SSS II students of two private secondary schools. The sample size of the study was twenty (20) student bullies selected out of the forty (45) student bullies identified from the total population of the study; using purposive, simple and stratified random sampling techniques differently.

Two instruments were modified and used for the study. One of the instruments was used for the identification of bullying behaviour and was called Students' Bullying Behaviour Identification Scale. The other instrument was used for data collection and was called Students' Bullying Behaviour Scale. The content and face validity of the instruments were established through seasoned academic professors in the department of educational psychology and counselling as well as department of physical and health education in the faculty of education of the University.

Also, pilot testing was done and the reliability coefficient of the instrument was established to be 0.85 through test – retest method using Pearson Product Moment Correlation Coefficient statistical tool. The instrument for data collection was administered to the subjects

pretest and posttest after treatment packages of RSACT and CRCT were given to the experimental groups' participants, for the period of six weeks.

Descriptive statistics of mean and standard deviations as well as inferential statistics of t test were utilised to analyse the research questions and hypotheses. Thus, all the analysed research questions indicated that RSACT and CRCT have significant effects in the treatment of physical and verbal bullying behaviours among secondary school student bullies. Again, the tested stated null hypotheses 1 to 4 of the study were rejected because their calculated t values were greater than the t critical values, while hypotheses 5 and 6 were retained because their calculated t values were less than the t critical values.

This means that there were significant effects of RSACT and CRCT on physical and verbal bullying behaviours among secondary school students from their pretest and posttest scores, as well as differential significant effects does not exist between RSACT and CRCT on physical and verbal bullying behaviours among secondary school students from their posttest scores. Based on the fore going major findings, recommendations were proffered by the researcher there – in.

5.3 Conclusion

From the analyses of the obtained data from the quasi experiment and tests of the study's stated null hypotheses, the following conclusion could be drawn:

That rational self analysis counselling techniques is an efficient and effective behaviour modification intervention in reducing physical and verbal bullying behaviours among secondary school students in Lokoja, Kogi State, Nigeria.

That cognitive restructuring counselling technique is a very suitable behaviour modification strategy in ameliorating Physical and verbal bullying behaviours among secondary school students in Lokoja, Kogi State, Nigeria.

5.4 Contribution to Knowledge

Based on the major findings of this study, the following contributions were made towards the development of knowledge:

1. That the study could serve as a source of reference to the researchers in knowing more about RSA and CR counselling techniques and how it could be used to handle or resolve the issues of physical and verbal bullying behaviours among secondary school students in Lokoja, Kogi State, Nigeria.
2. That the study could serve as a source of enlightenment to the educational policy makers, school administrators, teachers and parents on how RSA and CR counselling techniques could be utilised to improve, treat and reduce the physical and verbal bullying behaviours conditions of the secondary school students in Lokoja, Kogi State, Nigeria.
3. That the study could serve as a source of enlightenment to the students by making them to realise how RSA and CR counselling techniques could be used to treat and reduce their physical and verbal bullying behaviours situations, thereby bringing about improvement in the general development of their overall personalities.

5.5 Recommendations

The following recommendations were proffered based on the major findings of the study:

1. Since RSA counselling technique had significant effect in reducing physical bullying behaviour among secondary school students, professional guidance counsellors, psychologists and other care providers practicing in the secondary schools should utilise rational self analysis counselling technique in treating and reducing physical bullying behaviour among secondary school students.
2. Since CR counselling technique had significant effect in reducing physical bullying behaviour among secondary school students, professional guidance counsellors, psychologists and other care – providers operating within and outside the secondary school environment should used cognitive restructuring counselling technique in treating and reducing physical bullying behaviour among secondary school students.
3. As a result of the fact that RSA counselling technique had significant effect in ameliorating verbal bullying behaviour among secondary school students, practicing guidance counsellors and other professionals in the secondary school setting should used rational self analysis counselling technique to treat and ameliorate verbal bullying behaviour among secondary school students.
4. As a result of the fact that CR counselling technique had significant effect in ameliorating verbal bullying behaviour among secondary school students, practicing guidance counsellors and other professionals in the secondary school setting should used cognitive restructuring counselling technique in treating and ameliorating verbal bullying behaviour among secondary school students.
5. Since both RSA and CR counselling techniques had no significant differential effects in the treatment and reduction of physical bullying behaviours among secondary school students, government at all levels should provide enabling environment to the professional guidance

counsellors practicing in secondary schools to enable them use both rational self analysis and cognitive restructuring counselling techniques in handling the treatment and reduction of physical bullying behaviour rates among secondary school students.

6. Since both RSA and CR counselling techniques had no significant differential effects in the treatment and amelioration of verbal bullying behaviours among secondary school students, professional guidance counsellors as well as other care providers in the secondary school system should use both rational self analysis and cognitive restructuring counselling techniques in treating and ameliorating verbal bullying behaviour among secondary school students.

The guidance counsellors should ensure that they go into collaborative and cooperative ventures with other stakeholders in the education sector, in ensuring that all the fundamental human rights of the children and adolescents contained in the Constitution of the Federal Republic of Nigeria and the United Nation Organization Declaration Charters are strictly upheld and provided for them. This measure shall go a long way in guiding against unwanted psycho – social problems of secondary school students. Hence, counselling helps to identify and resolve issues, worries or concerns.

5.6 Limitation of the Study

This study would have been constraint or limited by coming late to the treatment session by two of the participants in the rational self analysis counselling technique group in Harmony Secondary School in the second and third weeks of the study, but was immediately restrained or controlled by the researcher - counsellor through conscientisation of the two affected participants, that they should realise the benefits they stand to gain in resolving their bullying behaviour as well as they should recall or remember that there was a unanimous decision agreed

upon pertaining to the day, timing and venue of the counselling sessions at its commencement.

They were thereafter very prompt or punctual, up to the end of the quasi experiment or treatment session. This study would have covered more schools and participants in the treatment groups, but this could not be possible due to inadequate resources at the disposal of the researcher as well as time constraint of the study. There were no issues of client resistance and lack of cooperation from staff members throughout the periods of the study.

5.7 Suggestions for Further Studies

This study focused its investigation on secondary school students in Lokoja, Kogi State, Nigeria; but further studies could be carried out in many areas as follows:

1. The study could be extended to cover secondary school students in other states, geo – political zones or Nigeria in general.
2. Students of tertiary institutions could be used to conduct similar studies.
3. Other counselling techniques or interventions such as problem – solving skills, social skills training, self management and recovery technique, systematic desensitisation, flooding amongst others could be used in other studies to determine their efficacies in treating and reducing bullying behaviour.
4. The number of participants or subjects in the treatment packages can be increased depending on the availability of resources and time; in carrying out same study.
5. Study could be conducted on gender involvement of bullying behaviour using the same techniques of this study or other techniques.

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APPENDIX I:

**LETTER OF STUDENTS' FIELD RESEARCH OBTAINED FROM THE
DEPARTMENT**

APPENDIX II:

STUDENTS' BULLYING BEHAVIOUR IDENTIFICATION SCALE (SBBIS)

Dear Respondent,

This instrument is constructed to enable the researcher collect data (information) for a research work on **“Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Bullying Behaviour Among Secondary School Students in Lokoja, Kogi State, Nigeria”**. Therefore, be honest in the information you give. Note that, all the information you shall provide shall be treated with utmost confidentiality. Thanks.

Part A: Students' Personal Data

School:-----

Class:-----

Gender:-----

Age:-----

Part B: Students' Bullying Behaviour Identification Scale

Instruction: Kindly tick (/) any option of your choice to the items below. The items have the following options namely: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

S/NO.	ITEMS	SA	A	D	SD
1	I tease and call others names frequently				
2	I tease and call others names not frequently				
3	I spread rumours about others very often				
4	I spread rumours about others not too often				
5	I feel upsetted when I teased others				
6	I physically attack others very often				
7	I physically attack others not too often				
8	I hurt or injure others frequently				
9	I hurt or injure others not frequently				
10	I feel upsetted when I physically attack, hurt or injure others				

Source: Lynda Bond as cited in Hamburger, Basile & Vivolo in Gladden (2014) but modified by the Researcher (2017).

APPENDIX III:

STUDENTS' BULLYING BEHAVIOUR SCALE (SBBS)

Dear Respondent,

This instrument is constructed to enable the researcher collect data (information) for a research work on **“Effects of Rational Self Analysis and Cognitive Restructuring Counselling Techniques on Bullying Behaviour Among Secondary School Students in Lokoja, Kogi State, Nigeria”**. Therefore, be honest in the information you give. Note that, all the information you shall provide shall be treated with utmost confidentiality. Thanks.

Part A: Students' Personal Data

School:-----

Class:-----

Gender:-----

Age:-----

Part B: Students' Bullying Behaviour Scale

Instruction: Kindly tick (/) any option of your choice to the items below. The items have the following options namely: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

S/NO.	ITEMS	SA	A	D	SD
1	I hit my fellow students				
2	I push other students				
3	I kick other students				
4	I do physically hurt people				
5	I slap other students when they turn my request down				
6	I always encouraged others to fight				
7	I beat up other students in confined places				
8	I enjoy causing injury to others				
9	I destroy other students properties				
10	I use to collect other students belongings				
11	I tease other students				
12	I call my classmates horrible names				
13	I tell lies on other students in order to blackmail them				
14	I spread rumours about others				
15	I say funny jokes about others in order to provoke them				
16	I frequently threaten other students				
17	I do instigate troublesome argument				
18	I always encourage my fellow students to spread bad rumour about others				
19	I do help to harass other students				
20	I like insulting other students				

Source: Stephen, J. Dorothy, L. E. Justin, W. P. and Sameer, H. as cited in Hamburger, Basile & Vivolo in Gladden (2014) but modified by the researcher (2017).

APPENDIX IV:

RAW DATA OF THE PILOT STUDY

TEST	RE - TEST
X1	X2
75	78
75	77
70	78
74	76
70	68
75	77
74	78
75	76
76	75
76	76
77	75
72	77
65	78
74	78
68	76
73	75
75	77
77	76
76	77
70	77
1467	1525
73.35	76.25

**APPENDIX V:
The CORR Procedure**

2 Variables x1 x2

Descriptive Statistics				
Variable	N	Mean	Std Dev	Label
X1	20	73.3500	3.21632	X1
X2	20	76.2500	2.19749	X2

Pearson Correlation Coefficients: N = 20			
		X1	X2
X1	Pearson Correlation	1	.047
	Sig. (2 – Tailed)		.846
	N	20	20
X2	Pearson Correlation	.047	1
	Sig. (2 - Tailed)	.846	
	N	20	20

Highly positively reliably correlated $r = 0.85$.

APPENDIX VI:

LETTER OF COMFIRMATION FROM SAMPLED SCHOOLS FOR PILOT STUDY

APPENDIX VII:

LETTER OF COMFIRMATION FROM SAMPLED SCHOOLS FOR PILOT STUDY

APPENDIX VIII: TREATMENT PACKAGES OF RSACT AND CRCT

Treatment Procedure Group One (I₁) - Rational Self Analysis Counselling Technique:

As a professional guidance counsellor and researcher, in order to assist the bullying students in managing their behavioural issue, the researcher used the following procedures (steps) in helping the student bullies to achieve positive behavioural change:

Week One (Session One):

- The counsellor – researcher introduced oneself to the clients and explained to them the counselling relationship that was about to take place. After which every clients introduced themselves.
- The counsellor – researcher explained to the clients or participants the counsellor's roles and that of the participants expected during the counselling sessions.
- The goals of the entire counselling relationship were collectively made by the counsellor and the participants in order to guide the session.
- The counsellor – researcher emphasized the significance of developing a joint relationship for the success of the counselling processes or sessions.
- The counsellor – researcher enquired from the clients on if they are ready to start the counselling sessions.
- The counsellor – researcher explained to the participants the concepts of Rational Self Analysis counselling technique, bullying behaviour which can be physical and verbal and how RSACT can be utilized to curtail their bullying behaviours. That Rational Self Analysis is an evaluation of one's own thoughts and behaviours. Bullying Behaviour is a repeated aggressive behaviour – both direct (such as hitting, kicking, or pushing) and indirect (such as teasing, social exclusion, or spreading rumour) –

intended to cause physical and or psychological harm to another individual. Verbal bullying means saying or writing mean things. It includes: teasing, name – calling, inappropriate sexual comments, taunting and threatening to cause harm. Physical bullying involves hurting a person’s body or possessions. It includes: hitting or kicking or pinching, spitting, tripping or pushing, taking or breaking someone’s things and making mean or rude hand gestures.

- The counsellor – researcher requested the participants to ask any questions on what has been discussed in the session.
- The counsellor – researcher informed the participants of the end of the session. Take home assignment of listing ten (10) characteristics of bullying behaviours was given to them. It served as a take off point for the next session. Such characteristics as: Aggressiveness, easily provoked, cruelty, arrogant, temperamental, deviant, like domination, destructiveness, rudeness and wickedness.

Week Two (Session Two):

- The counsellor – researcher gave the participants a warm welcome in order to make them feel at home and relaxed for the joint session to start.
- The counsellor – researcher reminded the clients or participants about the take home assignment given to them in the earlier session. They are thereafter asked to mention such distorted beliefs.
- The various distorted beliefs mentioned by the participants were filtered and explained by the counsellor – researcher. After which each participants were asked to explain them from their own point of view.

- The counsellor – researcher explained the process of distorted beliefs formation to the participants and also discusses a few of the participants’ or clients’ distorted beliefs and how they started.
- The counsellor – researcher discussed how the distorted beliefs affected their behaviours towards dealing with bullying behaviours and gave examples on how such beliefs can cause unwanted behaviours.
- The counsellor – researcher emphatically explained how the therapy or treatment session can help to provide a conducive atmosphere for joint efforts of the counsellor and the participants to change or modify the unwanted behaviours.
- The counsellor – researcher closed the session by giving the participants another take home assignment of attaching the mentioned distorted beliefs with the behaviours which it makes them to show or display.

Week Three (Session Three):

- The counsellor – researcher warmly welcomed the participants or counselees into another session; expressing unconditional positive regards to each and every one of them.
- The counsellor – researcher read out the distorted beliefs about bullying behaviours as given by the participants. This was done to serve the purpose of refreshing the memory and getting prepared for the present session.
- Each of the distorted beliefs was viewed on its own merit; giving consideration to its negative effects on the participants that the thoughts hasty.
- The participants were directed to identify how these distorted beliefs affected their relationships and personality.

- The counsellor – researcher informed the participants of coming to the end of the session and asked them on if they have any questions or observations to make.
- Take home assignment was given to the participants or counsellees asking them to itemize ten (10) effects, bullying behaviours have made them to be faced with. Such effects as: Low self – confidence, depression, suicidal thoughts and attempts, abnormal fears and worries, sleep disorders, nervous habits, frequent crying, bed – wetting, poor appetite or digestive problems, school problems, rage, psychological post – trauma disorders, self destructive behaviour, alcohol or substance abuse may result.

Week Four (Session Four):

- The counsellor – researcher welcomed the participants into another session of the treatment or therapy.
- The counsellor – researcher leads the participants to summarize on the last sessions therapies and the successes recorded so far.
- The counsellor – researcher defined what a normal and positive belief is as against a distorted belief.
- The counsellor – researcher with the cooperation of the participants begins to rationally dispute the distorted beliefs mentioned or offered by the participants by taking each belief and revealing its faults.
- The counsellor – researcher directed the participants in selecting or choosing positive beliefs. Five (5) out of the mentioned distorted beliefs were disputed and replaced with more realistic beliefs.

- The counsellor – researcher whole heartedly appreciated the participants’ commitment to the joint sessions successes recorded so far.
- The counsellor – researcher said the session had ended. Then, assignment was given to the participants to think genuinely on the disputation of the distorted beliefs and to come up with more realistic ones as well as to explain during the next session how such disputation has affected their feelings and behaviours towards bullying behaviours.

Week Five (Session Five):

- The counsellor – researcher welcomed the participants to yet another session.
- The counsellor – researcher makes reference to the distorted beliefs the participants’ mentioned which have been discussed.
- The participants were asked to list some other distorted beliefs which were not named by the counsellor – researcher.
- The participants were asked to critically analyze the faults in the listed distorted beliefs.
- They were told to discuss possible behaviours that the distorted beliefs can cause and their unhelpful nature.
- They were told to dispute both the distorted beliefs and the possible unhelpful behaviours they caused.
- The participants were told to ask questions or make observations and comments. Then, the counsellor – researcher announced the end of the session.

Week Six (Session Six):

- The counsellor – researcher warmly welcomed the participants to the concluding session of the treatment or therapeutic session.
- The counsellor – researcher appreciated the joint efforts recorded throughout the weeks and sessions of the counselling processes.
- The participants were asked to communicate or articulate what was the consequence of the disputation of their distorted beliefs with more realistic beliefs.
- They were asked to discuss some general aspects of bullying behaviours and the counselling process which was about to be ended.
- The participants were informed to get ready for another test which shall round up the counselling intervention. Thereafter, the post - test was administered and subsequently the counselling session was ended.

Treatment Procedure Group Two (I₂) - Cognitive Restructuring Counselling Technique:

Again, the below procedures (steps) were utilized in carrying out the treatment sessions:

Week One (Session One):

- The counsellor – researcher introduced oneself to the clients and explained to them the counselling relationship that was about to take place. After which every clients introduced themselves.
- The counsellor – researcher explained to the clients or participants the counsellor's roles and that of the participants expected during the counselling sessions.
- The goals of the entire counselling relationship were collectively made by the counsellor and the participants in order to guide the session.

- The counsellor – researcher emphasized the significance of developing a joint relationship for the success of the counselling processes or sessions.
- The counsellor – researcher enquired from the clients on if they are ready to start the counselling sessions.
- The counsellor – researcher explained to the participants the concepts of Cognitive Restructuring counselling technique, bullying behaviour which can be physical or verbal and how CRCT can be used to curtail their bullying behaviours. That Cognitive restructuring refers to any methods which help people to think differently about a situation, event, thought or belief. It is a concept that involved actively altering maladaptive thought patterns and replacing them with more realistic and constructive thought. Bullying behaviour is a repeated aggressive behaviour – both direct (such as hitting, kicking, or pushing) and indirect (such as teasing, social exclusion, or spreading rumour) – intended to cause physical and or psychological harm to another individual. It could be physical and verbal bullying behaviours. Verbal bullying means saying or writing mean things. It included: teasing, name – calling, inappropriate sexual comments, taunting and threatening to cause harm. Physical bullying involves hurting a person’s body or possessions. It included: hitting or kicking or pinching, spitting, tripping or pushing, taking or breaking someone’s things and making mean or rude hand gestures.
- The counsellor – researcher requested the participants to ask any questions on what had been discussed in the session.
- The counsellor – researcher informed the participants of the end of the session. Take home assignment of listing ten (10) characteristics of bullying behaviours was given

to them. It served as a take off point for the next session. Such characteristics as: Aggressiveness, easily provoked, cruelty, arrogant, temperamental, deviant, like domination, destructiveness, rudeness and wickedness.

Week Two (Session Two):

- The counsellor – researcher gave the participants a warm welcome in order to make them feel at home and relaxed for the joint session to start.
- The counsellor – researcher reminded the clients or participants about the take home assignment given to them in the earlier session. They are thereafter asked to mention such negative automatic thoughts.
- The various automatic thoughts mentioned by the participants were filtered and explained by the counsellor – researcher. After which each participants were asked to explain them from their own point of view.
- The counsellor – researcher explained the process of automatic thoughts formation to the participants and also discussed a few of the participants’ or clients’ automatic thoughts and how they started.
- The counsellor – researcher discussed how the automatic thoughts affect their behaviours towards dealing with bullying behaviours and gave examples on how such automatic thoughts can cause unwanted behaviours.
- The counsellor – researcher emphatically explained how the therapy or treatment session can help to provide a conducive atmosphere for joint efforts of the counsellor and the participants to change or modify the unwanted behaviours.

- The counsellor – researcher closed the session by giving the participants another take home assignment of attaching the mentioned negative thoughts with the behaviours which it makes them to show or display.

Week Three (Session Three):

- The counsellor – researcher warmly welcomed the participants or counsellees into another session; expressing unconditional positive regards to each and every one of them.
- The counsellor – researcher read out the negative thoughts about bullying behaviours as given by the participants. This was done to serve the purpose of refreshing the memory and getting prepared for the present session.
- Each of the negative thoughts were viewed on its own merit; giving consideration to its negative effects on the participants that the thoughts hasty.
- The participants were directed to identify how these negative thoughts affected their relationships and personality.
- The counsellor – researcher informed the participants of coming to the end of the session and ask them on if they have any questions or observations to make.
- Take home assignment was given to the participants or counsellees asking them to itemize ten (10) effects, bullying behaviours have made them to be faced with. Such effects as: Low self – confidence, depression, suicidal thoughts and attempts, abnormal fears and worries, sleep disorders, nervous habits, frequent crying, bed – wetting, poor appetite or digestive problems, school problems, rage, psychological post – trauma disorders, self destructive behaviour, alcohol or substance abuse may result.

Week Four (Session Four):

- The counsellor – researcher welcomed the participants into another session of the treatment or therapy.
- The counsellor – researcher leads the participants to summarize on the last sessions therapies and the successes recorded so far.
- The counsellor – researcher defined what a normal and positive thinking is as against a distorted thoughts.
- The counsellor – researcher with the cooperation of the participants begins to realistically dispute the distorted thoughts mentioned or offered by the participants by taking each thoughts and revealing its faults.
- The counsellor – researcher directed the participants in selecting or choosing positive thoughts. Five (5) out of the mentioned negative thoughts were disputed and replaced with more realistic thoughts.
- The counsellor – researcher whole heartedly appreciated the participants' commitment to the joint sessions successes recorded so far.
- The counsellor – researcher said the session had ended. Then, assignment was given to the participants to think genuinely on the replacement of the negative thoughts and to come up with more realistic ones as well as to explain during the next session how such replacement has affected their feelings and behaviours towards bullying behaviours.

Week Five (Session Five):

- The counsellor – researcher welcomed the participants to yet another session.
- The counsellor – researcher makes reference to the automatic thoughts the participants' mentioned which have been discussed.
- The participants were asked to list some other automatic thoughts which were not named by the counsellor – researcher.
- The participants were asked to critically analyze the faults in the listed thoughts.
- They were told to discuss possible behaviours that the automatic thoughts can cause and their unhelpful nature.
- They were told to dispute both the automatic thoughts and the possible unhelpful behaviours they caused.
- The participants were told to ask questions or make observations and comments.
Then, the counsellor – researcher announced the end of the session.

Week Six (Session Six):

- The counsellor – researcher warmly welcomed the participants to the concluding session of the treatment or therapeutic session.
- The counsellor – researcher appreciated the joint efforts successes recorded throughout the weeks and sessions of the counselling processes.
- The participants were asked to communicate or articulate what were the consequences of the replacement of their distorted thoughts with more realistic thoughts.

- They were asked to discuss some general aspects of bullying behaviours and the counselling processes which was about to be ended.
- The participants were informed to get ready for another test which was to round up the counselling intervention. Thereafter, the post - test was administered and subsequently the counselling session was ended.

APPENDIX IX:

STATISTICAL COMPUTATIONS OF THE ENTIRE DATA OF THE STUDY

HYPOTHESIS 1:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Pretest Scores	10	31.3000	1.41814	0.44845	8.022	9	0.000
RSACT Posttest Scores	10	16.2000	6.37356	2.01550			

(t crit. = 2.262, p < 0.05)

HYPOTHESIS II:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
CRCT Pretest Scores	10	30.7000	0.94868	0.30000	16.831	9	0.000
CRCT Posttest Scores	10	13.6000	2.87518	0.90921			

(t crit. = 2.262, p < 0.05)

HYPOTHESIS III:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Pretest Scores	10	32.8000	2.29976	0.72725	5.832	9	0.000
RSACT Posttest Scores	10	18.0000	7.70281	2.43584			

(t crit. = 2.262, p < 0.05)

HYPOTHESIS 1V:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
CRCT Pretest Scores	10	31.2000	1.31656	0.41633	8.578	9	0.000
CRCT Posttest Scores	10	16.9000	4.88649	1.54524			

(t crit. = 2.262, $p < 0.05$)

HYPOTHESIS V:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Posttest Scores	10	16.2000	6.37356	2.01550	1.176	18	0.262
CRCT Posttest Scores	10	13.6000	2.87518	0.90921			

(t crit. = 2.101, $p > 0.05$)

HYPOTHESIS VI:

Variables	N	Mean	Std. Dev.	Std. Error	t Value	DF	P Value
RSACT Posttest Scores	10	18.0000	7.70281	2.43584	0.381	18	0.708
CRCT Posttest Scores	10	16.9000	4.88649	1.54524			

(t Crit. = 2.101, $p > 0.05$)

APPENDIX X:

**LETTER OF CERTIFICATION FROM SAMPLED SCHOOL FOR QUASI
EXPERIMENTAL STUDY: GROUP ONE**

APPENDIX XI:

**LETTER OF CONFIRMATION FROM SAMPLED SCHOOL FOR QUASI
EXPERIMENTAL STUDY: GROUP TWO**