



## **Efficacy of Client-Centred and Rational-Emotive Behaviour Therapies in Reducing Bullying Behaviour among in-School Adolescents in Ilorin, Nigeria**

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Bullying behaviour refers to repeated negative behaviour displayed by one or more person (s) with the intention of hurting the feeling, personality and power of the victim. The objective of this study therefore was to find out the efficacy of Client-Centred and Rational-Emotive Behaviour Therapies in reducing bullying behaviour among in-school adolescents in Ilorin, Nigeria. The study adopted the quasi-experimental research method using a 3×2 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 score 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 (CCT) 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.

**Keywords:** Bullying behaviour, client-centred therapy, in-school adolescents, rational-emotive behaviour therapy

### **INTRODUCTION**

There is a growing concern about the amount of violence and aggression in the society. Bullying behaviour is one of the acts of violence and aggression that is highly overlooked (Limber & Nation, 1998; Idowu & Yahaya, 2006). It is very rampant at both primary and secondary levels of Nigerian educational system regardless of the size, type

and location of the schools (Aluede, Adeleke, Omoike & Afen-Akpaída, 2008). Slee and Mohyla (2007) described bullying behaviour as a particularly destructive form of aggression affecting physical, social and emotional well-being.

Causes of aggressive behaviour such as bullying behaviour have been identified from various theoretical points of view ranging from innate or biological theories, drive theories and social learning theories. For instance, Client-Centred theory as propounded by Carl Rogers viewed bullying behaviour as disturbances in awareness or undue restriction on existence. He described a bully as an incongruent individual who is always on the defensive and cannot open to all experiences. Bullies, according to Rogers (1961), maintain and protect their self-concept, which may result into using defence mechanism and becoming more rigid in their self-structure.

Rational-Emotive Behaviour theory viewed bullying behaviour as self-defeating and destructive emotional and behavioural consequence of irrational thoughts. Ellis (1979) noted that bullies victimised others because of their irrational interpretation of reality. This irrational interpretation include: demanding something unrealistic of the world, other people, exaggerating the awfulness of something an individual dislikes, concluding that one cannot tolerate the thing he/she dislikes; and condemning the world, other people or oneself.

Bullying behaviour is found to be common in countries across the world. Rigby (1995) reported that one in every six students in Australian schools reported being bullied at least once a week, one in ten reported being an active bully and many students admit to and even boast about bullying others. In United States, Nansel, Overpeck, Pilla, Ruan, Simons-Morton and Scheidt (2001) revealed that over two million youths in United States are involved in bullying behaviour as bullies, victims or as bully-victims. In Nigeria, Popoola (2005) found that 70.6% of his respondents selected in 10 schools across the state of Osun in Nigeria reported high level of bullying behaviour. Asonibare (2004) in a prevalence study reported that 91.5% of the respondents selected in schools across a Local Government Area in Kwara state agreed that bullying behaviour is a common feature in schools. These submission are similar to the findings of Egbochukwu (2007), Omotesho (2010) and Mustapha (2010).

To reduce the incidence of bullying in schools, various strategies have been designed by different researchers, these include: Systemic therapy (Pepler & Craig, 2000); Befriending Strategy (Menesini, Codecasa, Benelli & Cowie, 2003), and Peer mentoring (Newman, Holden & Delville, 2005) among others. Systemic Approach is an organised set of theories designed to achieve positive behaviour (Idowu & Yahaya, 2006). The approach was designed by Pepler and Craig (2000) and requires the collective participation and active involvement of the community, school, parents, peer group, bullies, victims and counsellors in modifying behaviour. The approach highlighted the various roles that each of the aforementioned stakeholders will play on preventing and reducing rate of bullying behaviour. The strategy highlighted various roles that counsellors can play in assisting the bullies and victims toward making positive change. Counsellors in addition to facilitating active involvement of other stakeholders can also employ peer support. Sampson (2009) noted that these strategies allow students to play

key roles in resolving bullying problems. However the strategy works best if conflicts are between students of relatively equal status and not between bullies and weaker victims but may be more appropriate for other problems other than bullying.

Cunningham and Whitten (2007) stressed the need to address bullying behaviour in schools with interventions at multiple levels aimed at changing individuals and systems and which are supported by collaborations among stakeholders. Thus the use of the Whole School Approach which is comprehensive in nature is advocated. It involves participation of the entire school community. School administrators, teachers, other school staff, students and parents are included in the planning, implementation and evaluation of the strategy. This approach include (a) awareness and problem assessment (b) Environmental/school climate strategies (c) classroom based strategies and (d) interventions aimed at individuals involved in bullying. The present study focussed on strategies for individuals involved in bullying behaviour. It aimed at assisting bullies in reducing the aggressive behaviour.

Other strategy earlier developed is the befriending strategy. The strategy illustrated how encouraging support for victims among classmates can change the dynamics of bullying behaviour in the classroom. The strategies involved class activities aimed at creating awareness of pro-social and helping behaviours in the class and increasing positive attitude towards others; selection and training of peer supporters per class to enhance skills and attitudes that facilitate positive interaction with other children among other activities for victims.

Evaluation of the strategy showed that the programme prevented the increase in favourable attitude towards bullying and lack of support for victims as found in the control group (Salmivalli & Voetan, 2004). Also the role of outsiders decreased with more students indicating empathy for and willingness to take action on the part of the victim. In the follow up interviews, victims indicated that the class climate had changed and some bullying had been eliminated, but they were still bullied. The authors concluded that victims need additional forms of intervention. Similarly, interviews with the bullies revealed that sometimes bullies revealed used bullying to come to the aid of victims. Although their intentions had changed, they had not learned the social skills to intervene in a prosocial manner

The strategies focused on helping victims and providing environment where bullies will not be able to hurt the victims, but paid little focus on helping bullies to denounce peer victimisation voluntarily. This study therefore explored the efficacy of CCT and REBT in reducing bullying behaviour of in-school adolescents. Bullying behaviour in childhood especially physical bullying is a relatively stable phenomenon without appropriate intervention. Longitudinal research revealed that children at age eight rated by peers as manifesting high level of physical bullying behaviour, self-reported high rates of bullying behaviour at age 18 and physical bullying behaviour towards spouses and children at age 30 (Huesmann, Eron, Lefkowitz & Walder, 1984).

The choice of CCT in reducing bullying behaviour is on the premise that bullying is an interpersonal relationship problem. CCT perceives bully as someone who is alienated

from him/her self and others. They are communicating to themselves and others by their act of bullying that their process of striving towards authenticity in a given moment of existence has become stuck and that he/she needs help in his/her process of self and relationship development (Schimids, 2003).

Client-Centred Therapy focuses on human strengths rather than human deficiencies. In this process, good mental health is reflected in the balance between the ideal self and real self. Using CCT, this researcher assisted the participants in discovering the positive interpersonal relationship skills in them and encouraged the use of these skills in a more matured, socialised and acceptable way in dealing with other individuals. The aim is to help bullies get in touch with their feelings, experience their true selves and develop meaning in their relationship with peers. This is done through the nature of the therapeutic relationship and the client tendency to grow as a unique individual.

Catalano and Hawkins (1996) had earlier maintained that healthy norms and beliefs serve as protective factors against the development of antisocial behaviour such as bullying in adolescents. McCrone (2004) suggested the use of Client-Centred Therapy (CCT) Rational-Emotive Behaviour Therapy (REBT) as well as Behavioural Analysis in dealing with bullying behaviour in schools. Similarly, Smowkowski and Kopasz (2005) have emphasised the importance of creating culture of respect and recognition where bullying is not tolerated or even necessary.

Empirically, Mosher, Vallone and Menn (1995) found outcomes in a humanistic (CCT) low drug residential programme to be equivalent to a high drug in-patients programme. The researchers demonstrated that some psychotic patients in the study were successfully treated using CCT without medication. In a similar vein, Egbochukwu (2008) found REBT effective in reducing test anxiety of adolescents in Nigeria secondary schools

The REBT framework assumed that human beings are born with the ability of rational thinking and constructive behaviour. It attributes bullying behaviour to the irrational aspects of client's belief system, which were formed in childhood. The REBT therapist engages the bullies in an educational process that directly teaches the client how to identify and replace irrational and self-defeating beliefs that lead to bullying behaviour with more rational and self-helping ones. One of the main objectives in REBT is to show bullies that how they perceive and interpret the events in their lives has a direct impact on how they feel. The central aim of REBT is to increase the clients' adaptability with the introduction of a more rational and constructive philosophy of themselves, others and the world.

The focus of this study was to reduce bullying behaviour among in-school adolescents using Client-Centred Therapy (CCT) and Rational-Emotive Behaviour Therapy (REBT). It also investigated which of the two therapies was more efficacious in the reduction of bullying behaviour of the in-school adolescents exposed to CCT and REBT. It also aimed at raising awareness on the efficacy of CCT and REBT in reducing bullying behaviour among in-school adolescents.

### **Research Questions**

The following research questions were raised to guide the study:

1. Is there any difference in the reduction of bullying behaviour among participants exposed to Rational-Emotive Behaviour Therapy (REBT) and Client-Centred Therapy (CCT), and those in the control group?
2. Which of the two therapeutic treatments (Client-Centred and Rational-Emotive Behaviour Therapies) is more effective in reducing bullying behaviour among the participants?

### **Hypotheses**

In relation to the research questions, the following research hypotheses had been formulated:

1. There is no significant difference in the reduction of bullying behaviour of participants exposed to Client-Centred and Rational-Emotive Behaviour Therapy, and those in the control group.
2. There is no significant difference in the reduction of bullying behaviour of participants exposed to Client-Centred Therapy and those exposed to Rational-Emotive Behaviour Therapy.

### **METHOD**

This study is a qualitative research; thus, the research design employed for this study is the Quasi-experimental research design using (3 X 2) factorial design. It is a randomised, pre-test, post-test and control group design. The independent variables of interest are Client-Centred and Rational-Emotive Behaviour Therapies, while the dependent variable is bullying behaviour. Specifically, participants were those that ticked 1 or 2 on victimisation items and 3 or 4 on bullying items. Although, the cut-off point on bullying items is 22, respondents that ticked 1 or 2 on victimisation items and 3 or 4 on at least any 3 or 4 bullying items were also included in the treatment, even if the respondent did not score up to 22 on the bullying items. The population of the study comprised all bullies among secondary school adolescents in Ilorin metropolis. Stratified random sampling technique was used to select three secondary schools using the stratum of location to serve as measure in preventing experimental contamination.

Three public schools were randomly selected. All the bullies were purposively selected using self-report questionnaire titled "Bullying Identification Questionnaire" (BIQ), which was the main instrument used in the study. BIQ is an adapted instrument from Bullying Categories Measures: a self-report measure of bullying behaviour developed by Stein, Dukes and Warren (2007) and McConville and Cornell (2003). It has two sections: section A contains items on biographical data of participants; second section contains self-report survey to identify the bullies among secondary school students. The items covered physical, verbal and relational bullying behaviours and the 18 items were categorised into bullying and victimisation items. Content validity of BIQ was established by some experts in Counsellor Education Department, University of Ilorin,

Nigeria. A reliability Coefficient of 0.70, was obtained based on the result from test re-test procedure.

### **Treatment Procedure**

The following steps were taken to collect data for the study:

- a. pre-treatment phase
- b. treatment phase
- c. post treatment phase

### **Pre-treatment Assessment**

Bullying Identification Questionnaire ( BIQ) was administered to the randomly selected sample intact classes. Responses were scored on a 4-point Likert-type responses. Respondents that ticked 1 and 2 on victimisation items and 3 and 4 on bullying items participated in the experimental procedure, while those that ticked 3 and 4 on both bullying and victimisation items as well as those that ticked 1 and 2 on the two forms of the items did not form part of the treatment programme.

### **Treatment Programme**

The treatment programmes are of three types:

- i. CCT group
- ii. REBT group
- iii. CONTROL group

The treatment took one session per week at an hour per session in each of the treatment. The whole treatment programme was spread to cover eight weeks. The last session was used for the evaluation of the total programme and the post-treatment assessment. Client-Centred and Rational-Emotive Behaviour Treatment packages were not administered to the control group. The participants in the control group were given lecture on factors that threaten the environment and efforts necessary to reduce environmental degradation.

### **Method of Data Analysis**

The respondents' scores on Bullying Identification Questionnaire were analysed by testing the two hypotheses formulated for the study. In order to determine the effects of CCT and REBT on bullying behaviour, data obtained from the 72 participants derived from the three treatment groups were analysed using Analysis of Covariance (ANCOVA), Also, Schéffé Standard Error of the mean was used for post-hoc analysis. This was to determine the direction of the significant difference.

Two teachers in two schools in Islamic education classes had conducted the study. The teachers are Islamic education teachers with moderate skills in using the computer technology. The researchers acted as coordinators and monitor in the study throughout

the teaching and learning process. The aim is to avoid experimental bias during the run of the study. The teachers had also been trained prior to the start of the study on the use of the web-based virtual simulation multimedia PowerPoint teaching.

## RESULTS

### Hypotheses

To determine the effects of CCT and REBT on bullying behaviour at the end of the treatment, the following hypotheses were tested

**Hypothesis 1:** *There is no significant difference in the reduction of bullying behaviour of participants who were exposed to Client-Centred Therapy, Rational-Emotive Behaviour Therapy groups and those in the control group.*

Table 1: ANCOVA table showing pre- and post-treatment comparison of the three experimental conditions

Source	df	Sum of squares	Mean square	F.cal	F. critical
Row	2	1667.0	833.5	64.3*	3.15
Within	69	894.9	12.9		
Total	71	2561.9			

\*Significant,  $p < 0.05$

Table 1 revealed that significant difference exists between the scores of in-school adolescents who were exposed to the treatment conditions (Client-Centred and Rational-Emotive Behaviour Therapies) and those in the control group with significant F-calculated value of 64.3, F-critical of 3.15 at alpha level of 0.05. The hypothesis which stated that there is no significant difference in the reduction of bullying behaviour among participants who were exposed to Client-Centred Therapy (CCT), Rational-Emotive Behaviour Therapy (REBT) groups and those in the control group was therefore rejected.

Schéffé post-hoc test was also used to confirm whether the mean score differences observed in table is really significant or not and to show the directions of difference. The results are presented in table 2:

Table 2: Summary of Schéffé Multiple Comparison Test of the two treatment groups with the control group

Experimental Group	N	Subset for alpha = 0.05	
		1	2
Control Group	24	0.7083	
Rational-Emotive Behaviour Therapy	24		10.2
Client-Centred Therapy	24		11.5
Sig.	1.000	0.466	

*Mean under the same alpha subset or group are not significantly different.*

Table 2 shows the result of the Schéffé Multiple Comparison test. Experimental groups 1 and 2 had the same grouping with the mean scores of 11.5 and 10.2 respectively, while the control group fall on different group with the mean score of 0.7. Groups within the

same level are not significantly different. This implies that the two treatment packages are not significantly different in their effectiveness in reducing bullying behaviour while control group significantly differ from others.

**Hypothesis 2:** *There is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred Therapy and those exposed to Rational-Emotive Behaviour Therapy.*

Table 3: Analysis of covariance showing pre and post treatment comparison of in-school adolescents' bullying behaviour based on CCT and REBT

Source	df	Sum of square	Mean square	Cal. F	Critical F
Row	1	20.021	20.021	1.5	4.08
Within	47	599.9	13.0		
Total	48	619.9			

Table 3 shows that the difference in the mean scores of CCT and REBT is not statistically significant. Calculated F-value of 1.50 is very small than the critical F-value of 4.08. This indicates that CCT is not more efficacious in the reduction of bullying behaviour among in-school adolescents than REBT.

The data obtained are analysed using the Statistical Package for the Social Sciences (SPSS version 16). The mean value was used to see an increment in student achievement in learning before and after the quasi experiment. T-test statistical analysis was used to see the differences between the two groups of students in the control and treatment group. The t-test analysis for the effects of web-based multimedia simulation application showed improvements on the overall students' performances in the pilgrimage topics tests as shown in Table 2.

Table 2: Test analysis is at the highest level of significance  $p \leq 0:05$

Group	N	Min	SD	t-Value	Significant, P
Experiment	40	49.50	9.20	14.01	.000
Control	40	26.05	9.38		

## DISCUSSION

The results obtained from this study indicated the effectiveness of the experimental manipulation. That is, the experimental treatments (CCT & REBT) were significant in reducing the dependent variable (bullying behaviour), when compared with the control group.

Hypothesis one stated that "there is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred therapy, Rational-Emotive Behaviour Therapy and those in the control group." The result of the statistical analysis revealed significant difference in the reduction of bullying behaviour between the groups exposed to treatment and control group. The result also showed that participants in Client-Centred therapy (Gp. 1), and Rational-Emotive Behaviour Therapy, (Gp. 2)



were able to reduce their bullying behaviour than those in the control group. Hence, the null hypothesis was rejected.

The reasons for the effectiveness of the treatment groups over the control group could be due to the facilitation which enhanced participants' proper understanding of the concept of interpersonal relationship, values as well as bullying behaviour. The programme focused on enhancing participants' self-understanding, interpersonal relationship and exploration of their values in interpersonal relationship, factors that enhance the attainment of these values as well as those that militate against the realisation of those values. Participants were also exposed to the consequences of bullying behaviour on individuals, and society in the treatment groups. The result is consistent with the findings of some earlier researchers that have linked lack of social skills to bullying behaviour (Williams, Forgas & Von Hippel, 2005). Some researchers such as Kerbs and Jolley (2007) also suggested that significant proportion of 'normal' school children and adolescents may not view bullying behaviour as negative or as being unacceptable as adults generally do and may even derive enjoyment from it. They may thus not see a reason for not perpetrating it if it brings them some level of joy. Graham (1993) and Graham and Hudley (1994) found in their study of African-American adolescents that deficit in social information processing may characterized overtly aggressive black youngsters.

The finding of this study is in line with Omotosho's (1990) assertion that most people are often confused about themselves, about others and about their surroundings in different ways. He stressed that this confusions often mar such individual's relationships with others as in the case of bullying behaviour. Similarly, individuals may be unaware of what they want or confused on what they wanted or needed. At times, such individual may not be able to differentiate between the two. It may happen that individuals do not know how to make their desires known to others in order to achieve satisfaction. Omotosho (1990) concluded that confusion about one's feelings leads individual to express his/her emotions impulsively. Exposure to basic concepts and techniques in Client-Centred Therapy and Rational-Emotive Behaviour Therapy thereby brought about reduction in participants' bullying behaviour.

Olweus (1980) had implemented comprehensive anti-bullying programme at multiple levels which include raising awareness of children and school staff regarding bullying behaviour, establishment of classroom rules against bullying behaviour as well as discussions with students identified as bullies and victims. The programme was found to be highly effective in reducing bullying behaviour and other antisocial behaviours among students in primary and junior high schools. The students' reports indicated that bullying behaviour decreased by half within 2 years of implementation (Limber & Nation, 1998). On the basis of these findings, the assumption that there would be reduction in bullying behaviour among in-school adolescents in treatment groups than those in the control group was confirmed.

Hypothesis two stated that there is no significant difference in the reduction of bullying behaviour among participants exposed to Client-Centred and Rational-Emotive Behaviour Therapy. The result revealed no significant difference despite the difference in the mean scores of the two groups. The ANCOVA test showed that the mean difference is not significant. The result implies that both Client-Centred Therapy and Rational-Emotive Behaviour Therapy were effective in reducing bullying behaviour among in-school adolescents. The reason for the effectiveness of the two groups could be that the two counselling approaches were structured to enhance efficient functioning of participants. The two counselling approaches have been widely used in the management of maladaptive behaviours (Morakinyo, 1982; Egbochuku, 1998).

### **CONCLUSION**

The study examined the effects of CCT and REBT on the reduction of bullying behaviour of adolescents in Nigerian secondary schools. The findings indicated a significant reduction in the bullying behaviour of participants exposed to different therapies following treatment. However there was no significant difference in the reduction of bullying behaviour of adolescents exposed to CCT and REBT.

Client-Centred and Rational-Emotive Behaviour Therapies were effective in reducing bullying behaviour among in-school adolescents.

### **RECOMMENDATION**

The researchers recommend that schools should stop the use of corporal punishment or expulsion against bullies and other students that engaged in related offences in schools. The two therapeutic approaches used in this study and which have been found effective in reducing bullying behaviour among secondary school students are hereby recommended.

### **REFERENCES**

- Aluede, O; Adeleke, F; Omoike, D & Afen-Akpaide, J. (2008). *A review of the extent, nature, characteristics and effects of bullying behaviour in schools (electronic version)*. *Instructional Psychology*. Retrieved May 14, 2009, from <http://www.thefreelibrary.com/2008/June>
- Asonibare, J. B. (2004). Modifying maladaptive behaviour in schools. In A. I. Idowu (Ed.). *Guidance and counselling in education*. Ilorin: Indemac Ltd.
- Catalano, R. F. & Hawkins, J. D. (1996). The social development model: a Theory of antisocial behaviour. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories*. New York: Cambridge University Press, 149 – 197
- Cunningham, N.J. & Whitten, M. (2007). *The role of the middle school counsellor in preventing bullying*. Retrieved on May 14, 2009, from <http://library.csum.edu/egarcia/apacitfionelectron.article.html>.
- Egbochuku, E. O. (1998). Differential effectiveness of systematic desensitization and Rational Emotive Behaviour Therapy in the reduction of Test Anxiety. *Journal of School of Languages*, 11(2) 38 – 50.

- Egbochuku, E. O. (2007). Bullying in Nigerian schools: Prevalence study and implication for counselling (electronic version). *Journal of Social Sciences*, 14(1), 65-71.
- Egbochuku, E. O; Obodoo, B. & Obadan, N. O. (2008). Efficacy of Rational Emotive Behaviour Therapy on the Reduction of Test Anxiety Among Adolescents in secondary schools. *European Journal of Social Sciences*. 6(4) pp. 152-163.
- Ellis, A. (2001). *Feeling better, getting better, and staying better*. New York: Impact Publishers.
- Graham, S. & Hudley, C. (1994). Attributions of aggressive and nonaggressive African-American male early adolescents: A study of construct accessibility. *Developmental Psychology*, 30, 365-373.
- Graham, S. (1993). *Peer directed aggression in African-American Youth from attributional perspective*. Paper presented at the biennial meetings of the society for Research in Child Development. New Orleans.
- Huesman, L. R; Eron, L; Lefkowitz, M & Walder, L. (1984). Stability of aggression over time and generations. *Developmental Psychology*, 20, 1120-1134.
- Idowu A. I. & Yahaya L. A. (2006). Systemic approach as a strategy of handling Bullying in secondary school students in Nigeria. *The Counsellor*. 22, 255-262
- Kerbs, J. J; & Jolly, J. M. (2007). The Joy of Violence: What about violence is fun in Middle-school? *American Journal of Criminal Justice*, 31,(2), 12-29.
- Limber, S. P; & Nation, M. M. (1998). Bullying among children and youth: Combating fear and restoring safety in schools (electronic version). *Juvenile Justice Bulletin*. Retrieved May 14, 2009, from <http://www.ku-crl.org/library/iaa/context.pdf>.
- McConville, D. W; & Cornell, D. G. (2003) Aggressive attitudes predict aggressive behaviour in middle school students. *Journal of Emotional Disorders*. 11, 179 – 187.
- McCrone, W. P. (2004). Counselling strategies in finding the person in the bully and the bullied. *Odyssey*, 8-9. Retrieved August 17, 2010 from <http://www.cedangail/gaul.edu>
- Menesini, E; Codecasa, E; Benelli, B & Cowie H. (2003). Enhancing children's responsibility to take action against bullying: An evaluation of a befriending intervention in Italian middle schools. *Aggressive Behaviour*, 29, 1 – 14.
- Mosher, L., Vallone, R., & Mean, A. (1995). The treatment of acute psychosis without neuroleptics: six-week psychopathology outcome data from the Soteria project. *International Journal of Social Psychiatry*, 41, 157-173
- Morakinyo, A. (1982). Improving academic performance via anxiety reduction. *Nigerian Journal of Educational Psychology*, 1(1), 73-83.
- Mustapha, M. L. A. (2010). *Self-Concept and behaviour pattern of bullies among secondary school students in Ilorin metropolis*. A seminar paper presented to Counsellor Education department, University of Ilorin, Nigeria.

- Nansel, T. R.; Overpeck, M.; Pilla, R. S.; Ruan, W. J., Simons-Morton, B. G. & Scheidt, P. (2001). Bullying behaviours among U.S. youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, 285(16), 2094 – 2100.
- Olweus, D. (1989). Bully/victim problems among school children: Basic facts and effects of a school based intervention programme. In D. R. Pepler, K. H. Hillsdale, & N. J. Eribaum (Eds.). *The Development and Treatment of Childhood Aggression*, 441 – 448.
- Omotosho, J. A. (1990). *Principles of Interpersonal Relationship*. Unpublished lecture notes, Counsellors Education Department, University of Ilorin, Nigeria.
- Newman, M. L., Holden, G. W., & Delville, Y. (2005). Isolation and the stress of being bullied. *Journal of Adolescence*, 28, 343–357.
- Peppler, D. J. & Craig, W. M. (2000). When victims turn aggressive: factors in the development of deadly school violence. *Professional School Counselling*, 4, 105– 112.
- Popoola, B. I. (2005). Prevalence of peer victimisation among secondary school students in Nigeria (electronic version). *International Education Journal*, 6(5), 598 – 606. Retrieved 23 July, 2009 from <http://www.iej.cjb.net>
- Rigby, K. (1995). What school can do about bullying? *The Professional Reading Guides for Educational Administrators*, 1(7), 1-5.
- Rogers, C. R. (1961). *On becoming a person: A therapist view of psychotherapy*. Boston: Houghton Mifflin.
- Salmivalli, C., Lagerspetz, K., Bjorkqvist, K., Osterman, K., & Kaukianen, (1996). Bullying as a group process: Participants roles and their relation to social status within the group (Electronic version). *Aggressive Behaviour*, 22, 1-15
- Sampson, R. (2002). *Bullying in Schools: Problem Oriented Guides for police 12* (electronic version). Retrieved May 14, 2009 from, <http://www.cops.usdoj.gov/bjs.html>
- Schmid, P. F. (2003). The characteristics of Person-Centred approach to therapy and counselling: Criteria for identity and coherence. *Person Centred and Experiential Psychotherapies*, 2(2), 104 – 120
- Slee, P. & Mohyla, J. (2007). The PEACE Pack: An evaluation of interventions to reduce bullying in four Australian primary schools. *Educational Research*, 49(2), 103-114.
- Smokowski, P.R, & Kopasz, K.H. (2005). Bullying in school: An overview of types, effects, family characteristics, and intervention strategies. *Children & Schools*, 27:101–110.
- Stein, J. A; Dukes, R. L., & Warren, J. I. (2007). Adolescent male bullies, victims, and bully-victims: A comparison of psychosocial and behavioural characteristics (electronic version). *Journal of Paediatric Psychology*, 32(3), 273–282. Retrieved May 14, 2009, from [www.ncbi.nlm.nih.gov/pubmed/16896194](http://www.ncbi.nlm.nih.gov/pubmed/16896194)
- Williams, K. D; Forgas, J. P; Von Hippel, W. (Eds) (2005). *The social outcast: Ostracism, social exclusion, rejection & bullying*. New York: Psychology Press.

**Turkish Abstract****Nijerya, Ilorin'deki Okuldaki Ergenlerin Zorbalık Davranışlarını Azaltmada Müşteri Merkezli Terapi ve Ussal Duygusal Terapinin Etkililiği**

Zorbalık davranışları duyguyu, kişiliği ve kişinin gücünü incitme amaçlı bir veya birden fazla kişinin gösterdiği tekrarlanmış olumsuz davranışlar olarak tanımlanmıştır. Bu çalışmanın amacı Nijerya, Ilorin'de okuldaki ergenlerin zorbalık davranışlarını azaltmada Müşteri Merkezli Terapiyle Ussal Duygusal Terapinin etkililiğini araştırmaktır. Çalışmada 3 gruptan oluşan 3×2 factorial desenli yarı-deneysel araştırma metodu kullanılmıştır. Tabakalı örnekleme tekniği kullanılarak deneysel hatayı azaltmak için konuma göre üç orta okul seçilmiştir. Katılımcıları amaçlı olarak seçmek için öz-bildirim anketi kullanılmıştır. Öncelikli bağımlı değişken zorbalık davranışlarıdır ve katılımcılardan bu davranışı göstermede yüksek puan alanlarla zorbalığa uğramada yüksek puanlar alanlar terapiye katılmaları için seçilmiştir. Bulgular deneysel müdahaleye maruz kalan ergenlerin zorbalık davranışlarında önemli bir düşüşün olduğunu ve Müşteri Merkezli Terapiyle (MMT) Ussal Duygusal Terapinin (UDT) ergenlerde zorbalık davranışlarında önemli bir düşüş sağladığını göstermiştir. MMT ve UDT prosedürlerinin zorbalık davranışlarını düzeltmede kullanılması önerilmektedir.

**Anahtar Kelimeler:** Zorbalık davranışı, Müşteri merkezli terapi, Okuldaki ergenler, Ussal duygusal terapi

**French Abstract****Efficacité de Thérapies comportementales Centrées sur client et Raisonnables-émotives Dans Réduction de Comportement d'Intimidation parmi Adolescents à-école dans Ilorin, le Nigeria**

L'intimidation du comportement se réfère au comportement négatif répété montré par une ou plusieurs personne (s) avec l'intention d'endommager le sentiment, la personnalité et le pouvoir la victime. L'objectif de cette étude était donc de découvrir l'efficacité de Thérapies comportementales Centrées sur client et Raisonnables-émotives dans la réduction du comportement d'intimidation parmi des adolescents à-école dans Ilorin, le Nigeria. L'étude a adopté la méthode de recherche quasi-expérimentale utilisant des 3 × 2 design(conception) de factorielle composé de trois (3) groupes de rangée (deux expérimental et un contrôle). La technique d'échantillonnage aléatoire stratifiée a été utilisée pour choisir trois collègues d'enseignement général sur la base de l'emplacement pour empêcher la contamination expérimentale. Le questionnaire d'auto-évaluation a été utilisé pour résoudre choisir les participants. La variable dépendante principale bafouait le comportement et les défenseurs avec le haut score en intimidation d'articles et le grand nombre bas sur des articles victimisation ont été choisis pour participer au traitement. Les découvertes ont révélé une réduction significative du comportement d'intimidation des adolescents à-école exposés aux traitements expérimentaux; la thérapie Centrée sur client (CCT) a produit la réduction significative du comportement d'intimidation parmi les adolescents à-école et la Thérapie comportementale Raisonnable-émotive (REBT) a produit la réduction significative du comportement d'intimidation des adolescents à-

école. On l'a recommandé que CCT et des procédures REBT doivent être employés dans la modification de comportements d'intimidation.

**Mots-clés:** Intimidation de comportement, Thérapie Centrée sur client, Adolescents À-école, Thérapie comportementale Raisonnée-émotive

#### Arabic Abstract

**العنوان:** فعالية التركيز على العميل و علاجات السلوك العقلاني-الإنفعالي في الحد من سلوك التنمر بين طلاب المدرسة المراهقين في إيلورين, نيجيريا

يعود سلوك التنمر إلى السلوك السلبي المتكرر والذي يحصل من قبل شخص أو أشخاص بنية إلحاق الأذى بشعور شخصية أو قوة الضحية. كان الهدف من هذه الدراسة هو إيجاد فعالية علاج العميل المركز و علاجات السلوك الإنفعالي-العقلاني في الحد من سلوك التنمر بين طلاب المدرسة المراهقين في إيلورين, نيجيريا. تبنت الدراسة أسلوب البحث شبه التجريبي باستخدام تصميم الضرب 2\*3 والمتكون من ثلاثة صفوف من المجموعات (ثنتين خاضعة للإختبار و واحدة غير خاضعة للإختبار) تم استخدام الأسلوب العشوائي الطبقي في أخذ العينات في إختبار ثلاثة مدارس ثانوية حسب الموقع لمنع التشوه التجريبي. تم استخدام إستبيان التقرير الذاتي بهدف إختيار المشاركين. كان المتغير الأساسي المستقل هو سلوك التنمر و تم إختيار المستجيبين ذوي أعلى نتيجة في أدوات التنمر و أقل نتيجة في أدوات الإيذاء للمشاركة في العلاج. كشفت النتائج إنخفاض واضح في سلوك التنمر بين طلاب المدرسة المراهقين المعرضين للعلاج التجريبي؛ أظهر علاج التركيز على العميل إنخفاضاً واضحاً في سلوك التنمر بين طلاب المدرسة المراهقين. أنتج علاج السلوك الإنفعالي-العقلاني إنخفاضاً واضحاً في سلوك التنمر بين طلاب المدرسة المراهقين. تمت التوصية بتوظيف علاج التركيز على العميل و علاج السلوك الإنفعالي-العقلاني في تغيير سلوكيات التنمر.

**كلمات مهمة:** سلوك التنمر, علاج التركيز على العميل, المراهقين داخل المدرسة, علاج السلوك العقلاني-الإنفعالي.