

**RATIONAL EMOTIVE BEHAVIOUR THERAPY FOR REDUCING
AGGRESSIVENESS AMONG CHILDREN WITH HEARING-
IMPAIRMENT IN NIGERIA**

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Abstract

Children often exhibit aggression which can take a variety of forms. It can be expressed physically, communicated verbally and/or non-verbally. Whichever form it takes, aggression is harmful to both academic environment and social interaction. It is, therefore important to assist children with incessant display of aggression in the school, at home and in the society. Series of psychological tools have been propounded and used by different scholars. These include but are not limited to Behaviour Modification which has the strength of modifying the behaviours of the clients. The focus of this paper is to discuss Rational Emotive Behaviour Therapy (REBT) as one of the therapeutic tools for handling aggression among children with hearing-impairment in Nigeria. It also suggests that counsellors should apply the therapeutic procedure of REBT by assisting children with hearing-impairment to appreciate the need for them to have positive thinking and feelings in order to decrease aggression among them.

Keywords: Aggression, Aggressiveness, Bullying and Rational Emotive Behaviour Therapy (REBT).

Introduction

There are great concerns about the increasing levels in which aggressive behaviours are exhibited in human society. Adults are not the only ones exhibiting aggression, children also do. Eron (1980) identified aggressiveness in children to include

among others to be hitting, shoving, kicking, biting, scratching, and forcefully taking objects away from others. As children become older, the list may extend to include lying or malicious gossip, disobeying rules, stealing, truancy in school, running away from home, frequent fighting, bullying, spitefulness, extensive use of drug, all of which may result to low self-esteem and unhappiness. Babaroglu (2016) supported the fact that hearing-impairment may cause many problems in the development of the child, thus among the problems is being aggressive by these children at home, in the school and in the society.

Hornby (2005) see aggression as feelings of anger and hatred that may result in threatening or violent behaviour. According to Tor-Anylin and Baaki (2006), aggression is seen as the verbal or physical attack released by a person to hurt the feelings, personality or power of the offended victim. They also asserted that such verbal attacks could include but not limited to murmuring, abusive or insulting words or manipulation of information to injure a victim. And they went further to state that physical attack may include hitting, hurting, performing an act as well as killing or attempting to kill or destroy both life and properties of the victims (Tor-Anylin & Baaki, 2006). In the view of Egbochuku (2010), aggression involves directly standing up for others' rights and expressing oneself in a way that are often dishonest, usually inappropriate and always violates the rights of others.

There are different forms of aggressiveness common among children, which could be bullying and fighting. Although, aggressive behaviours start from behaving violently, according to Durosaro, Ibrahim and Ogungbade (2015), this violence involved the use of physical force with deliberate intention of causing emotional trauma or injury to the other party at the receiving end. It is also important to examine how scholars perceive bullying which is a form of aggressive behaviour displayed by children with hearing-impairment, bullying is a form of violence that can also lead to aggressiveness among children. For instance, Asonibare (2006) defined bullying as a conscious, willful, deliberate, hostile and repeated behaviour by one or more persons with the intention of harming others. Expressing a similar view, Smith (2006) described bullying as a provoked attack that cause hurt of a psychological, social or even physical nature to another person. The behaviour is often repeated and habitual. One essential prerequisite is the perception, by the bully or by others, of an imbalance of social or physical power. Behaviours used to assert such domination can include verbal harassment or threat, physical assault or coercion, all of which may be directed repeatedly towards a particular person.

Similarly, Cunningham and Whitten (2007) defined bullying behaviour as a direct physical (hitting, kicking, pushing) or verbal (teasing & insulting) aggression or indirect verbal aggressive behaviours that focuses on talking about or excluding others such as gossiping, spreading false stories and outright exclusion from the group. Also, Akinade (2013) viewed bullying as involving actions such as threatening people directly, persecuting, pushing or shoving, using power to oppress, shouting, driving a person off the road, playing on people's weaknesses. The act is characterized by an individual

behaving in a certain way to gain power over another person. Bullying consists of various behaviours ranging from name-calling, physical violence (such as hitting, shoving, kicking), slander, exclusion from the group, damaging victim's property and verbal intimidation. These behaviours are exhibited by hearing challenged children in the schools.

Hearing loss is not an isolating word. It is derived from the field of Special Education. Nigeria Federal Republic of Nigeria (2013) defined special education as a customized educational programme, designed to meet the unique needs of persons with special needs that the general education programme cannot cater for. The view of Olawuyi (2008) was that special education was an ideal general education in which individual differences are considered and provided for. These differences are manifested in children's abilities, aptitudes, learning styles and motivation to learn. Thus, these factors made it necessary that appropriate instructional techniques be designed to meet the ascertained needs of each learner. Therefore, special education is defined as the education that is tailored to the special needs of the learners.

Hearing takes place only if one perceives sound through the outer ear transmits it to the inner ear and the brain is able to process it. Hearing loss is the inability to perceive sound through ones ear. The most common reason for hearing loss is exposure to noise. Hearing loss can be seen as a consequence of living in a noisy world. This noise may come from exposure to different kinds of noise, such as noisy motors or loud music at a rock concert, night clubs, and discos and from stereos - with or without headphones. According to the NTA News Report of Sunday 17th July, 2016, loudness of the speakers used by worshippers at the Churches, Mosques and shop owners who are selling musical discs/videos could result to loss of hearing. This opinion was confirmed by the medical doctor interviewed on the programme that day. The medic affirmed that constant exposure to loudness of noise resulting from rock concert, night clubs, musical instrument and speakers could lead to hearing-impairment if the decibel (dB) is higher than what the ear can tolerate and that individuals should be mindful of how loud they listen to music.

There are three types of hearing loss; these are conductive hearing loss, sensorineural hearing loss and mixed hearing loss (Bakare, 2013). A conductive hearing loss occurs when the ability to conduct sound from the external and middle ear into the inner ear is reduced or lost. Therefore, conductive hearing loss is a hearing loss where the ears' ability to conduct sound into ear is blocked or reduced. It affects the middle ear only (Bakare, 2013). Sensorineural hearing loss occurs at the cochlear which is an important part of the hearing sense organ. The causes of the sensorineural hearing loss are noise-induced loss, hereditary loss, Rh factor, ototoxicity, cochlear trauma etc and it affects the inner ear. While mixed hearing loss is as a result of the combination of conductive hearing loss and sensorineural hearing loss which affected both the middle and inner ear parts (Bakare, 2013). Human beings hear sounds when sound energy goes through the ear's three main structure (the external ear canal, middle ear & inner ear). Hearing-impairment occurs when there is a problem with one or more parts of the ears.

Theories such as place, frequency, volley and travelling wave theories were propounded on how the cochlear processes and analyses sound and how this can result to hearing-impairment. Attention is here focused on a major theory of hearing/hearing impairment in the discipline of special education:

Frequency Theory: Rutherford propounded this theory in 1896, which basically was based on the frequency of occurrence of impulses in the auditory nerve. The theory postulates that a sound stimulus of frequency of 500Hz would cause fibres within the auditory nerve to discharge at the rate of 500 times per second. Since the development of theory for obtaining action potential of nerve fibres, it was discovered that no fibre of the auditory nerve is capable of firing at the rate greater than 1000 times per second. Thus, this theory may fail to explain what happens in the discrimination of pitches higher than 1000Hz. Children with hearing-impairment might have suffered from incidents that affected their external, middle and inner ear canal. The consequent hearing-loss is the reason why they are kept in a special school. Thus, they obviously need assistance to enable them achieve their goal of attending school and benefiting from it.

In this regard, the roles of professionally trained counsellors in schools cannot be overemphasized. Counselling is a profession that is dedicated to ameliorate diverse behaviours including maladaptive behaviours such as aggressiveness, change the children' thinking to rational thought and improve interpersonal relationship with fellow children in the school, therefore, improving learning outcome in an increasingly complex and chaotic school environment. One of the roles of the school counsellor is to properly ameliorate such aggressiveness exhibited among the children in the schools. The fact that these children are challenged may make them to behave aggressively, because they may feel nobody understands what they are passing through.

Therefore, in order to reduce antisocial behaviours in schools, such as aggressiveness, series of psychological tools have been propounded and used by different scholars. These include but are not limited to Behaviour Modification which has the strength of modifying the behaviours of the clients (Uba, 2009). Its problem has to do with giving the clients the free-hand to decide on matters rather than the counsellor providing a leading clue to their peculiar problem(s) in attempt to proffer solutions. Also, it does not dispute the behaviours exhibited by the clients, thus necessitates trying another therapy that would care for this gap. Client- Centred-Theory is another good counselling technique; it holds the view that a person's behaviour is consistent with self-concept (Ekiyor, 2009). Client-Centred Therapy otherwise known as Person-Centred Therapy recognized the subjectivity of the individual's experiences within his world (Rogers, 1951). This therapy does not recognize the cognitive and rational dimensions of the human experience of the behaviours of the client (Ekiyor, 2009). this necessitates trying another theory to ameliorate aggressiveness. Another psychological therapy that may be useful to handle aggressive behaviours of children with hearing-impairment is Indigenous African Counselling Therapy which is also known as Psyche-word Therapy. It is a tension reduction therapy which emphasized changes in behaviours of the counselees (Makinde, 2009). This does not handle illogical belief and dispute such belief from the

client's mind. The conclusions of the findings of these therapies (Behaviour modification, Client-Centred Therapy & Indigenous African Counselling Therapy) might not have provided the desired results expected to ameliorate aggressiveness among children with hearing-impairment, hence, the need to try another therapy.

This paper explored how REBT can be used to reduce aggressiveness among children with hearing-impairment. It becomes imperative to use this counselling tool (REBT) to ameliorate aggressiveness among children with hearing-impairment because to the best of the authors' knowledge, the tool chosen might not have been used recently to ameliorate aggressiveness in Nigeria. The choice of REBT for this paper is because it is known worldwide for handling maladaptive behaviours which include but not limited to aggressiveness (Sharf, 2012). REBT was developed by Albert Ellis in 1955. Emotional problems, Ellis believes lies in illogical, irrational, negative thinking, feelings and since emotion cannot be separated from thinking and feelings, the individual implements his daily chores in an atmosphere of gloom and a sense of impending doom (Ellis, 1962; Ellis, 2001). The basic idea of Ellis's work was that people's problems are derived from maladaptive beliefs, illogical thoughts and that these must be changed to bring about improvement in behaviour. The therapist will have to help clients attack the false, undesirable and irrational beliefs and change them to rational and functional behaviours which they are supposed to manifest in the society (Akinade, 2008).

Counselling Therapy for Reducing Aggressiveness among Children with Hearing-Impairment

The word "counselling" is perceived differently by various scholars. For instance, Salawu and Abdulkadir (2011) defined counselling as a process by means of which the helper express care and concern towards the person's personal growth and bring change through self-knowledge. Akinade (2012) opined that counselling has a number of procedures that could be used to assist an individual solves problems which arise in various aspects of his/her life or in assisting that individual maximize overall personal development in order to be more effective, satisfied and more useful to self, family, and society at large.

Albert Ellis is the father and founder of rational-emotive therapy (RET) which later metamorphosed to Rational Emotive Behaviour Therapy (REBT) in 1999 Ellis (1999), discovered that people's beliefs strongly affect their emotional functioning. In particular, certain irrational beliefs make people feel angry, anxious or depressed and led to self-defeating behaviours (Jorn, 2009). According to Ellis (1962), illogical ideas could lead to self-defeat, anxiety and neurosis. The list given by Ellis has been paraphrased by Nwachukwu-Agbada (2009). They are as follows:

1. The idea that everybody must love or approve of what I do. This of course is irrational thinking because it is neither possible nor necessary for everyone to love everything one does. Children with hearing-impairment have the same feelings that once a child does not show love to his or her fellow, it could be because the child is an enemy, the child would display aggression in return.

2. The notion that one must be competent and adequate if one is to be respected. The person who thinks this way may see work as slavery rather than means of bringing happiness to oneself for engaging in fruitful activities. Being children with hearing-impairment who are fed by the Government could contribute to their aggressiveness in the school.
3. The orientation that humans are wicked and villainous and therefore should be blamed or punished. It is irrational because everyone makes mistakes, so blame and punishment are not effective ways of correcting people who misbehave. Thus, if a child displayed aggression intentionally or unintentionally, it is not an act of wickedness rather it an act of weakness.
4. The idea that life is terrible, horrible and catastrophic when things are not the way one would like them to be. Certainly if life is not going in our way, it is unpleasant experience, but it does not amount to catastrophe. Displaying aggressiveness is an unpleasant experience, although it does not amount to catastrophe.
5. The notion that sadness and emotional misery come from events outside ones control and so there is little one can do about it this is unreasonable, because contrary to this feeling. It is a person's perception of experiences that do him psychological harm. Aggressiveness can be controlled by children with hearing-impairment.
6. The orientation that if someone's experience is dangerous or harmful or fearsome, one should be terribly concerned about it. The best option is to assess such event objectively with a view to control and solving it. Terribly concerned about being aggressive could create another health challenge, thus, controlling ones behaviours are better off.
7. The idea that it is easier to avoid than face life difficulties and self-responsibilities is irrational thinking. However, to avoid a problem is never a solution to it, but facing the problem is one way towards solving it. It is better to face the problem of aggression in order to solve it.
8. The notion that to depend on someone stronger or greater than oneself is preferable to mounting a personal struggle for self-actualization. This is irrational because dependence at any level inhibit personal growth, thus, dependence on more aggressive students could lead to inability to reduce the behaviours.
9. The orientation that the person's present behaviour is a factor of his past experiences and so cannot be modified is an irrational behavior. The truth is that ones's present or future behaviour need not determine one's present or future behaviours. A man does and can effect changes in his present or future behavior. Likewise, being aggressive can be ameliorated successfully by the children exhibiting the behaviours.
10. The idea that a person ought to be bothered and upset by the problems of another person. This is unhelpful idea because if the problem of somebody else places a

burden on one, one compounds the problems and may in fact be unable to render any help to the child who has these problems.

11. Every problem has the exact solution and it is catastrophic if the answer is not placed. To search for the precise answer may after all be a futile and frustrating preoccupation, and to believe in a perfect solution to human predicaments is to carry continuing dissatisfaction because there is no perfect answer. Also, it is irrational to think that aggressiveness can be stopped, it is better to minimize the behaviours.
12. To achieve happiness one should be passive because it is a way of ensuring continual enjoyment. Inactive when there should be action could make a difference between life and death; inaction instead of action is like postponing the evil day. In order to ameliorate aggressiveness, series of efforts are required, inaction does not help.

Later, Albert Ellis thought that people developed irrational beliefs in response to preferential goals being blocked. He then set this up in an A-B-C-D-E-F model (Ellis & Dryden, 1997). The Therapist highlighted the A-B-C-D-E-F model, explain how individual acquire aggressiveness: Ellis believes that emotion such as anger or hostility is mainly either a form of thinking or a result of thinking, and that it may control one's emotions by controlling one's thought, thinking and feeling at the same time, Fajonyomi (1997) alluded to this fact. The A-B-C-D-E-F technique of personality disturbance, which leads to aggressiveness, can be illustrated as follow:

Incidence of aggressive Behaviours (A= Activating event/problem) e.g. he wants to control others or he has certain desire and those he expects must comply or grant his desire. The person's belief (B), about the problem or the activating events aroused. The person's beliefs may take one of two courses: rational or irrational. The consequences of the person's irrational or rational beliefs about activating events (C), may take the form of the person's experiencing disturbance, the feelings or behaviour such as anger and or hostility. Disputing the irrational or illogical's (D) belief will eventually reduce the behaviour which constitute new Effect (E) or the new, more effective behaviour that result from more reasonable thinking about the original event. New feelings (F) that come as a result of the effect of the therapeutic procedures applied on the children with hearing-impairment who exhibited aggressiveness.

For example, Ayoola is a child with hearing-impairment, in his conversation with another child through the use of sign language, he looked into the other direction and saw that a group of children were communicating and mentioned his name that Ayoola **ate two plates** instead of one. Ayoola was curious to find out the issue being discussed, those children with hearing-impairment felt insulted because Ayoola was not invited into the discussion. Ayoola felt that they did not like him and regarded them to be his enemies. Later, he saw Bukola who is one of the members of the group walking to the dining room and abused him which led to a fight.

The “A” in this context is **incidence of aggression**; “B” is the belief that **other children are his enemies**. Ayoola’s **belief** will vary depending on whether it was rational or irrational. If his beliefs are irrational, he may become very angry and hostile and may fight Bukola, if his beliefs are rational, he may view the incident as just unfortunate happening, which needed to be corrected. The **emotional consequence (C)** of Ayoola is the **fight that occurred as a result of aggressiveness exhibited**.

The school counsellor may assist Ayoola to realize that it is out of place to eat two plates which was not for him, therefore, disputing the irrational belief that all children who were talking about him were his enemies. A more rational self-talk for Ayoola would be to talk to himself that it was unfortunate for him to be disrespected by younger students, that he is set to redress such disrespect but that it is not horrible or catastrophic that he was disrespected. Disputing the irrational or illogical’s (**D**) belief will eventually reduce the behaviour which constitute new Effect (**E**) or more effective behaviour that results from more reasonable thinking about the original event. New feelings (**F**) that comes as a result of the effect of the therapeutic procedures applied to the children with hearing-impairment who exhibited aggressiveness.

Conclusion

In order to reduce aggressiveness among children with hearing impairment in Nigeria, Rational Emotive Behaviour Therapy (REBT) could be very useful. REBT as a therapeutical tool emphasized the need for replacing irrational thoughts with pleasant and rational thinking. It is, therefore, useful when a new feeling occurs in the mind of these children, due to the therapeutic treatment given.

Suggestions

The following suggestions were made for reducing aggressiveness among children with hearing impairment:

- It is suggested that counsellors should assist the children appreciate the need for them to have positive thinking and feelings through orientation service.
- The counsellors should apply the therapeutic procedure of REBT to assist children with hearing-impairment ameliorate aggressiveness.
- Government should employ more professional counsellors who are skillful in the use of sign language to assist children with hearing-impairment.

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