

Effects of Reality Therapy and Rational Emotive Therapy on Peer Victimization among Public Secondary School Students in Ikenne Local Government Area, Ogun State, Nigeria

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Abstract

Peer victimization both inside and outside of schools is a growing problem. Because it prevents children from achieving their goals in life and makes them fearful of attending school, peer victimization is categorized as a behavioural issue. This study examined the effects of rational emotive therapy and reality therapy on peer victimization among public secondary school students in Ikenne, Ogun State. Peer victimization actions by students in public secondary schools in the local government of Ikenne comprise the study's population. Four secondary schools were chosen using basic random sampling procedures, and thirty participants were chosen at random from the records of the counselors at each of the schools using purposive sampling, for a total of 120 participants. This quasi-experimental study design included control, post-test, and pretest groups. Three hypotheses were created based on the data collected from the pre- and post-tests using the Adolescent Peer Relation Inventory (APRI). The data were analyzed at the 0.05 level of significance using a pair sample t-test. There was a significant difference ($t = 5.251, p < .05$) between the effects of rational emotive therapy and reality therapy separately, but there was a significant difference ($t = 6.006, p < .05$) between their combined effects on peer victimization. Lastly, there was a noteworthy distinction between peer victimization and reality therapy ($t = 5.911, p < .05$). Based on the findings, appropriate recommendations were made.

Keyword: *Peer Victimization, Rational Emotive Therapy, Reality Therapy.*

INTRODUCTION

Victimization by peers in the classroom is a wide and serious problem that affects comparatively high proportion of students. Due to its correlation with severe violent behavior, poor mental health, and difficulties with adjustment, it has been recognized as a health concern among teenagers. Peer victimization is ever present across culture and has been proposed as a developmental disorder and a social problem encountered among Nigerian adolescents at school and at home (Adeoye, 2013., Madukwe et al., 2016; Ng et al., 2022; Li et al. 2020). It is the common method of violence seen among secondary school students and girls as well as boys engage in peer victimization (Adegboyega et al., 2016). Peer victimization, defined as when students experience different forms of harmful or aggressive behavior from other

students, such as verbal, physical, or relational aggression (Finkelhor et al., 2012; Sjögren et al., 2021), is a common occurrence in schools all over the world (Cosma et al., 2020). The possibility of mental health problems increasing as a result of this phenomenon (Christina et al., 2021; Gini et al., 2018; Liao et al., 2023). Furthermore, the likelihood of experiencing various forms of victimization declines with age; physical, verbal, and social victimization are the most common forms of peer victimization across all age groups (Devries et al., 2018; Marsh et al., 2022).

According to the findings of a nationwide survey conducted in 2016 by the National Center for Educational Statistics, 20.8% of students reported feeling intimidated. A survey conducted in 2015 among teenagers aged 12 to 18 revealed that 21% of them had been the victim of bullying at school, 13% had been taunted, called names, and insulted, 12% had been the subject of rumors, 5% had been bumped, shoved, tripped over, or spit on, and 5% had experienced social exclusion. In the same study, 4% of students reported feeling uncomfortable, 3% claimed they were forced to complete chores they didn't want to, and 2% claimed their belongings were being purposefully harmed. According to the same survey, women (23%) reported feeling intimidated more often than men (19%), and women (15%) reported being the target of rumors more frequently than men (9%). Students who reported being threatened with harm were more likely to be male (5%) than female (3%) (National Center for Education Statistics, 2016). The rate of peer victimization ranges from 9 to 98%, the victimization rates for students aged 12–18 years was 35% for traditional bullying and 15% for cyber bullying (Modecki et al., 2014; Casper et al. 2020).

According to Eweniyi et al. (2013), peer victimization in schools has increased the death rate and left some kids with lifelong physical and psychological injuries. In actuality, it has detrimental consequences on Nigerian secondary school students. For victims, it can have detrimental psychological effects that include low psychological well-being, difficulty adjusting to school, psychological anguish, and physical disease. According to Tambwal and Umar (2017), among the consequences of peer victimization are anxiety and tension in the victims as well as their refusal to attend school. The physical, emotional, and educational ramifications of peer victimization should never be undervalued, since it has established features on both the victimizers and their victims, in addition to the psychosocial and psychological impacts on the victims. Consequently, it is imperative that educators and other relevant parties initiate efforts to tackle the issues of peer victimization and promote a zero-tolerance policy towards it both inside and beyond the school premises (Omoniyi, 2013).

According to Adeosun et al. (2015), there are too many emotional, behavioral, and mental health issues as a result of peer victimization among secondary school pupils. Because of the detrimental effects on the general school climate and students' right to learn in a safe environment free from fear, it is viewed as a serious issue by the general public in Nigeria. It also has detrimental long-term effects on both the victims and the victims of the abuse. In general, this conduct has a huge impact; as a result of the detrimental effects of peer victimization, some students have suffered from melancholy, suicidal thoughts, resentment, and hatred. Also victims of bullying are more likely to suffer from anxiety and sadness, report greater health issues, and drop out of school. But concerns about the effects of peer victimization on public health have also grown as a result of young people becoming involved in suicides and school shootings (Hornor 2018; Swearer & Hymel 2015).

Peer victimization is painful for those who commit it as well since they see others around them as uncaring. Peers tend to shun them, which contributes to the offender's emotional instability. But it has a negative impact on the offenders or victims to the point that they either consider that suicide is the best course of action for them or tend to commit suicide themselves; more of these suicide instances involve offenders than victims (Holt et al., 2015; Zuckerman, 2016).

Peer victimization behavior has been attributed to a number of factors; peer aggressive behavior can be caused by a variety of factors, such as poor communication skills, a desire for power, attempts to enhance one's self-concept, a desire for self-aggrandizement, an excessive emphasis on compliance, control and hierarchy, and mistrust of others (Tayo et al., 2018). Tambawal and Umar (2017) also found that, among other things, peer group influence and inadequate child rearing are the main causes of peer victimization. Peer victimization refers to harmful physical or verbal acts that are typically repeated over time with the hostile aim of causing the victims pain and suffering. A power imbalance between the victimizer and their victims is what defines it (Fareo, 2015).

The complete, active-directive, and empirically well-known psychotherapies rational emotive therapy and reality therapy focus on helping individuals lead happier and more fulfilled lives by resolving emotional and behavioral disturbances (Madukwe et al., 2016). Albert Ellis, a psychologist and psychotherapist from America, developed rational emotive therapy. According to Ellis (1962), an individual is more likely to experience emotional distress from his own views, attitudes, or internalized statements about external events and things than from external stimuli. Rational emotive therapy is important because it helps people understand the role of their mediating, evaluative, and theoretically based irrational, naive, and self-defeating meanings, interpretations, and statements in distressed people. Additionally, people can learn to identify them, start disputing, rebutting, confronting, and questioning them, as well as distinguish healthy constructions from less beneficial ones and adhere to more beneficial and self-helping ones.

The core principle of rational emotive therapy is that people are typically upset not only by unfavorable experiences but also by the way they construct meanings, evaluative ideas, language, and perspectives about the world, other people, and themselves. In 2015, Dryden and Neenan Ellis, 2001; Ellis, 1994). Furthermore Rather than focusing on symptoms of mental illness, reality therapy (RT) is grounded in psychiatry's three Rs: realism, responsibility, and right-and-wrong. It maintains that rather than having a mental disease, the person is afflicted by a human condition that is common throughout society. When a person's fundamental needs are not met, their conduct deviates from the norm. Peer victimization violates the three pillars of reality counseling—right, responsibility, and reality. It also deviates from community norms regarding meeting needs for affection (right). Consequently, peer victimization is not a responsible behavior since it causes distress to others (responsibility), and those who engage in it frequently refuse to acknowledge the consequences of reality therapy. It maintains that rather than having a mental disease, the person is afflicted by a human condition that is common throughout society. When a person's fundamental needs are not met, their conduct deviates from the norm.

Clients who are unable to identify the behaviors keeping them from achieving their goals can benefit from reality therapy. This method is based on self-evaluation, which is applicable to most human interactions, such as those between spouses, parents and children, employers and employees, clients and therapists, and the self (Sodani et al., 2017). Certain strategies found

in reality theory assist individuals in transitioning from unhealthy to healthy lifestyles, from ineffective to effective habits, and from poor decisions to wise ones.

The reality therapy method of counseling and problem-solving focuses on the client's choices and actions in the present, as well as their capacity to choose and build a better future. Frequently, clients desire to acquire new abilities and carry out particular tasks in order to accomplish their goals. There has been a haste to label individuals as mentally ill, with little consideration given to the social aspect of psychological complaints. Reality therapy aims to separate the patient from the behavior because, although experiencing distress due to a social issue does not render a person ill, it does cause them to become out of balance with their psychological needs. Because reality counseling and peer victimization are closely related, the patient's individual needs are not met. Peer victimization violates the three pillars of reality counseling—right, responsibility, and reality. It also deviates from community norms regarding meeting needs for affection (right). Consequently, peer victimization is not a responsible behavior since it causes distress to others (responsibility), and those who engage in it frequently refuse to acknowledge the consequences of the reality that goes along with it (Glasser, 1974).

Therefore in reality therapy the client wants to measure whether the behavior is by the 3R concept. This assessment procedure is carried out as part of the Want-Direction and Doing-Evaluation-Planning and Follow-up (WDEP) process' evaluation step. Clients can ask counselors to help them review their behavior and behaviors during the assessment process, which enables them to realize their desires (Wubbolding, 2013). Value judgment, also known as value-judgment, is a term that can be used to describe the ability to combine values that are significant to the community and determine whether a behavior is right or wrong. This value judgment aids the client in seeing how his actions currently align with accepted values (Sari, 2018). Asro's research indicates that reality counseling can help lower the incidence of peer victimization (Asro, 2018).

Nonetheless, this demonstrates how effective the value judgment process is in lowering students' maladaptive behavior during the assessment process. Reality therapy, however, works well in lessening the victimization that teenagers experience from their peers. This is demonstrated by the actions taken in response to the follow-up results, which indicate the degree of assertiveness, empathy for school mates, forming new friendships, and compliance with the regulations governing the school. Peer victimization has to be acknowledged as a serious issue that requires immediate attention in order to be controlled and eradicated in our schools. Since people will be taught to accept the consequences of their actions, the threat of peer victimization will be eliminated, the proper application of Rational Emotive therapy and Reality therapy can therefore reduce the rate of social problems encountered in Nigeria, such as peer victimization (Madukwe et al., 2016). The alarming rate of growth in peer victimization raises concerns about the risk of mental health issues, including anxiety, depression, and self-harm, among young people. The primary challenge is the tendency for many to choose to ignore this issue (Wang et al., 2019).

Statement of the Problem

One of the most common forms of aggressive conduct in Nigerian secondary schools, particularly in the local government of Ikenne, is peer victimization. The government and school authorities do not have any significant, well-defined policies or laws against peer victimization in schools. This could be attributed to the perspective that people have, which

views it as a necessary part of maturing. Adolescents who suffer peer victimization are more likely to skip or drop out of school, experience anxiety and despair, and file more health complaints, peer victimization adds to the high frequency of low academic success.

The recent school shootings and child victim suicides have raised concerns about the possible impact of peer victimization on public health. In a similar spirit, it has gotten to nearly uncontrollable proportions among students. Peer victimization has caused the loss of many valuable lives, which is quite painful. It has also caused discomfort for the government, educators, parents, and teachers.

As a result, the school authorities have tried in vain to stop peer victimization in secondary schools through a variety of measures. The use of physical labor, whipping, and temporary suspension from school are a few tactics employed by school administration. These actions don't appear to be producing any noteworthy benefits. Furthermore, past research on this phenomenon has not produced any definitive findings. Although rational emotive therapy and reality therapy have been employed in the past to address various forms of anti-social behavior, there is a dearth of research on their combined application in the treatment of peer victimization.

Hypotheses

- H₀₁: There is no significant effect between pretest and posttest intervention scores of Rational Emotive Therapy on peer victimization among secondary school students in Ikenne Local government, Ogun State Nigeria
- H₀₂: There is no significant effect between pretest and posttest intervention scores of Reality Therapy on peer victimization among secondary school students in Ikenne Local government, Ogun State Nigeria.
- H₀₃: There is no significant effect between pretest and posttest intervention scores of rational emotive therapy and on peer victimization among secondary school students in Ikenne Local government, Ogun State Nigeria.

MATERIALS AND METHODS

Research Design: This study adopts quasi experimental design.

Population: The population for this study consists of public secondary school students exhibiting peer victimization in Ikenne Local government Ogun State Nigeria. Ikenne Local Government has five administrative zones with a total number of eleven public secondary. The target population for this study was 120 students the study's population comprises of public secondary school students in Ikenne Local Government, Ogun State, Nigeria, who are victims of their peers. Eleven public secondary schools are spread throughout five administrative zones under the Ikenne Local Government. 120 students from junior and senior secondary schools in the Ikenne Local Government were the study's target population; four of the schools were chosen at random. From junior and senior secondary schools in Ikenne Local government in which four schools were randomly selected.

Sample Size and Sampling Techniques: Using basic random sampling technique method, four schools were chosen. In Ikenne Local government. In the four schools randomly selected the researcher requested from the school counsellor the list of students who engages in peer victimization. From each of the list 30 peer victimizers (60 male and 60 females) were selected to participant using purposive sampling, making a total of 120 participants

Instrumentation: Adolescent Peer Relation Instrument (APRI) by Parada (2000) was used by the researcher for the pre- and post-tests. The intervention therapy sessions were conducted using the researcher's created treatment lesson plans for rational emotive therapy and reality therapy. The Adolescent Peer Relation Instrument (APRI: Parada, 2000) is a set of eighteen items designed to measure the three distinct forms of peer victimization: verbal, social, and physical. It can also be used to calculate the overall incidence of peer victimization. Peer victimization is identified by a high score on these subscales as occurring frequently, whereas a low score indicates occurring less frequently.

Items No. 1, 3, 5, 7, 10, and 14 in the Adolescent Peer Relation Instrument indicate verbal victimization; Items No. 2, 6, 9, 12, 15, & 16 indicate physical victimization; and Items No. 4, 8, 11 - 13, 17, 18 represent social victimization. Six-point ratings range from 1 (never), 2 (sometimes), 3 (once or twice a month), 4 (once a week), 5 (many times a week), and 6 (everyday). The primary rationale behind the researcher's selection of the APRI by Parada (2000) is its validity as a tool for measuring the three components that make up the structure of peer victimization.

The treatment Lesson plan for rational emotive therapy and Reality Therapy were used together for the intervention therapy session for the combined group. The intervention lesson plan was constructed based on the basic principles of rational emotive therapy and Reality therapy.

Procedure: The procedure for data collection started with the collection of a signed letter of Students Field Research from the Head of the Department of Guidance and Counseling, Babcock University and submitted to the Principals of the selected secondary schools for permission to carry out the study. The permissions enabled the researcher to get the total number of students who exhibited peer victimization behaviour which were identified through the assistance of the school principals and counsellors. Through reference to the school log books where records of students discipline and biopsychosocial problems are kept along with the usage of the Adolescent Peer Relation Instrument APRI.

Method of Data collection: The researcher administered the APRI to the selected students. Firstly, the researcher sought and got the permission and co-operation of the school authority and school counsellors who helped to make the participants available.

Data Analysis: In this study, The Pair Sample T-test was used to examine each of the mentioned hypotheses.

RESULTS

Table 1: Paired t-Test of Difference between Pretest and Posttest Intervention Scores of Rational Emotive Therapy on Peer Victimization

	N	Mean	SD	Df	T	Sig.
Pretest	30	52.90	10.159	29	5.25	.000
Posttest	30	43.87	5.698			

The null hypothesis was rejected in favor of the alternative hypothesis based on the significant differences between the pre and post intervention scores of rational emotive therapy on peer victimization among secondary school students, as indicated by Table 1's results ($t = 5.251, p < .05$). Table 1 further revealed that posttest scores on peer victimization (mean = 43.9) were significantly lower than pretest scores (mean = 52.9) and the difference could be attributed to the effect of the intervention.

Table 2: Paired t-test Comparing Reality Therapy pre- and Post-Intervention Scores on Peer Victimization

	N	Mean	SD	Df	T	Sig.
Pretest	30	51.17	6.803	29	5.911	.000
Posttest	30	44.90	3.556			

The null hypothesis was rejected in favor of the alternative hypothesis based on the significant differences between the pre and post intervention scores of reality therapy on peer victimization among secondary school students, as indicated by Table 2's results ($t = 5.911, p < .05$). Table 2 further showed that the impact of the intervention may have contributed to the considerable difference between the mean posttest scores (mean = 44.9) and pretest scores (mean = 51.2) on peer victimization.

Table 3: Paired t-Test of Difference between Pre and Post Intervention Scores of Rational Emotive Therapy and Reality Therapy on Peer Victimization

	N	Mean	SD	Df	T	Sig.
Pretest	30	51.70	6.550	29	6.006	.000
Posttest	30	42.80	4.559			

The null hypothesis was rejected in favor of the alternative hypothesis based on the significant differences between pre and post intervention scores of rational emotive therapy and reality therapy on peer victimization among secondary school students, as indicated by Table 3's results ($t = 6.006, p < .05$). Table 3 further revealed that posttest scores on peer victimization (mean = 42.8) were significantly lower than pretest scores (mean = 51.7) and the difference could be attributed to the effect of the intervention. The strength of each was further analyzed in the table 4.

Table 4: Test of Between Subject Effects

Group	Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
RET	Corrected Model	.000	0			
	Intercept	60480.300	1			
	Group	.000	0	60480.300		
	Error	366.700	29		1934.81	.000
	Total	60847.000	30		31.2590	
	Corrected Total	366.700	29			
RT	Corrected Model	.000	0			
	Intercept	57728.533	1			
	Group	.000	0	57728.533		
	Error	941.467	29		1778.212	.000
	Total	58670.000	30		32.464	
	Corrected Total	941.467	29			
Combined	Corrected Model	.000	0			
	Intercept	54955.200	1			
	Group	.000	0	54955.200		
	Error	602.800	29		2643.830	.000
	Total	55558.000	30		20.786	
	Corrected Total	602.800	29			
Control	Corrected Model	.000	0			
	Intercept	159432.300	1			
	Group	.000	0	159432.300		
	Error	602.800	29		19533.319	.000
	Total	55558.000	30		8.162	
	Corrected Total	602.800	29			

Table 4 shows that each of the three therapies (RET, RT, and Combined RET & RT) excluding the control group had a significant effect on peer victimization. However, combined therapy had the strongest impact on peer victimization ($F_{(1, 29)} = 2643.830, p < .05$). This was followed by Rational emotive therapy ($F_{(1, 29)} = 1934.81, p < .05$).and reality therapy ($F_{(1, 29)} = 1778.212, p < .05$) in that order.

DISCUSSION

Rational Emotive Therapy intervention scores on the pretest and posttest show no discernible difference in relation to peer victimization among secondary school students in Ikenne Local Government, Ogun State, Nigeria. The results of the study showed a significant difference between the rational emotive therapy pretest and posttest intervention scores on peer victimization. This suggests that the treatment is successful in treating peer victimization. This outcome demonstrates how crucial the independent variable is in influencing the criteria variables. This outcome was the consequence of the intervention exposure to treatment over the course of six sessions.

This finding supports the findings of Yahaya and Mustapha (2015), who found that Rational-Emotive Behavior therapy is useful in lowering peer victimization among teenagers enrolled in school. The results showed that kids receiving experimental treatments had much less peer victimization behavior. In a similar vein, Ezeribe (2019) discovered that rational therapy (RT), regardless of gender, significantly reduced bullying behavior among secondary school students. Additionally, rational emotive therapy was employed by Turner and Barker (2015) to address the irrational views of Blue Chip professionals facing redundancy. They discovered that this type of therapy was successful in diminishing the illogical beliefs of Blue Chip professionals.

The results of the study show a substantial difference between the pretest and posttest intervention scores of Reality therapy on peer victimization, indicating the efficacy of the treatment in treating peer victimization. The significance of the independent variable's influence on the dependent variables is demonstrated by this result. The findings of this study supported the observation made by Madukwe et al. (2016) that reality therapy ought to be used to address bullying victimization among teenagers of all ages.

Similarly, reality therapy has been shown to reduce academic procrastination and enhance behavioral self-regulation (Hajhosseini, et al., 2016). Additionally, it is asserted by Pooravari, Zandipour, Pooravari, and Salehi (2016) that training in group reality therapy might lessen hostile behavior among peers, such as peer victimization. According to this study, as reality therapy emphasizes accountability in part, it can help people learn responsible behavior, which in turn reduces victimization and peer aggressiveness. Furthermore, the results of this study imply that reality therapy can help perpetrators of peer victimization understand the range of behavioral options available to them as well as the repercussions of each choice.

Additionally, there was a significant difference between the reality therapy pre and post intervention scores on peer victimization, indicating the efficacy of the treatment in treating peer victimization. This outcome demonstrates how crucial independent variables are in influencing the dependent variable, or response. This finding supports studies by Delilar and Havasi (2019) and Rajabzadeh et al. (2015) that shown the beneficial effects of Reality therapy (RT) on students.

CONCLUSION AND RECOMMENDATIONS

The research has been able to shed light on the relative efficacy of reality therapy and rational emotive therapy in treating peer victimization in secondary school children. Additionally, it was able to determine that the best treatment for peer victimization in this study was the combination of the two treatment packages. Ultimately, treating kids who have been victimized by their peers can benefit from the appropriate use of rational emotive therapy and reality therapy. In light of the study's findings, the following suggestions were made:

To address peer victimization, school counseling psychologists could integrate the two treatment packages—Reasonable emotive therapy and Reality therapy—that were found in the study.

In addition to educators, legislators, and school administrators, referral services for students displaying victimization behavior by their peers should be provided.

In order to help their wards who are displaying peer victimization, parents might employ the combination therapy; interested parents could receive training on how to apply this package.

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