

Effectiveness of Acceptance - Commitment and Rational Emotive Behaviour Therapies on Aggressive Behaviour of Adolescents from Broken Homes in Ogun State, Nigeria

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Abstract

Broken home has damaging effects on adolescents. Studies have reported that broken home has an influence on the aggressive behaviour of adolescents of such home. Thus, this study examined the effectiveness of two behaviour modification therapies namely: Acceptance-Commitment Therapy (ACT) and Rational Emotive Behaviour Therapy (REBT) on aggressive behaviour of Adolescents from broken homes in Ogun State, Nigeria. A sample of 71 adolescents consisting of 28 male and 43 female were selected for the study using multistage sampling process. The design used for the study was the quasi-experimental: pretest/posttest control group design. The study consisted of three groups: two treatment groups and one control group. The first group was exposed to Acceptance-Commitment Therapy (ACT), second group was exposed to Rational Emotive Behaviour Therapy (REBT), while the control group had no treatment. The following instruments were used to collect relevant data for the study, Family Structure Questionnaire (FSQ), The Adjustment Inventory for School Students (AISS) and the Buss Perry Aggression Questionnaire (BPAQ). Two hypotheses were formulated to guide the study. Data collected for the study were analysed using Analysis of Covariance (ANCOVA). The hypotheses were tested at 0.05 level of significance. The results indicated significant differences in aggressive behaviour of the adolescents as a result of the interventions. The ACT was observed to be effective in the decrease of aggression than REBT though both were significant. Male and female adolescents were observed not to differ in aggression as a result of exposing them to ACT and REBT. In the

light of the findings, it is recommended among others that ACT and REBT should be adopted in decreasing aggression among adolescents from broken homes.

Keywords: *Acceptance-Commitment Therapy, Broken homes, Rational Emotive Behaviour Therapy, Aggression*

Introduction

The family is an important unit in the society. The family environments constitute the basic ecology where children's behaviour is manifested, learned, encouraged and suppressed. Hence, a child is first of all the product of his immediate environment, which is the home. The home play a great role in the development of the adolescents (Ahiaoma, 2013). It provides the initial training for the child and the parents act as models for their children since the process of socialisation depends on both parents playing complimentary roles in bringing up the child (Azuka-Obieke, 2013). A positive childhood experiences acquired through strong and effective parent-child attachment and communication and a nurturing loving family environment promote development of pro-social and foundational psychosocial systems in children and young people. This means that the family environment in which a child grows up is considered a key predictor of the future outcome. Therefore, disruption in family structure can lead to several adverse events impacting both the mental health of children and their parents (Ehibudu, et al., 2017).

Martins (2003) affirmed that broken home is one aspect of marital disorganization which could among other things; affect the children of such marriages. When the home is broken, children develop feeling of abandonment, and are likely to internalise them. They believe they are not loved and the divorce is their fault. They carry this blame for the most part of their lives; as a result, they develop low self-esteem and ultimately, depression which may culminate to aggression (Ogono, 2018). Aggression is a mental health problem as well as disruptive conduct. According to Ezeokana, et al., (2014) aggression refers to a behaviour between members of the same species that is intended to cause pain or harm. Aggression can also be a by-product of the inability to deal with emotion, especially frustration. In the view of Egbochukwu (2010) aggression involves directly standing up for the rights of others. It also includes expressing oneself in an unfair manner thus violate people' rights.

The concept of aggression are classified into two categories: the instrumental aggression and hostile aggression. While instrumental is used to accomplish an objective or purpose, hostile aggression is intended to hurt others and it involves two types of overt aggression (physical and verbal) and social aggression (Sona & Kuldip, 2021). Physical aggression refers to inflicting injury on others, while verbal aggression entails using words that are intended to harm another person (Ojukwu, et al., 2020). In other words, physical violence is related to hurting people physically, deliberately to cause discomfort, such as punching, pushing, throwing things while the use of offensive language such as shouting and screaming that causes the person hurtful feelings and lowers the value of the person is called verbal aggression (Sona & Kuldip, 2021). Verbal aggression could also be teasing, intimidating and engaging in name calling (Onukwuor, 2013). Social violence involves

actions to undermine social relationship or friendship. Aggression can either be directed inwardly or directed outwardly to others. The inward direction is towards self. Example of such is suicidal tendencies.

There are varieties of factors which can trigger or influence aggressive behaviours in adolescents (Averdijk, et al., 2012). Among them is parental divorce or separation. Adolescents who have experienced parental separation and divorce display a range of emotional and behavioural reactions such as; aggression, display of anxiety and depressive symptoms, appear more irritable, demanding and non-compliant, experience problems in social relationships and school performance (Hetherington, 2002). Aggressive behaviour in adolescents could result from lack of self-control and can cause physical and emotional harm to others. According to Duckworth (2011) self-control level at a young age predict cognitive and self-regulatory skills in adolescence as well as essential outcomes such as health and well-being later in life and better quality interpersonal relationships, which basically translate to a happier life.

Early adolescence marks the beginning of a normative increase in the strength of sensation seeking impulses in both boys and girls, leading to higher rates of risky behaviours. During this stage of sensation seeking impulses, the home as the primary agent of education and socialisation has the major role of inculcating self-control in the child which helps the control of impulsivity. A family condition that is unhealthy like broken home can cause lack of control because adolescents still require control from their parents and depend on the family to get a sense of security (Hurlock, 2004). Impairment in self-control due to broken home can lead to aggressive behaviour as well as irreversible, life-changing decisions. Conversely, being prone to low self-control is associated with problematic behaviours and outcomes such as impulsive, aggressive and maladaptive conduct. Thus, adolescents without self-control are usually aggressive and quick to engage in arguments and fights during stress (Baumeister and Alghamdi, 2015) while self-controlled individuals are more adapt than their impulsive counterparts at regulating their behavioral, emotional, and attentional impulses to achieve long-term goal.

Studies have revealed that there exist a relationship between the aggression and the five dimension of family environment which included: cohesion, conflict, caring, acceptance, independence and active recreational orientation (Kumar and Thakur, 2016). Lack of family cohesion affects children's social relationship in several ways because the family acts as the socialising agent to the child. When that role is unfulfilled, the child might have conduct disorder, which in some cases are aggressively displayed with consequences on peer relationship.

There are evidence of aggressive behaviour among male and female public secondary school students from broken homes that have resulted into maladaptive behaviour, social vices, cultism and other unhealthy conditions which have negative impact on peaceful co-existence in the society. Hence, the need to come up with interventions to effectively help these adolescents work through strong feelings relating to broken homes, fit into learning situation and have a peaceful co-existence in the society.

This study investigated the effects of Acceptance-Commitment (ACT) and Rational

Emotive Behaviour Therapies (REBT) on aggressive behaviour of adolescents from broken homes in Ogun State. The Acceptance-Commitment Therapy (ACT) is a 'unique' empirically based psychological intervention based on modern behavioural psychology. ACT develops psychological flexibility and is a form of behavioural therapy that combines mindfulness with the practice of self-acceptance (Hayes, 2019). The Acceptance-Commitment Therapy (ACT) is effective for a wide range of psychological disorder including; depression, substance abuse, aggression, anxiety disorder and psychosis among others and it is also effective as a life-affirming and inspirational perspective of self-determination (Hayes, et al., 2012).

Acceptance-commitment therapy has shown to be effective in decreasing aggression and ability to control anger. A study by (Buanasari, et al., 2020) investigated the effectiveness of ACT and family psycho education (FPE) on schizophrenic clients with aggressive behaviour. The findings showed decreased symptoms of aggressive behaviour in cognitive, affective, psychological, behavioural and social aspects and increased ability to control anger with ACT and FPE. Similarly, the study of Zarling, et al., (2015) revealed the efficacy of ACT in a randomised controlled trial test on partner aggression. The result indicated that ACT group significantly reduced both physical and psychological aggression suggesting that ACT is an efficacious treatment to aggression.

Rational Emotive Behaviour Therapy was formulated by Albert Ellis. It is a cognitive behavioural therapeutic approach aimed at resolving emotional and behavioural problems. REBT is governed by the belief that thoughts produce and control emotions such as anger, depression, and anxiety. From REBT perspective, negative behaviours stems from a combination of irrational beliefs, demandingness and self-downing in particular (Macavei, 2005). The cause for all such disturbances is the belief system one holds, which is basically irrational. This irrational belief system manifest negative effects; this negative outcome is modifiable by changing the belief system of the individual ((Hamidi, 2017).

Rational emotive behaviour therapy (REBT) functions on core principles called the ABCs (A= activating, B=beliefs and C= consequences). The "A" factor is an event. The "B" is how the individual perceives the event "A". The factor "C" is the behaviour of the individual that results from the event "A" and the individual's perception "B". When an individual becomes emotionally disturbed which is the point "C" that is caused by the activating event "A" which occurred in his life, because the individual has at point "B" a belief system which more directly causes his point "C" dysfunctional consequences or reaction (Ellis and Dryhen, 2007).

Rational emotive behaviour therapy (REBT) focuses on helping client to reframe his thoughts and develop strategies to replace them with more rational thought patterns. This is possibly achieved with the elongation of A-B-C-D-E principle. At point D those irrational beliefs which the individual holds which causes disturbed behaviour are disputed. Consequently, through the disputing of irrational ideas the individual begins to acquire a new cognitive effect (point E).

According to Robertson (2010) REBT is hypothesised to exceed the effectiveness of other cognitive-behavioural treatments by virtue of promoting unconditional self-acceptance and reducing 'secondary problems' such as self-criticism. The effectiveness of

REBT in decreasing aggression was shown in Ekechukwu (2018) study on efficacy of REBT and Cognitive Behaviour Therapy (CBT) in reducing aggressive behaviour among secondary students. The result of the randomised test indicated a reduction in aggressive behaviour of the students. The choice of REBT and ACT in this study is on the premise that emotion and behaviour are mediated through cognitive processes.

Purpose of the Study

This study sought to examine the effectiveness of Acceptance-Commitment (ACT) and Rational Emotive Behaviour Therapies (REBT) on aggressive behaviour of adolescents from broken homes in Ogun State. Specifically, the study aimed to

- i. examine the difference in the post-test mean scores of aggression among participants exposed to ACT, REBT and the control group; and
- ii. determine the difference in the post-test mean scores of aggression of participants exposed to ACT, REBT and the control group due to gender.

Research Questions

The following research questions guided the study.

- 1 To what extent would the post-test mean scores of aggression differ among participants exposed to ACT, REBT and the control group?
- 2 To what extent would the post-test mean scores of aggression differ among participants exposed to ACT, REBT and the control group due to gender?

Hypotheses

The following hypotheses were tested

1. There is no significant difference in the post- test mean scores of aggression among adolescents from broken homes as exposed to the two experimental treatments and control group.
2. There is no significant difference in the post- test mean scores of aggression among adolescents from broken homes as exposed to the two experimental treatments due to gender.

Methodology

Research Design

The research design for the study was the quasi-experimental pre-test \post-test control group design. There were three groups (two treatment groups and one control group). One treatment group was exposed to Acceptance-Commitment Therapy, while the second group was exposed to the Rational Emotive Behaviour Therapy. The third group (control group) was not exposed to any treatment.

Population of the Study

The target population for this study comprised all adolescent students from broken homes in public secondary schools in Ogun State metropolis, Nigeria.

Sample and Sampling Techniques

A sample of 71 participants consisting of 28 male and 43 female were involved in the study. Multi-stage process was employed to select the sample for the study. The first stage of the multi-stage process was the selection of three Local Government Areas, out of the 20 Local Government Areas in Ogun State, using simple random sampling method through hat and draw technique. The second stage involved selection of one Senior Secondary School from each of the three selected Local Government Areas using simple random sampling technique. The third stage involved the identification of adolescents from broken homes in each of the Senior Secondary Schools Two (SS2) students selected from the three Local Government Areas, using the Family structure questionnaire as a screening tool. A total number of 104 students were identified as adolescents from broken homes from 942 Senior Secondary Two (SS2) students that participated. The Adjustment Inventory for School Students (AISS) by A.K.P Sinha and R.P Singh was administered on the adolescents identified to be from broken homes to establish the level of their psychosocial adjustment. The distribution of the participants across groups during pre-assessment and experimental groups are presented in Table 1.

Table 1: Distribution of sample in pre-assessment selection of baseline data

School	Preassessment Participants						Group	Experimental Participants			
	Gender		Total	Gender (FSQ)		Total		Gender		Total	
	Male	Female		Male	Female			Male	Female		
A	66	67	133	15	10	25	A (ACT)	14	9	23	
B	182	205	387	15	26	41	B (REBT)	7	19	26	
C	217	205	422	18	20	38	C (CG)	7	15	22	
Total	465	477	942	48	56	104		28	43	71	

A total of 71 students scored above 22 indicating unsatisfactory adjustment. They were assigned to three groups using simple random method. 23 students, 14 male, 9 female for Acceptance Commitment therapy (ACT). Twenty six students comprising 7 male and 19 female were assigned to Rational Emotive Behaviour Therapy (REBT) and 22 students 7 male and 15 female were in control group who were not given any treatment during the study but were given educational talks.

Research Instruments

Three research instruments were employed. The Family structure questionnaire (FSQ), the Adjustment inventory for school students (AISS) by A.K.P Sinha and R.P Singh and the Buss

Perry Aggression Questionnaire (BPAQ) by Arnold. H. Buss and Mark Perry. The adjustment inventory for school students (AISS) was employed to measure the level of psychosocial adjustment of the identified students from broken homes. The Buss Perry Aggression Questionnaire (BPAQ) was employed to measure the aggressive behaviour of the students that showed poor and unsatisfactory adjustment. Cronbach Alpha reliability analysis was employed to determine the reliability coefficient of the research instruments. The alpha coefficient obtained for Adjustment inventory for school student (AISS) was 0.77 while the Buss Perry Aggression Questionnaire (BPAQ) obtained 0.81, suggesting that the items have relatively high consistency and adjudged to be reliable.

The treatment was in three phases. The first phase was the pre-treatment phase, the second was the treatment phase and the third, the post treatment phase. The data collected were analysed using mean and Analysis of Covariance (ANCOVA) at 0.05 level of significance.

Results

The results of data analysis for all tested hypotheses are presented in Tables 2 to 6.

Test and interpretation of Hypotheses

Research Hypothesis 1: There is no significant difference in the post-test mean scores of aggression among adolescents from broken homes when exposed to acceptance-commitment therapy, rational emotive behaviour therapy and the control group

Table 2: Descriptive Analysis on Aggression and Experimental Conditions

Experimental Group	N	Pretest		Posttest		Mean Difference
		Mean	Std. Dev.	Mean	Std. Dev.	
Acceptance-Commitment Therapy	23	100.26	8.52	67.52	12.06	-32.74
Rational Emotive Behaviour Therapy	26	101.12	15.92	68.92	12.34	-32.19
Control Group	22	103.50	21.22	99.50	21.76	-4.00
Total	71	101.58	15.82	77.94	21.31	-23.63

Analysis from Table 2 shows that the mean of ACT was 100.26, REBT was 101.12 and CG was 103.5 at pre-test. At post-test, the mean reduced to 67.52, 68.92 and 99.5 for ACT, REBT and CG respectively. This shows that the ACT (-32.74) had the highest reduction followed by REBT (-32.19) and CG (-4). An Analysis of Covariance was computed to determine if there is significant difference in the post-test mean value. The result of the analysis is presented in Table 3.

Table 3: Inferential Analysis of Aggression

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	16637.338	3	5545.779	24.525	.000
Intercept	3471.495	1	3471.495	15.352	.000
Covariate	1800.649	1	1800.649	7.963	.006
Group	13894.423	2	6947.211	30.723	.000
Error	15150.436	67	226.126		
Total	463128.000	71			
Corrected Total	31787.775	70			

Table 3 shows that a F-ratio of 30.723 was computed as difference in the mean values of aggression as a result of the experimental conditions. The F-ratio was observed to be greater than the critical value of 3.13 given 2 and 67 degrees of freedom at 0.05 level of significance. As a result, the null hypothesis was rejected and the alternative hypothesis accepted. It was concluded that there exists significant difference in aggression among adolescents from broken homes when exposed to experimental conditions. Pairwise analysis was further computed to identify the pair that was significant. The outcome of the analysis is presented in Table 4.

Table 4: Multiple Comparison of Aggression Experimental Group

(I) Experimental Group	(J) Experimental Group	Mean Difference (I-J)	Sig. ^b
Acceptance-Commitment Therapy	Rational Emotive Behaviour Therapy	-1.126	.794
Control Group	Control Group	-30.936*	.000
Rational Emotive Behaviour Therapy	Acceptance-commitment Therapy	1.126	.794
Control Group	Control Group	-29.810*	.000
Acceptance-Commitment Therapy	Acceptance-commitment Therapy	30.936*	.000
Rational Emotive Behaviour Therapy	Rational Emotive Behaviour Therapy	29.810*	.000

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The analysis in Table 4 shows that the pair of ACT and CG ($t = -30.936$; $p < 0.05$); as well as REBT and CG ($t = -29.810$; $p < 0.05$) were significant.

Research Hypothesis 2: There is no significant difference in the post- test mean scores of aggression among adolescents from broken homes when exposed to Acceptance-Commitment Therapy, Rational Emotive Behaviour Therapy and the control group due to gender.

Table 5: Descriptive Analysis for Aggression and Gender

Experimental Group	Gender	N	Pretest		Posttest		Mean Difference
			Mean	Std. Dev.	Mean	Std. Dev.	
Acceptance-Commitment Therapy	Male	14	97.36	6.51	64.57	13.44	-32.79
	Female	9	104.78	9.64	72.11	8.22	-32.67
	Total	23	100.26	8.52	67.52	12.06	-32.74
Rational Emotive Behaviour Therapy	Male	7	105.14	16.93	68.86	7.47	-36.29
	Female	19	99.63	15.74	68.95	13.89	-30.68
	Total	26	101.12	15.92	68.92	12.34	-32.19
Control Group	Male	7	90.86	18.39	95.00	25.49	4.14
	Female	15	109.40	20.33	101.60	20.42	-7.80
	Total	22	103.50	21.22	99.50	21.76	-4.00
Total	Male	28	97.68	13.63	73.25	20.26	-24.43
	Female	43	104.12	16.76	81.00	21.65	-23.12
	Total	71	101.58	15.82	77.94	21.31	-23.63

The computed descriptive values on aggression in Table 5 shows male participants in the REBT (36.29) had the highest reduction, follow by ACT (32.79). Similarly, female participants in the ACT had the highest reduction of 32.67 followed by 30.68. Further computation was done to determine the differences in mean aggression across the experimental condition due to gender. The outcome of the analysis is presented in the Table 6.

Table 6: Inferential Analysis for Aggression and Gender

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	16805.379	6	2800.896	11.965	.000
Intercept	3269.378	1	3269.378	13.966	.000
Covariate	1449.326	1	1449.326	6.191	.015
Group	11957.205	2	5978.603	25.539	.000
Gender	102.350	1	102.350	.437	.511
Group * Gender	55.539	2	27.770	.119	.888
Error	14982.396	64	234.100		
Total	463128.000	71			
Corrected Total	31787.775	70			

Observations from Table 6 shows that a F-ratio of 0.119 was derived as difference in the mean values of aggression among adolescents from broken homes exposed to experimental conditions due to gender. The value was noted to be less than the critical value of 3.13 given 2 and 64 degrees of freedom at 0.05 level of significance. As a result, the null hypothesis was upheld and it was concluded that there exists no significant difference in the post-test mean scores of aggression among adolescents from broken homes when exposed to ACT, REBT and CG due to gender.

Discussion of the Findings

The study showed that aggression differ among adolescents from broken homes exposed to ACT and REBT and the control group. The participants in ACT showed reduction than those in REBT though both were significant in the control of aggression among adolescents from broken homes. The impact could be attributed to the core processes of ACT which provides framework for psychological flexibility which helped the adolescents to accept and integrate into their life, experiences which they are incapable to change. The result corroborated the study of Zarling, et al., (2015) who in a randomised controlled trial, test the efficacy of ACT intervention on partner aggression. The result indicated that ACT group significantly reduced both physical and psychological aggression suggesting that ACT is efficacious in decreasing aggression. A similar observation was made by Buanasari, et al., (2020). The findings showed decrease symptoms of aggressive behaviour in cognitive, affective, physiological, behaviour and social aspects and increased ability to control anger and to accept their problems. Hayes, et al., (2012) affirmed that ACT is effective for a wide range of psychological disorder including; depression, substance abuse, aggression, anxiety disorder and psychosis among others. Accordingly, the significance of REBT in aggression was also shown in Ekechukwu (2018) which showed a reduction of aggressive behaviour among secondary students.

No significant difference in the post- test mean scores of aggression among adolescents from broken homes when exposed to the two experimental treatments due to gender. The result collaborates with Shansky and College (2002) who posited that male and female adolescents commonly react to parental divorce and separation with anger, withdrawal, a sense of loss and rejection. The reactions are associated with problematic behaviour and outcomes such as impulsive, aggressive and maladaptive conduct. According to Ogono (2018) children blame themselves for the actions of the parents. The inability to deal with emotion, especially frustration associated with broken home result in aggression. It is triggered by shock and confusion and the reaction is same.

Conclusion

Broken home undermines the wellbeing and development of children from such homes with consequences lasting into adulthood. Aggressive behaviour is a by-product of the inability to deal with emotion, especially frustration of broken home. Both the Acceptance-commitment (ACT) and Rational emotive behaviour therapies have shown to be significant in decreasing aggression among adolescent from broken homes but ACT showed higher reduction than REBT. The findings further showed that gender was not a significant factor

on aggressive behaviour of adolescents from broken homes.

Recommendations

Based on the findings of this study, the following recommendations are proffered:

1. That Acceptance-Commitment and Rational Emotive behaviour therapies should be adopted as an effective strategy for decreasing aggression among adolescents from broken homes especially in public schools.
2. It is necessary for parents to be well aware of the negative impact of divorce and separation on their children before they embark on such move. This awareness can be a form of massive enlightenment, workshop and campaigns towards reduction of rate of divorce/separation among couples.

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