

*Effectiveness of a Therapeutic Package of
Rational Emotive Behaviour Therapy & Social Skills Training
on Aggressive Indian Adolescents*

AN ABSTRACT SUBMITTED
FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY

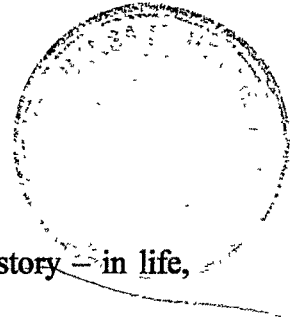
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May 2004

ABSTRACT



Introduction

Aggression has been humankind's steady companion through history — in life, literature and art. However, several recent researches indicate that there has been a strong upsurge in the recent past, in aggressive behaviour, as well as in its expression. Manifested in the forms of institutionalized aggression like war, at organized level in the work place, as family discord at homes and a damaging feature in interpersonal relationships. Thus, it has the possibility of leaving deep impact and repercussion on the mental well being of an individual. And since anger begets anger, it can move in the direction of creating severe psychological disbalance. Subsequently, the question arises, why aggression in our society is rising and what are the prevalent means to control / curb / reduce it. As Baron (1977) pin pointed, “with its devastating impacts, aggression has long been a serious concern for professional and lay persons alike. It is not surprising therefore that a wide variety of theoretical concepts have been looked in to aid in the understanding and control of anger and aggression. The present investigation has been one such attempt, of working with scientific means and therapies for reducing aggression in adolescents.

The Present Study

The title of the present investigation is,

“Effectiveness of a Therapeutic Package of Rational Emotive Behaviour Therapy and Social Skills Training on Aggressive Indian Adolescents.”

Rationale of the Present Study

The inspiration for this research drew after learning about a horrific episode in May, 1999, where a child violently shot and killed his teacher in the school premises of United States. This imprinted a deep impact on the researchers mind that our Indian adolescents, with their deep desire to ape the west are not too far away from a violent culture of aggression. As a clinical psychologist and researcher, an urgent need was perceived by the investigator to do concrete work and probe into the various methods to bring about reduction in aggression of Indian adolescents. The adolescent group was particularly targeted as it is most naïve and vulnerable, to react impulsively in stressful situations. In this context, the research process involved the development and implementation of a therapeutic package and to analyse its effectiveness, on the aggressive adolescent population. The purpose being that if effective, it could aid professional counsellors and psychologists in school and clinical settings – enabling emotionally disturbed aggressive individuals reduce such tendencies. Also, no previous research studies were found by the investigator which had undertaken such a package for consideration.

Objectives of the Study

Main objective : To investigate the effectiveness of a therapeutic package for reducing aggressive behaviour in adolescents.

The other objectives derived from the main objective have tried to study :

1. The effectiveness of Rational Emotive Behaviour Therapy on aggressive behaviour.

2. The effectiveness of Social Skills Training for the modification of aggressive behaviour.
3. The effectiveness of the combined package of Rational Emotive Behaviour Therapy and Social Skills Training on aggression.
4. Compare and evaluate the aggressive behaviour of individuals in the control and experimental groups before and after the interventions.
5. Compare the effectiveness amongst the three different therapeutic conditions.
6. Compare and investigate the aggressive behaviour of male and females before and after therapeutic applications.
7. The distribution of aggressive adolescents over various birth orders.
8. To investigate the distribution of aggressive adolescents over various family patterns.

Hypotheses of the Study:

To achieve the above objectives, the following hypotheses were formulated.

H₀1 : There will be no difference in the overall aggressive behaviour of individuals in the control group (CG) and those exposed to the various therapeutic conditions in the experimental group (EG) at post tests.

H₀2 : There will be no difference at post test in the aggressive behaviour of individuals of the control and experimental groups on any of the subscale of the inventory.

H₀3 : There will be no impact of REBT on the overall aggression scores of participants.

H₀4 : There will be no impact of REBT on aggressive behaviour as measured by the subscales of the inventory.

H₀5 : There will be no differential impact of SST on the overall aggressive behaviour of participants.

H₀6 : There will be no differential 'impact of SST on aggressive behaviour as measured by the inventory subscales.

H₀7 : Participation in the combined therapeutic package will not have any impact on their overall aggression scores.

H₀8 : Participation in the combined therapeutic package will not have any impact on their aggressive behaviour as measured by the subscales of the inventory.

H₀9 : There will be no differential impact produced on aggressive behaviour by the different treatment conditions of the experimental group.

H₀10 : There will no differences in effect amongst the three treatment conditions of EG measured by the subscales of the inventory.

H₀11 : No difference in aggressive behaviour will exist amongst genders on their overall aggression scores at pre test.

H₀12 : No difference in aggressive behaviour amongst genders at post test on any of the subscales of the inventory.

H₀13 : No difference will exist in the aggressive behaviour amongst the genders of the EG at pre test on various subscales of the aggression.

H₀14 : No difference will exist in the aggressive behaviour amongst the genders of the EG at post test on various subscales of the aggression.

H₀15 : No relation will exist amongst the birth orders of aggressive adolescents.

H₀16 : No relation will exist amongst family type and aggressive behaviour.

Operational Definition of the key Terms

Following are the operational definitions of the key terms used in the present study.

Intervention Strategies : The technique used to strengthen the deficit or to teach a concept is referred to as intervention strategies.

Rational Emotive Behaviour Therapy (REBT) : A Cognitive Behaviour Therapy technique developed by 'Albert Ellis' which emphasizes on the ability of our thoughts to affect our lives negatively. REBT has been designed to reveal and break down the irrational beliefs that lead to distress. The theory construes that if people are taught to identify their irrational cognitions and to re-evaluate them in more realistic terms, then their behaviour would in turn become less irrational, leading to their emotional problems getting reduced. His therapy framework takes into account the A-B-C-D-E paradigm, wherein :

A = Activating / triggering event for the (provocative) situation

B = Belief system (Rational and Irrational beliefs) which an individual carries

C = Consequence (Produced by 'A')

D = Disputation of Irrational beliefs

E = Effective new thought which can produce changes in behaviour, emotions, and cognition as a result of treatment application.

Social Skills Training (SST)

It is a behaviour modification procedure in which the individual is instructed, coached, trained and supported in taking positive, socially acceptable action in situations. There are variety of components used during the implementation of social skills training programme. They include the techniques of behaviour

rehearsal, role play, feedback, prompting, model presentation and homework assignments. Training is usually carried out in a group.

Combine Therapeutic Package : The combined therapeutic package developed for the present investigation adopted a combination application of REBT and SST for reducing aggressive behaviour. Thus, both the treatments were simultaneously utilized on the same sample of aggressive population.

Sample:

The sample in the present study was a purposive sample consisting of 72 individuals, 36 in the experimental (intervention group) and 36 in the control group. The inclusion and exclusion criteria for the sample were as follows :

Inclusion Criteria

The sample chosen fulfilled the following criteria, for its selection.

- Aggression : Samples showing high scores on the aggression inventory were chosen
- Age : Adolescents in the age group of 14-17 years were only selected
- Economic status : Sample belonged to middle socio economic status group
- Equal number of males and females were included
- School medium : CBSE, English Medium
- Medium of Instruction : English

Exclusion criteria

The sample diagnosed to be lacking in any of the following categories was taken :-

- High anxiety cases were excluded.
- Depressive cases were not selected.
- Cases suffering from Phobia were not a part of the sample.
- Individual showing Psychotic reactions were not taken
- Cases displaying Somatic reactions were excluded
- Addicted individuals were also excluded from the sample

Tools

The tools used for investigation in the present study were :

General Information Form : The General Information form prepared by the investigator was used to gather the personal background information of the aggressive sample population.

Buss – Durkee Inventory for Aggression (BDI - Adapted) : A paper – pencil test constructed by Buss and Durkee for assessing individuals on various components of aggression and hostility. The BDI was used for assessing individuals on their overall aggression scores as well as on the various subscales of aggression.

Mental Health Questionnaire (MHQ) : The Mental Health Questionnaire framed by Parimu, B. and Kapur, M. diagnoses individuals on their varied physical and mental health states. Evaluating the sample population through MHQ, fulfilled the criteria of excluding individuals affected by any of the disorders as a cause for their aggression.

Thematic Apperception Test (TAT) : The TAT was used to obtain knowledge about the hidden needs, desires, motives and conflicts in personality of the

aggressive individuals. These responses were further used for constructing the Situational Aggression Questionnaire.

Situational Aggression Questionnaire (SAQ) : A paper and pencil test developed by the investigator, exposes an individual to various aggression provoking situations, tapping one of the dominant emotion related to aggression. The SAQ responses obtained from the sample were utilized during the actual intervention sessions, when the therapeutic package was implemented.

Plan and Procedure of the Study

The present investigation was conducted in seven phases :

During the first phase, a pilot study was conducted by the investigator. The study incorporated a survey on 30 parents, to probe into the causes of aggression and the strategies adopted by the parents of yesteryears to control them. One of the recommended strategy was further utilized as a module for therapeutic intervention.

The second stage of the pilot study involved the administration of Buss Durkee inventory to a sample of 25 individuals. Statements comprehended as difficult were rephrased and given to five experts in the field of psychology, to reach the consensus of their appropriate meanings.

In the second phase the investigator underwent a seven days training program on REBT conducted by Mr. K. M. Phadke, in Bombay to gain expertise in the field.

The third phase involved data collection done in two stages. In the first stage BDI was administered on 603 students. Students scoring high on this inventory were selected for the next stage. In the second stage the selected sample was

administered the 'General Information Form' and the 'Mental Health Questionnaire'.

Pre-intervention which was the fourth phase incorporated 'rapport formation' as its first step followed by later sessions of TAT and SAQ administration.

In phase five, the adolescent in the experimental group were exposed to intervention strategies while the control group was not given any treatment. The intervention strategies comprised of three different strategies : Rational Emotive Behaviour Therapy, Social Skill Training and a Combined package consisting of both these therapies.

In phase six, post intervention assessment was carried out where BDI was readministered to the Control and Experimental groups.

The follow ups were designed for the last phase after a two months gap, to assess whether the applied interventions endured after the abstinence of the intervener from the set up. The assessment was again done through the administration of BDI. The results of the present study were analysed using the 'paired' and 'independent' t-tests.

Major Findings of the Present Study

The intervention strategies proved effective in reducing the overall aggressive behaviour of adolescents. A significant difference was obtained between the experimental and the control groups at post tests. Thus, the null hypothesis stating for a no difference between the two groups at post tests was rejected. When individually analysed, REBT, SST and the Combined package, each produced significant impact in lowering the overall aggressive behaviour in individuals as well as a reduction was seen on most of its components.

Conclusions

The present investigation was carried with the prime focus on finding whether REBT, SST and a combination of the two therapies could have an effect in reducing aggressive behaviour in adolescents. The results evaluated a significant impact of the interventions given.

‘Rational Emotive Behaviour Therapy’ could have proved effective, as cognitive developments exercise their maximum strengths during adolescence time frame. ‘Piaget’ mentioned concrete operations involving major power in child’s reasoning get well developed by later childhood (6 – 12 years). Stepping into adolescence with some background of logical and rational thinking, makes them swiftly sail into formal operations stage with a good ‘thinking’, deduction – induction processes, interpositioned logic and reflective thinking. Henceforth reasonable, logical and rational explanation provided to them about their false perception and irrational beliefs through REBT, worked as a tool in reducing their aggressions.

The training in ‘Social Skills’ enabled in giving a more direct and concrete solution for managing their aggressive impulses in social situations. It contributed in generating ‘sensitivity’ and ‘empathy’ for individuals in their social environments. More than social skills, ‘self-awareness’ created by opening them to their ‘blind selves’ through ‘Johari Window’ and the usage of SWOT analysis added as stepping stones for this package. Again, training in some basic social values, with direct interactions with their social environments gave, the participants an actual platform to perform and obtain related feedbacks for further improvements.

The implementation of the combined package proved most significant amongst the strategies adopted for the research. Here, REBT package enabled the target group to shed their false beliefs and misperceptions related to their environments. A logical insight about how their behaviour leaves an impact on situations, people and themselves was created in the process. The generation of this self-awareness brought in them a 'desire to change'. This was further supported through SST. With training in social skills they could learn to handle those same situations, more adaptively, which earlier were viewed by them as provocative. In other cases initial exposure to the designed SST situations lead in providing a base for generating 'empathy' and 'sensitivity' in the target group. Further, during situational analysis their irrational cognitions were sacrificed through vigorous disputation of each irrational belief.

The intervention strategies can thus prove their worth if taught to the professional counsellors and psychologists in school. These strategies if applied appropriately could aid in reducing the upsurge in aggressive behaviour of adolescents.