TITLE PAGE

EFFECTS OF RATIONAL-EMOTIVE BEHAVIOUR THERAPY (REBT) ON SELFISH BEHAVIOURS AMONG IN-SCHOOL ADOLESCENTS IN RIVERS STATE

BY

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APPROVAL PAGE

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God'spresence, Azuka Felix Nnamdi, a postgraduate student of the Department of Educational Foundations, with registration number PG/PhD/06/41816 has satisfactorily completed the requirements for the award of the degree of Doctor of Philosophy in Educational Foundations (Guidance and Counselling). The work embodied in this thesis is original and has not been submitted in part or full for any other Diploma or Degree of this or any other University.

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DEDICATION

This work is dedicated to Emily Oghale God'spresence for her sacrifice, care, and for sponsoring my dream to make it come through, in spite of lengthy, tardy, arduous and almost-tortuous times and trying years involved in this programme. Emily is simply excellent and truly unselfish.

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ABSTRACT

The study investigated the effects of Rational-Emotive Behaviour Therapy on selfish behaviours exhibited among in-school adolescents in Rivers State of Nigeria. The research design is Experimental, Non-equivalent Pretest-Posttest Control Group Design. Rivers State is made up of twenty-three Local Government Areas. The overall population of the study is 5,681 - the total number of all the SSll students in Port Harcourt and Emohua Local Government Areas. The target schools (Uniport International Secondary School, Nkpolu-Port Harcourt and Government Secondary School, Emohua) used for the study have a population of 293 SSll students. The sample is 144 SSll adolescent students who were selected through stratified random sampling: they met the criterion for high level of selfishness, because they scored 60.0 points and above in the measurement scale, and thus were chosen for the study. 'Students Selfishness Survey Inventory' was designed and used to determine student's level of selfishness. A 40-item questionnaire entitled, 'Adolescent Selfish Behaviour Scale,' which is a modified four-point Likert scale, was designed and used for data collection. The reliability of the instrument was determined through Pearson's Products Moment Correlation Co-efficient (r). A stability co-efficient of 0.71 (r=0.71) was derived. Six research questions and five hypotheses guided the study. An interval rating scale, mean ($\bar{X}$) and standard deviation (SD) were used to respond to the research questions, while Analysis of Covariance (ANCOVA) was used to test the hypotheses at 0.05 alpha level of significance. The pre-test mean of the study reveal that: the level of selfishness among in-school adolescents is high; Rational-Emotive Behaviour Therapy treatment drastically reduced the level of selfish behaviours among in-school adolescents; there is a significant difference between the mean response of adolescent students from urban area and those from rural area to treatment. Gender difference did not significantly influence Rational-Emotive Behaviour Therapy (treatment). The general implication of the study's findings is that there is urgent need for the educational sector and guidance counsellors to step up action and embark on strategies that would encourage prosocial and mutual caring behaviour among adolescent students in other to combat selfishness. The study recommends regular adoption of Rational-Emotive Therapy procedures by school administrators/heads, teachers, parents and other authority figures to solving adolescents' behavioural, social, academic and moral problems, with the expertise supervision of Rational-Emotive therapists. The study also recommends extensive application of Rational-Emotive Therapy procedure in a single or combined form with other techniques to effectively combat various adolescent problems. Finally, Education Ministry should massively train and make available Rational-Emotive therapists in the school system.

CHAPTER ONE

INTRODUCTION

Background of the study

This study is based on the background that selfishness, which has to do with thinking and acting to please oneself other than others, is a pandemic behavioural and social malady with attendant stress on interpersonal relationship and personality dent; nobody wants a selfish person as friend. Selfishness is a seeming evil that is common among all gender, classes and races of humanity. Children from two years and upward have shown signs of selfishness. Teenagers, adolescents as well as adults are also prone to manifesting selfish tendencies in their daily social, family and personal lives and in their decision-making.

Selfishness sounds like a congenital disease, since people of different age groups do behave selfishly at one time or the other. Selfishness is fundamentally a psychological, personal-social and a psychosocial issue. On this same subject-matter, selfishness, Benedict xvi (2009:1), opined in a world meeting with families in January, 2009, thus:

> *The educational task of the family is made difficult by a deceptive concept of liberty, in which whims and the subjective impulses of the individual are exalted to the point of leaving each one locked within the provision of his own "I" (cited in Fitzgibbons,2009:1).*

There is a clear indication of selfishness at the background when adolescent students engage in acts of insubordination, fighting, examination malpractice, cheating, stealing, robbery, expressing superiority or inferiority complex, domineering and jealousy and are incapable of adhering or adjusting to school rules and regulations, societal norms and acceptable code of

conduct; these, consequently, engender psychosocial and psychological manifestations such as anxiety, moodiness, depression, irritability, and other forms of personality disorders. A selfish person often would want things done in his own way or done to suit his interests, or he will be ready for a conflict.

Selfishness makes students see themselves as competitors rather than work in collaboration and cooperation with each other. This situation can create acrid competitors rather than friends or a team. A selfish person could sometimes be aggressive and vindictive, because he insists on having his own way. This hampers friendly relationship and healthy competition which is ideal atmosphere for learning experiences among students, and subsequently makes the teacher's task more strenuous. In the words of Martin Luther King Jr. in Brainyquote.com (2010, p.1), "every man must decide whether he will walk in the light of creative altruism or in the darkness of destructive selfishness."

A situation where some bright students would not study together with other less-bright students from the same class, or when a bright student fails to help a less-intelligent student to solve an academic problem is an expression of selfishness, with a tinge of pride. There are instances where some smart students would not be willing to help less-smart ones with some points they missed out when the teacher was dictating notes. When students are cooperative, knowledge spreads faster. Sometimes, dull students can turn to be noisy and disturbing in the classroom thereby creating non-conducive learning atmosphere for the studious classmates. According to a write-up on Wikipedia.com (2007), selfishness as a concept as well as a behavior pattern is the practice of concern with one's own interest in some sort of priority to

the interests of others.

Selfishness is a maladjusted behaviour pattern. Selfishness is a behaviour pattern which is concerned with the practice of giving unpopular and often irritating attention to someone's interests in some kind of undue priority as against the interests, benefits and rights of other persons. It is anti-social and can taint the personality of anybody who is involved. A selfish person or student thinks craftily because he seeks his own interests first and all the time; he would always look for whom or what to blame for his failure to gain an advantage. In Brainyquote.com (2010), Napoleon Hill is quoted as saying that "Great achievement is usually born of great sacrifice, and is never the result of selfishness."

Let us consider a case where a female graduate from one of the towns in the Eastern part of Nigeria got married to a wealthy school drop-out from the same locality. She was denied access to public work and rather told to sit at home, take care of the home and children. The spouse's pretext was that after all, how much will public work fetch her in comparison to breeding and taking "adequate" care of the children at home? On the contrary, the man is afraid that other men may start to nurse feelings for his beautiful wife. The wealthy business man grows in experience and knowledge of business and social life as he interacts daily with people outside his home, but shuts out his graduate wife from the need to harness and utilize her potential outside her home too, despite her protest. This is a selfish denial of one's fundamental right.

This researcher observed yet another case of apparent selfishness in a situation where religious rite confines a married woman for a long period of time in separation from the public in some parts of Northern Nigeria, when the spouse goes to attend to his daily tasks, routine and social responsibilities.

The married woman should be able to enjoy some rights and freedom as well as the spouse. According to Smith, Voorhees and Morris (2004), selfishness is an undue regard or exclusive care for one's own interest, comfort or pleasure, regardless of the happiness, and often of the rights of others. Barnhart (1996) describes and defines selfishness as caring too much for oneself and too little for others. He further stated that a selfish person puts his own interests first. Hawker and Hawkins (1991) posit that selfishness has to do with being acquisitive, avaricious, covetous, demanding, egocentric, egotistical, grasping, greedy, inconsiderate, mean, mercenary, miserly, self-centred, self-indulgent, self-interested, self-seeking, thoughtless, and ungenerous.

In Googles.com (2007), selfishness is defined as mankind's fundamental defect. It further states that the only thing necessary to change heaven into hell - if God were to allow it - is selfishness. Gladstone, a British Amazon (cited in Google cache, 2007) is quoted as saying, thus: "At the root of every problem is selfishness." Pope John Paul II remarked in Fitzgibbons (2009:1) that "Selfishness in all its forms is directly and radically opposed to the civilization of love."

Fitzgibbons (2009) stated that:

> *Selfishness is one of the major causes of excessive anger and defiant behaviours in children and in teenagers. In our practice it is the leading cause of the angry behaviours in children. Selfishness in children regularly creates serious stress in parents, in siblings, in peer relationships and in educators. The identification of this conflict is essential in addressing the excessive anger in children. These children can be misdiagnosed as Attention Deficit Hyperactivity Disorder because of their hyperactivity at times, particularly when they do not get their own way or the attention they desire (p.1).*

In a scientific report, Thomson (2006) writes that some recent research outcome conducted by Sarah-Jayne Blakemore – a cognitive neuroscientist - do suggest that teenagers/adolescents are prone to being more selfish than adults, because they use a different part of their brain to make decisions compared to adults. There is an increase in connections between nerves in the brain when children reach adolescent age of puberty. This occurs particularly in the area involved in decision-making and awareness of other people's feelings, called the "mentalising network."

Therefore, selfishness has to do with self-centeredness, self-giving and feelings of self-importance, given that people are capable of acting in agreement with their own personal values and perceptions which are evident in their decisions. Finally, this researcher posits that selfishness is prioritizing one's personal interests to the conscious or unconscious disregard/neglect of others' interests. Selfishness is a behavioural flaw with attendant serious moral and social consequences.

In the South-South geopolitical zone of Nigeria, especially Port Harcourt area and the adjoining communities, especially the riverine, there have been cases of youth restiveness and militancy. The reasons for their agitations, as shown in a study conducted by God'spresence (2010) among a group of 54 residents of Port Harcourt and its environs who are drawn from different walks of life, is that these youths simply felt that they have not been carried along in matters of decision-making that involve their communities which directly or indirectly have bearing on their own lives as citizens. They also felt that their leaders (community, state and national) have been swimming in affluence to the abysmal neglect of the interests of the younger generation (God'spresence, 2010). Some youths exhibit selfish behaviours when they go to the extent of vandalizing oil pipelines, kidnapping and taking people

hostage and turning round to demand huge ransom in exchange for their victims. Sometimes, there are instances of cult group activities/clashes, stabbing, rape and prostitution, illegal possession of light arms, illegal use of drugs and narcotics among students in some schools in the area, as observed by the researcher. According to Okaba (2004:126-127)

> *the issue of resource control has been a perennial one which has made youths in the Niger Delta to resort first, to kidnapping of expatriates, and the demand for huge ransom to release their victims. This was not given adequate attention and has escalated to the kidnapping of stakeholders in the Niger Delta who probably should have spoken for social justice on behalf of the frustrated youths. The youths have heard stories probably from the media or leaders about the preferential treatment given to the Northerners in the areas of good roads and access to educational opportunities at some levels plus other benefits which the oil producing areas do not enjoy (as cited in God'spresence,2010:90).*

This researcher hereby posits that unhealthy individualism would be the result when "I", "self," and "more of self" is enthroned. This translates into self-centeredness, self-importance, self-love, self-indulgence, self-pity, self-interest and self-aggrandizement, among others. All these and similar manifestations are selfish behaviours. "What you believe will determine how you behave" is an axiom which readily comes to bear in the life of a child who, for instance, is groomed in a high economic profile environment, because this child will ultimately display class distinction behaviour among a mixed group in the process of social interaction. This researcher has made personal observations in nine out of ten occasions where teenagers and adolescents go out on picnic as a group, and at party times. The exemption has been in instances where the group goes out on school-organized

excursions in which some economically high profile children prefer to move together with the ‘lows’ that are intelligent; this posture may have some underpinning selfish considerations.

Selfishness can manifest in such practical forms as cheating others or indulging in examination malpractice, stealing a fellow student’s notebook, hoarding of relevant educational information or materials, among others. According to Wikipedia.com (2007), selfish acts also include littering a place, obstructing public pathways, neglect of public road traffic signs thereby hindering other road users or endangering their lives, and monopolizing the use of or access to public facilities.

It is therefore the apparent display of selfish acts such as cheating, lying, mischief making, fighting and stabbing one another over girlfriend/boyfriend and other related matters, hoarding of important academic information and materials, unwillingness to discuss class work together, stealing, and exam malpractice among students in the schools from the chosen area of this study that made this researcher particularly interested in conducting this study in which Rational-Emotive Therapy (RET) would be applied to deal with the malady (selfishness). The researcher’s informal interactions with some school-age adolescents in both the urban setting of Port Harcourt metropolis and the rural setting of Emohua localities did reveal that selfish behaviours/acts are exhibited by adolescent students of both sexes.

As a result of this prevalent situation, this study focuses attention on the application of Rational-Emotive Therapy (RET) procedures in the treatment of ascertained cases of selfish behaviours among in-school adolescents. This is to determine its therapeutic effect in curbing selfishness, which by implication is a culmination of irrational thoughts and feelings that are braced up with negative and retrogressive self-verbalizations. According

to Corey (1991:342) Rational- Emotive Therapy (RET) has been widely applied to the treatment of anxiety, hostility, character disorders, depression, sex and love problems, marriage and child-rearing problems, and to adolescence, social-skills training and self-management issues. The efficacy of Rational-Emotive Therapy (RET) in dealing with adolescent problems makes the adoption of the therapy for this study worthwhile.

As stated in Corey (1991), "the basic assumption of this cognitive approach (Rational-Emotive Therapy) is that people contribute to their own psychological problem as well as specific symptoms, by the way in which they interpret events and situations in their life." Rational-Emotive therapy (RET) is a therapy developed by Albert Ellis, which emphasizes the discovery of clients' irrational beliefs (Watson, 1992). According to Corey (1991), it all started in 1955 when Albert Ellis combined humanistic, philosophical and behavioural therapy, to form Rational-Emotive Therapy (RET), after having understudied psychoanalysis critically and arrived at the conclusion that it was a relatively superficial and unscientific form of treatment. According to Parham (1988), irrational thoughts or assumptions are believed to be the source of abnormal functioning. Albert Ellis, an American clinical psychologist, opined that an aggressive approach (verbal attack) works best in getting a client to break through defences, to confront his or her thinking, and to develop more rational patterns of perceiving and thinking.

Rational-Emotive Therapy (RET) is a cognitive approach to psychotherapy. It is highly didactic, very directive and concerned as much with thinking as with feeling. Rational-Emotive Therapy is based on the assumption that cognitions, emotions and behaviours interact significantly and have a reciprocal cause and effect relationship. Rational-Emotive Therapy adopts a multimodal and eclectic approach to psychotherapy.

Perhaps, the oldest cognitive behaviour therapy is Rational-Emotive Therapy (Corey, 1991:326).

Rational-Emotive Therapy is based on the assumption that human beings are born with a potential for both rational, or straight thinking, and irrational, or crooked thinking. People have predispositions for self-preservation, happiness, thinking and verbalizing, loving, communion with others, growth and self-actualization. They also have propensities for self destruction, avoidance of thought, procrastination, superstition, intolerance, perfectionism and self-blame, and avoidance of actualizing growth potentials (Corey, 1991).

REBT adopts a systematic way of exposing irrational beliefs that result in emotional and behavioural disturbance (Ellis, 1986b; Wessler and Wessler, 1980) RET's basic hypothesis is that our emotion stem mainly from our beliefs, evaluations, interpretations and reactions to life situations. According to Ellis (1987b), virtually all people are born with the ability to think rationally; nevertheless, we also have strong tendencies to escalate our desires and preferences into dogmatic, absolutistic "shoulds," "musts," "oughts," demands, and commands. If we stay with preferences and rational beliefs, we will not become inappropriately depressed, hostile, and self-pitying. It is when we live by demands that we disturb ourselves. Our unrealistic and illogical ideas create dysfunctional behaviours. Ellis (2011:3) opines that when people strongly desire to achieve or avoid something, their wishes and wants frequently (and unhealthily) escalate into needs or necessities.

Ellis (1988) posits that absolutistic cognitions are at the core of human misery, because most of the time these beliefs impede and obstruct people in the pursuit of their goals and purposes. "We create, both consciously and unconsciously, the ways we think and, hence, the ways we feel in a variety of situations." According to Ellis (2011:22-23), Rational-Emotive Behaviour

Therapy principles and practice teach that “someone can maintain emotional stability and well-being in life by consistently following these three important basic philosophies, namely: unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance.”

Rational-emotive therapy utilizes cognitive restructuring to change faulty or irrational thoughts that result in negative emotions especially anxiety, depression, anger and guilt. REBT is based on the premise that negative emotions and accompanying maladaptive behaviours result directly from maladaptive thoughts and only indirectly from precipitating external events; although people attribute their emotional upsets to the external events. Ellis therefore concluded that such irrational beliefs as “I must be loved by everyone,” “the idea that it is horrible when things are not the way one would like them to be,” and “the idea that one needs something other than oneself on which to rely” are the root of most emotional disturbances (Liebert and Spiegler, 1990:496).

According to Corey (1991), through the rational-emotive therapeutic process clients learn skills that give them the tools to identify and dispute irrational beliefs that have been acquired and are now maintained by self-indoctrination. They learn how to replace such ineffective ways of thinking with effective rational cognitions. The therapeutic process allows clients to apply REBT principles not only to a particular presenting problem, but also to many other problems in life or the future ones they may encounter. The focus is on “working with thinking and acting rather than primarily with expressing feelings.” Therapy is seen in REBT as an educational process.

Rational-Emotive Behaviour Therapy (REBT) can be utilized by therapists in helping the client to identify the particular maladaptive self-statements someone is making concerning some external precipitating event.

The researcher deduces from the propositions of Rational-Emotive Therapy that the therapist's role is to point out the irrational or illogical beliefs of clients on which the self-statements are based and goes on to dispute them or challenge the validity of those beliefs with such confrontational statements as: "who says so?" "Why do you think you must be perfect to be accepted?" "Who says everyone must love you?" In incisive terms, Burger (1990) quotes Albert Ellis as saying, "virtually all people are born with very strong tendencies to think crookedly about their important desires and preferences." This assertion introduces us to the issue of selfishness among in-school adolescents which is the major focus of this study.

It is also important to point out one important observation made by the researcher in the course of this study: it is that many youths in the areas covered by this study are not really educated and meaningfully engaged. This is contrary to the provisions of the Federal Republic of Nigeria (2004:8) in the National Policy on Education, Article 9 (a) of section 1, which stipulates that:

> *Education shall continue to be highly rated in the national development plans because education is the most important instrument of change; any fundamental change in the intellectual and social outlook of any society has to be preceded by an educational revolution (p.8).*

The dynamics of urban-rural divide is important in understanding aspects of people's behaviour that is attributable to environmental factors. As far back as 1887 a German sociologist, Ferdinand Tonnies, did contrast social relations among members of rural communities to those of people in urban locations of Gemeinschaft and Gesellschaft, respectively. The study noted that members of rural communities (Gemeinschaft) have common ancestry, values, traditions, aspirations, roles, activities, common histories and frequent face to face relations that foster strong social and emotional bonds among

them, and that relationship among urban dwellers (Gesellschaft) tend to be very superficial and interactions impersonal since very often they come from different backgrounds with differing values, norms and attitudes (Calhoun, Light and Keller, 1995).

According to Milgram (1970), another German sociologist, George Simmel, opines that people in the urban areas tend to develop a blasé attitude toward what is going on around them, which results in their being cold, heartless and indifferent to the feelings and actions of others. He noted that this development is in sharp contrast to the mutual concern and caring attitude typical of people in small towns of the countryside. Nonetheless, Stark (2004:562) argues that although mass society theorists did argue correctly that lack of attachments results in deviance and anomie, research has also shown that people typically maintain close attachments even in the largest cities… for instance, people in the cities do not join social movements because they are loose marbles bouncing randomly in normless cities, but because they are attached to persons who already belong to the movement.

Daniel Hart from Rutgers University and Suzanne Fegley from Temple University, U.S.A. did a research in 1995 on how adolescents who are distinguished by remarkable caring and prosocial behaviour understood themselves and their world. The study investigated a group of urban minority adolescents, African-American and Hispanic, in an economically distressed Northeastern city. The sample was arrived at by contacting social agencies, church leaders, schools and youth groups. A comparison group of adolescents was matched for age, gender, ethnicity, and neighbourhood. The latter adolescents were also well adjusted, attended schools regularly, and many of them were also involved in volunteer activities, but not as the caring group. These investigators, Hart and Fegley (1995), found as anticipated, that the

caring adolescents understood themselves quite differently than did the comparison adolescents. They were more likely to describe themselves in terms of their values and ideals (Cobb, 2001:606).

The different ways whereby people interpret events and situations in their lives is more evident in their gender. According to Annis (2003:44), scientists and researchers have discovered that males and females think differently, process information differently, and communicate differently. For instance, women are stronger in verbal spatial skills, while men are stronger in spatial tasks. These differences can be seen in boys and girls as they grow older – especially when they are in school.

Annis (2003:45) further noted that "sociologists have observed that even at a young age, little girls already have an inclination towards building relationships and building rapport with others. Girls seek to include newcomers in their groups, while boys are relatively indifferent to newcomers. Boys tend to be individualistic and competitive. They establish a pecking order in groups, and spend their time deciding who is better at what, rather than making sure everyone is included. Girls spend their time chatting in little groups, while boys push each other around and make a lot of noise. It is as if girls live according to the slogan: 'We are together in this,' while boys' motto seems to be: 'Life is a contest.'"

To this effect, it is good to understand the nature of adolescent as this will serve as a precursor to appreciating their problems with selfishness. Adolescence, according to Colman (2003), is the period of development from the onset of puberty to adulthood. Seifert and Hoffnung (1991) define adolescence as the stage of development that leads a person from childhood to adulthood –marked by the major physical changes of puberty and important cognitive and social changes; it is generally considered to begin around the

age of 12 and to end about the age of 20. In their own contribution, McCandless and Coop (1979) defined adolescence as a stage of identity development often filled with considerable role experimentation and rebellion against standards of parents in favour of those of peers. Dahlbäck, Makelele, Ndubani, Yamba, Bergström and Ransjö-Arvidson, (2003:49) note that "adolescence is a period of transition during which a person is neither considered a child nor an adult, and that little is known about adolescent boys' perceptions, norms, role models and gender relations that influence their male identity and behaviour."

Borkar (2010:1), made his view known when he said that:

> *adolescence is one of the most confusing times in a person's life. It is that period when they don't know how they are supposed to feel and act. There are traits of both an adult and their childhood present in them and that is why behaving like either, or both, gets very confusing for them. In addition to that, puberty brings in raging hormones that confuse them further. Along with the physical changes that herald in adolescence, there are several behavioral changes that can be commonly seen as a part of adolescent behavior* (p.1).

The behavioural changes noticeable among adolescents include a) Need for Independence**:** If one looks at the adolescent psychology and development, the most noticeable behavioural change that parents will witness in their children is their need for space and independence. They no longer depend on their parents for every small need and they assert this in every possible manner; b) Need to Belong**:** Adolescents will begin to realize that there is a world outside their own home and there are people of their own age groups as opposed to just their parents. This age will therefore bring in a pattern where they have an intense need to be with people from their own age group. Making new friends becomes very important in this age. And more

important is the need to belong and be accepted into a group and to feel a part of that setup. The fear of being lonely and the need to be with friends is so strong that many fall victim to peer pressure and are likely to take up smoking, drinking and sometimes even destructive behaviour like vandalism; c) Rebellion**:** This is one of those behaviour traits that is used almost as a synonym with adolescent behavior. But it is not a necessary or a compulsory trait that dominates all adolescents. Rebellion is only an adolescent's way of trying to assert his independence and identity. They start thinking, rationalizing, questioning and analyzing things and they no longer listen and accept everything that their parents say at the first time. Adolescent behaviour can be a very tricky business to follow for parents and teens themselves. However, knowledge of adolescent behaviour helps all those involved to be better prepared for dealing with behavioural changes effectively (Borkar, 2010).

Chauhan (1984) noted that human beings are creatures of feelings or emotion, and that emotions control human behavior; and further stated that adolescent period is marked by heightened emotionality, and that heightened emotionality is evident from nail biting, tension, conflicts, quarrels with parents, sibling and classmates. Camerer (2003), observed that while the impact of social preferences on economic behaviour has been analyzed extensively and by now is quite well understood for adults much less is known for children and adolescents. Studying potential changes of social preferences when children and teenagers grow up is interesting because it reveals insights into how social orientations originate, how they evolve with age and how they interact with relevant socioeconomic and background variables such as gender or the number of siblings. In their views, McNeal (1992); Dauphin, El Lahga, Fortin, and Lacroix (2010) opine that knowing

more on the economic behavior of children and adolescents is also relevant in itself because children have become more and more important as economic decision makers and consumers in their households. Finally, identifying potential changes in social preferences when humans grow up provides an indication on possible interventions in education that might help to prevent conflict in interactions of people (children) of different age or of different gender.

This study is made more interesting as it revolves not just around adolescents, but on adolescents who are currently in secondary schools; school drop-outs are excluded. This particular choice is necessary because outcomes of selfish behaviours among students in relation to academic pursuit and general learning atmosphere are implicated in the study. Furthermore, in-school adolescents are distinguished from other adolescents by reason of opportunities for informed learning, and educational enlightenment, which are affordable within academic environment.

This researcher, therefore, posits that 'adolescence is the bridging phase of an individual's development that lies between childhood and early adulthood, often marked by heightened emotionality, exuberance and strength, which can precipitate unwelcome behaviours that result from psychological and physical growth process. An example of such unwelcome behaviours is selfishness among in-school adolescents, which has concomitant stress problems on peer, family and sibling relationship, coupled with poor learning outcomes with its ricocheting impact on the entire society: this is a critical reason for this study. Equally, adolescence can be a period of outstanding achievements, fulfillment, goal attainment and self-actualization when it is properly handled and harnessed.'

Statement of the problem

The spirit of self-centred competition, inordinate goals to excel and to dominate has led many people to develop selfish life style. Selfish behaviours among students would adversely affect student-to-student and student-to-teacher relationships. Besides, cheating, deceit, insubordination, truancy, stealing, fraud and other defiant behaviours are indicators of the presence of selfishness, which altogether could mar the goals of education in Nigeria. Most students get alienated when an individual attempts to satisfy his personal interests and do not take into consideration the interests and rights of others. This situation gives rise to conflicts, quarrels or violent reactions from fellow students who feel cheated or hurt by the individual who behaves selfishly. This cantankerous state, no doubt, sets in motion a non-conducive abd retrogressive learning atmosphere.

Seeing that selfish behaviours of some students such as hoarding academic information, creating noisy atmosphere in the classroom, telling lies against fellow students, discriminatory study group habit, bullying, cheating in exams, unfaithfulness to one's friends, refusal to work hard but at the same time scheming to make it by unfair means, stealing a fellow student's notebook or textbook in order to frustrate him, insubordination to teachers and class prefects adversely affect the general learning atmosphere and expected outcome, the study focuses on the use of Rational-Emotive Behaviour Therapy (REBT), which is a cognitive restructuring behavioural scientific approach in curbing selfishness among adolescents in school.

Furthermore, selfishness has continued to plague mankind like a gangrenous infection, which often results in infraction of necessary relationships: this unsavoury situation affects overall societal interests and well-being. Selfishness among school children often creates serious stress for

educators, parents, siblings, and peers. Since Rational-Emotive Behaviour Therapy (REBT) has been found to be effective in dealing with various adolescent maladjusted behavioural problems such as anxiety, fighting, phobia, and such other issues like adolescent social skill and self-management matters, can the application be efficacious in curbing selfish behaviours among adolescent students in schools? The study is meant to respond empirically to the statement of problem and the adjoining question.

Purpose of the study

The main purpose of this study is to investigate the effect of Rational-Emotive Behaviour Therapy (REBT) in dealing with selfishness among in-school adolescents.

Specifically, the study seeks to determine:

- level of selfish behaviours exhibited by in-school adolescents.
- effect of Rational-Emotive Therapy interventions on selfish behaviours of adolescent students.
- effect of school location on the mean response of adolescent students to Rational-Emotive Behaviour Therapy (REBT).
- effect of gender on the mean response of adolescent students to Rational-Emotive Behaviour Therapy (REBT).
- the interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents.
- the interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours of in-school adolescents.

Significance of the study

Theoretically, this study would be relevant in many ways. Psychotherapists, counselling psychologists, clients with familiar psychosocial problems, school counselors, educators and classroom teachers and administrators, students of all ages, social workers, church pastors and leaders will benefit from this study. Rational-Emotive therapists, for instance, could advance new postulations from the result of this study. The study would have been successful in expanding the frontiers of Rational-Emotive Behaviour Therapy application, because the use of REBT in the treatment of selfish behaviour (selfishness) is quite a new application and an extension of the traditional or common behaviour problems such as anxiety, phobia, aggression, cheating, suicide tendency, anger and fighting, among others. On the whole, this study would have aptly replicated Rational-Emotive Therapy as a versatile scientific method with wide application potentials.

Researchers and schools of thought in the behavioural sciences and counselling psychology, child counsellors, teenage and juvenile counsellors could replicate the study in their various fields since the study is potentially useful in the treatment of children, adolescents and adults with maladaptive behaviour pattern. The result of this study could be usefully replicated in handling some behavioural, communication and relationship problems in other interdisciplinary approach such as logic, moral philosophy (ethics), sociology and marital relationships.

Practically, the result of this study can be extended to handling cases of youth restiveness, hostility, self-management, marital and sexual problems, child rearing problems, and character disorders, complex problems, and could be applied as a technique to frustrate psychopathic acts. The former cases can be addressed through using the directive disputations of REBT technique to

confront the illogical self-verbalizations and mistaken assumptions which belie youth restiveness and other maladjusted behaviours. The latter case of psychopath can be fairly addressed through the same REBT's direct disputations, confrontation coupled with proximity control which has to do with repelling an action from taking place through being close to the person who exhibits the undesirable behaviour - especially where the person adopting the proximity control is a significant person.

Classroom teachers can apply the result of this study by reproducing the process and techniques involved by this researcher in helping maladaptive students to respond better in a more rewarding manner. The teacher can use disputing interventions and other simple scientific processes of Rational-Emotive Therapy to dissuade students from behaving selfishly and, consequently, teach them to be keepers of their brothers and sisters by caring for one another in the spirit of healthy cooperation.

Furthermore, parents could also benefit from this study by adopting simple aspects of REBT technique in conjunction with instruction technique in the day-to-day training interactions they give their wards/children, so as to deal with their self-defeating verbalizations and with any visible sign of irrational belief system at work. Parents can effectively carry out this assignment with the help of trained therapists who need to be consulted by these parents from time to time on how they could help their children to behave in a more rewarding manner.

Scope of the study

This study was specifically carried out on adolescent students who are currently in public secondary schools in Port Harcourt and Emohua Local Government Areas of Rivers State. The study covers Senior Secondary

School Class II students from Port Harcourt L.G.A. (urban area) and Senior Secondary School Class II students from Emohua Local Government Area (rural area). The schools involved in the study are mixed schools (co-educational). Particularly, this research concentrated on determining the level of selfishness among in-school adolescents, and the effect(s) of Rational-Emotive Therapy (a cognitive behaviour modification approach) administration on patterns of thinking or assumptions that lead to selfishness with the expectation of controlling selfish behaviours among the target group of in-school adolescents

Research questions

The research questions that guided the study are:

1. What is the level of selfish behavior exhibited by in-school adolescent students in Rivers State?
2. What is the effect of Rational-Emotive Behaviour Therapy (REBT) treatment on selfish behaviours of in-school adolescents?
3. What is the influence of location on Rational-Emotive Behaviour Therapy (REBT) treatment on in-school adolescents?
4. What is the influence of gender on the mean response of adolescent students to Rational-Emotive Behaviour Therapy treatment?
5. What is the interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents?
6. What is the interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours of in-school adolescents?

Hypotheses

The following null hypotheses were formulated to guide the study and were tested at 0.05 level of significance.

$Ho_{1.}$ There is no significant difference in the mean behaviour score of selfish adolescent students treated with Rational-Emotive Behaviour Therapy and those not treated with Rational-Emotive Behaviour Therapy.

$Ho_{2.}$ There is no significant difference between the mean response of adolescent students from urban school and those from rural school who are equally treated with Rational-Emotive Behaviour Therapy (REBT).

$Ho_{3.}$ There is no significant difference in the mean score behaviour change of female adolescent students treated with Rational-Emotive Behaviour Therapy and that of male adolescent students who received the same treatment.

$Ho_{4.}$ There is no significant interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents.

$Ho_{5.}$ There is no significant interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours of in-school adolescents.

CHAPTER TWO
REVIEW OF LITERATURE

This chapter discusses literature that relate to the present study. The review is organized under the following headings:

Conceptual Framework

- Concept of Selfishness
- Concept of Adolescence

Theoretical Framework

- Rational-Emotive Behaviour Therapy (REBT)
- A-B-C Theory of Personality
- Theory of Iterated Prisoner's Dilemma
- Modelling or Social Learning Theory
- Cognitive Theory

Review of Empirical Studies

- Studies on Selfishness and Adolescence
- Studies on Effect of Rational-Emotive Behaviour Therapy (REBT)
- Studies on Location
- Studies on Gender
- **Summary of Literature Review**

Conceptual Framework

Concept of Selfishness

Selfishness is an expression of behaviour as well as attitude. It is about self-love, self-importance and self-centredness in deliberate and sometimes nearly unconscious ways to the disregard of the interests and pleasures of other people. Selfishness is pernicious and a scourge which contradicts the

convention of interdependence and moral demand of equity and fairness to all and sundry, more so when an adolescent has to hoard vital academic information from a classmate. Selfishness is a personal-social and psychological problem.

Smith, Voorhees and Morris (2004) define selfishness as an undue regard to one's own interests, or exclusive care for one's own comfort or pleasure, regardless of the happiness and rights of others. To gain a vivid picture of the concept of selfishness we can consider it from the perspective of 'self interest.' According to Hawker and Hawkins (1991), selfishness is delineated to mean any or all of these:

- The quality or state of being selfish; meanness in giving or spending; parsimony; stinginess.
- Meanly close and covetous; one who spends grudgingly; stingy, parsimonious fellow; a miser.
- The quality or state of being selfish; exclusive regard to one's interest or happiness; that supreme self-love or self-preference which leads a person to direct his purposes to the advancement of his own interest, power, or happiness, without regarding those of others.

Furthermore, selfishness which is simply self-centred thinking and self-centred acting connotes undue self-love, self-serving, and self-importance. According to the Google's cache (2007), selfishness is defined as mankind's fundamental defect. It went further to say that we are a product of a corrupt culture that teaches selfishness which is the cause of all evil – in other words, all evil proceeds from selfish motives. Pride produces selfishness, and all selfishness is pride. Besides, doing things yourself, on your own, is a part of selfishness. According to the same Google's cache, selfishness is also defined in Webster's Dictionary as:

a. Caring supremely or unduly for oneself.
b. Believing or teaching that the chief motives of human action are derived from love of self.

Selfishness is usually associated with a deliberate act. For example, a selfish person deliberately focuses on his/her own agenda, rather than those of others. The act of being selfish can also be unconscious or accidental. This latter type of selfishness is no less valid and may sometimes be more destructive to the society because of its less obvious nature (Wikipedia.com, 2007). It is likely that most people at various times have performed one selfish act or the other without knowing it. It is probably interesting to say that selflessness is a deliberate act, rather than unconscious selfishness which tends to occur with little effort.

There is also 'group selfishness,' which is different from individual selfishness. Selfishness often refers to the 'self' – that is to the individual. However, a group of people can be accused of selfishness too, when the members of that group are not concerned with the welfare of anyone outside their group, but are only inward-looking: concentrating on the needs of the group. This can be characterized in a way as 'indirect self-interest' (Wikipedia.com, 2007).

According to the 'theory of iterated prisoner's dilemma,' evolutionary biologists and gene theorists have come to posit that selfishness, besides cooperation among relatives and genetically programmed behaviour, is the basis for cooperation among individuals of the same or different species (Wikipedia.com, 2007).This theory is evident in a situation where school girls go chattering, solving some class problems together, and taking interest in gossip and discussing each other's personal and sometimes intimate matters.

The intrusion of an unfamiliar student would be abhorred at such times. The exclusiveness is more pronounced where an all-male discussion is going on.

It should be noted that narcissism is the same in meaning as selfishness. In a study undertaken by Russ, Shedler, Badley, and Westen, (2008), on 255 patients who met DSM-IV criteria for narcissistic personality disorder, they identified three subtypes of narcissistic personality disorder as: a) grandiose/malignant, b) fragile, and c) high-functioning/exhibitionistic type. The researchers described these three types thus:

- Grandiose/Malignant type – characterized by seething anger, manipulativeness, pursuit of interpersonal control and power, exaggerated self-importance, feelings of privilege, few underlying feelings of inadequacy, little psychological insight or remorse, and a tendency to blame others.
- Fragile type – characterized by defensive grandiosity to deflect painful feelings of smallness, anxiety, and loneliness; longings to feel important and privilege; and strong undercurrents of negative affect and feelings of inadequacy, often accompanied by rage, when narcissistic defenses fail.
- High-functioning/ Exhibitionistic type – characterized by exaggerated self-importance; articulateness, energy, and sociability; good adaptive functioning; and use of narcissism to help him or her succeed.

Selfishness has pride at its base. Selfish acts are the exhibition of inner sense of pride and self-love. Every wrong action done against another person has some selfish considerations and motives. The common street-market saying, “I cannot displease myself to please you” is purely borne out of selfishness. Selfishness develops from undue self-love, attaching little value to other people or their opinions, obsession to carry out self-fulfilling prophecies, and impatience with oneself and with others.

According to Noelen-Hoeksema (2001), when narcissists grossly overestimate their abilities, they can make poor choices in their careers and may experience many failures. In addition, narcissists annoy other people and can alienate the important people in their lives. Millon, Millon, Escovar and Meogher (2000) say that narcissists generally see any problem they encounter as due to the weakness of others, rather than their own weaknesses. Cognitive techniques can help clients to develop more sensitivity to the needs of others and more realistic expectations of their own abilities by learning to challenge their initially self-aggrandizing ways of interpreting situations.

Finally, it is the motive behind every action or behaviour that marks it out as either altruistic or selfish. In summary, therefore, selfishness is caring too much for oneself and too little for others, and it has to do with own interests first. The researcher hereby posits that selfishness is the bane of social communalism since selfishness is undergirded and sustained by a vicious triangle of lack of trust, lack of confidence in others, and pride.

Concept of Adolescence

Adolescence is a developmental period of growing up from the immature and dependent childhood into mature, independent and responsible adulthood. According to Colman (2003), adolescence is the period of development from the onset of puberty to the attainment of adulthood, beginning with the appearance of secondary sexual characteristics, usually between eleven and thirteen years of age, continuing through the teenage years, and terminating legally at age eighteen.

Seifert and Hoffnung (1991) define adolescence as the stage of development from childhood to adulthood. Marked by the major physical changes of puberty and important cognitive and social changes, it is generally

considered to begin around age twelve and to end around age twenty.

Adolescence, according to psychologist Hall, in Seifert and Hoffnung (1991), is a time of storm and stress. He says that the ensuing conflicts and distress which the adolescent experiences are as a result of biological changes that has taken place in him/her.

Adolescence is heralded by puberty, reflects Rathus (1990), which begins with the appearance of secondary sex characteristics, such as the growth of body/pubic hair, deepening of the voice in males, rounding of the breasts and hips in females. Adolescence is a psychological concept with biological correlates. In our society, adolescents are, as the saying goes, "neither fish nor fowl," "neither children nor adults." They may be old enough to reproduce however, or as big as their parents.

Chauhan (1984) says that human beings are creatures of feelings or emotion, and that emotions control human behavior; and further added that adolescent period is marked by heightened emotionality, and that heightened emotionality is evident from nail biting, tension, conflicts, quarrels with parents, sibling and classmates. It is stated in Perry and McIntire (1995) that adolescence is a stage of development where a person's behaviour code and value system are given shape and form. Moral code and personality type which results in such behaviour as altruism, selfishness, honesty, no delinquency, sense of justice are characteristics of adolescent period.

In addition, adolescent stage is a period when young girls and boys seek for autonomy and independence from parental control. They tend to enjoy self-discovery of who they are and their worth. At this stage, peer relationship is preferred to family ties. Adolescents are particularly curious, zealous and adventurous – always wanting to stray into the unknown so as to discover "what(s)" and "whys." Young boys and girls parade enormous,

surging physical and emotional strength at this stage of development because of certain hormonal secretions, which is why a good number of them tend to be boisterous and unruly sometimes. This is a time some of these youngsters would gladly want to identify with cliques and gangsters and may tend to be violent, restive and overly selfish. On the other hand, adolescence is the period of peak performance and great achievement in sports, games, skill acquisition, job performance, education and music, innovations and creativity.

According to Erik Erikson's fifth stage of psychosocial development, adolescents face the challenge of identity versus role confusion. He maintains that adolescents are primarily concerned with identity, but they also encounter conflicts with autonomy when they struggle to be confident rather than self conscious. If an identity is not formed, role confusion may occur (Liebert and Spiegler, 1990: 74, 77). Identity is an understanding of who one is and where one is going. As such, it is built on a sense of continuity about one's past, present, and future. To develop an identity is to coordinate one's view of the self with perceptions of the views of others. Hall (1905-1981) described adolescence as not only a period of storm and stress, but also of possibility and promise. He argues that young people should be given a chance to experiment with and explore various roles available to them before being pushed into the adult world.

Finally, the submissions of Coleman (1980) in Leigh and Peterson (1986), states that,

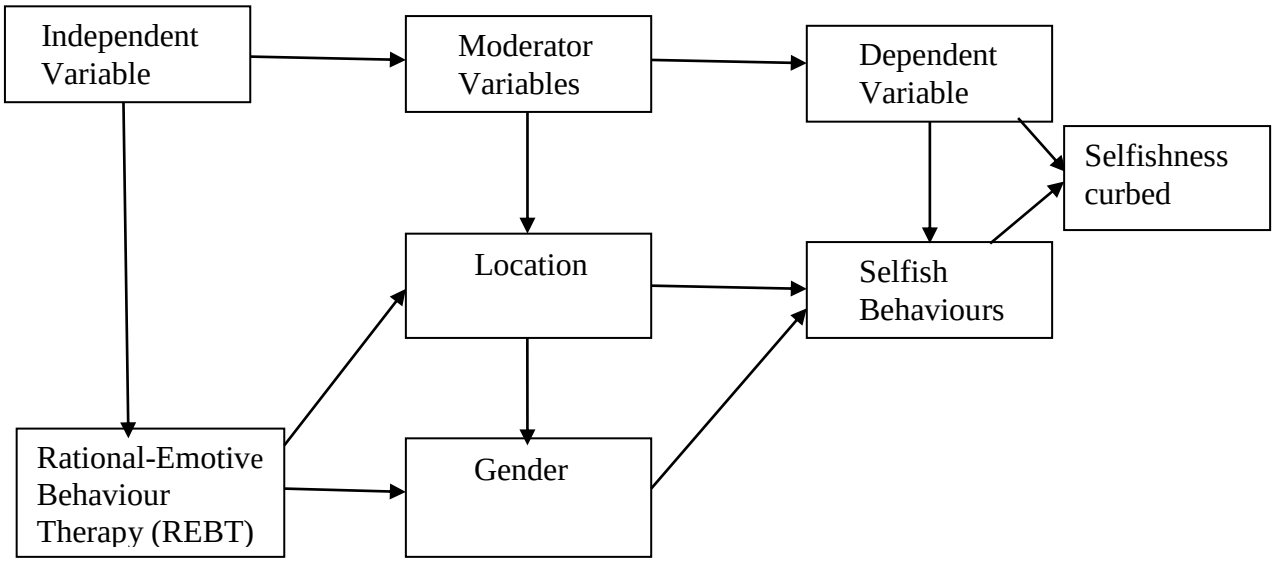
> *Adolescence in turn, is a period of the life cycle in which an understanding of "relationship" concept provides important insights into the process of individual development. The years between childhood and adulthood include major "transitions" or changes in the kinds of relationships in which youths participate as members of*

> *families, peer groups, schools, and other social settings. Of special importance are changes in family relationships as youths seek greater independence from parents (n.p.)*

The fact that different authorities in psychology, psycho-sociology and biopsychology do not have a universal or commonly-agreed-upon terminal age for adolescence does not make significant difference since they all almost agree on the beginning years, coupled with the fact that the different definitions of adolescence altogether has elements of socio-cultural ascriptions as well as biological or physiological appendages, observes this researcher.

In summary, the concept of adolescence and selfishness are important personality and behavioural phenomena which are significant in exploring the remedial and preventive potentials of such cognitive restructuring method as Rational-Emotive Therapy (RET), especially as this cognitive restructuring process would be relevant in this study in curbing selfish behaviours among in-school adolescents.

Fig.1: Conceptual Relationship or Network of the Variables



The above diagram depicts the conceptual relationship or network of the variables involved in the study. The independent variable – Rational-Emotive Behaviour Therapy (REBT) – was employed as a cognitive reconstructive approach to determine the effect of its application as treatment procedure on the dependent variable – selfish behaviour – among in-school adolescents. Location and gender were introduced in the study as moderator variables so as to establish their respective influence(s) on the treatment outcomes.

The dependent variable was predicated on the outcome of the test instruments administered on the adolescent students. Rational-Emotive Behaviour Therapy was adjudged to be efficacious and effective when the post-test mean score of treatment group dropped drastically below the higher post-test mean score of the control, thus demonstrating the effectiveness of the independent variable in the treatment process.

Theoretical framework

This study hinges on the stipulations of Rational-Emotive Behaviour Therapy (REBT), A-B-C Theory of Personality, Cognitive Theory and Theory of Iterated Prisoner's Dilemma.

Rational-Emotive Behaviour Therapy (REBT)

Rational-Emotive Behaviour Therapy is a cognitive approach to psychotherapy. It is perhaps the oldest cognitive-behaviour treatment and was developed by Albert Ellis at about 1962 (Wortman, Loftus and Weaver, 1999). According to Parham (1988), Rational Emotive Therapy was propounded by Albert Ellis when he decided that an aggressive approach - a verbal attack - works best in getting a client to breakthrough defences, to confront his or her thinking, and to develop more rational patterns of

perceiving and thinking. This is so since irrational thoughts or assumptions are believed to be the source of abnormal functioning. Selfishness is abnormal behaviour pattern which has to do with warped thinking and irrational assumptions.

Therefore, the goal of Rational-Emotive Therapy is to point out the false beliefs, to get the client to see what is wrong with this belief and what the consequences of this irrational thinking are in terms of relationship with others and self-perceptions. This is to enable the client to separate rational from irrational thoughts and to accept reality.

Ellis, continues Parham (1988), believes that an individual preferably should take three steps to modify or change behaviour, namely:

i. realize that some of his/her beliefs are false;
ii. realize that the false beliefs are the source of his/her disturbance, and
iii. practice to break old habits of thought and behaviour.

Techniques most offered by REBT therapists include:

- Persuasion to show by logic and reason the falseness of the belief
- Showing people how to attack their self-defeating ideas while unconditionally accepting themselves.
- Modelling to demonstrate new ways of thinking and behaving.
- Humour to show the absurdity of the belief or behaviour.
- Role playing of more rational behaviours to demonstrate that clients can behave in a more rational manner, and
- Activity homework assignments (based on systematic desensitization) to do what clients irrationally fear (Parham, 1988).

Rational Emotive Therapy, posits Corey (1991), is cognitive approach to psychotherapy and is highly didactic, very directive and concerned as much with thinking as with feeling. It is based on the assumption that cognitions,

emotions, and behaviour interact significantly and have reciprocal cause and effect relationship. Rational-Emotive Behaviour Therapy (REBT) functions as a multimodal and eclectic approach to psychotherapy. REBT therapists employ active and directive techniques such as teaching, suggestion, persuasion, and homework assignment, and they challenge clients to substitute a rational belief system for an irrational one. They teach clients how to think scientifically and how to annihilate new self-defeating ideas and behaviours that might occur in the future (Corey, 1991).

Ellis goal in REBT's psychotherapy is twofold. First, he compels clients to see how they are relying on irrational beliefs and therefore should see the fault in their reasoning. Second, he works to replace irrational beliefs with rational ones. Rational-Emotive Behaviour Therapy uses cognitive methods, emotive techniques and behavioural techniques in its operations. Rational-Emotive Therapy relies heavily on thinking, disputing, debating, challenging, interpreting, explaining and teaching. Emotive techniques involved in REBT practices include:

- Rational-emotive imagery,
- Role playing,
- Use of humour,
- Shame-attacking exercises,
- Use of force and vigour.

The behavioural techniques involved in therapy include operant conditioning, self-management principles, systematic desensitization, relaxation techniques and modelling (Corey, 1991). Ellis (1979 b) lists some of the key REBT assumptions about humans which people easily explain out on human fallibility as:

- People condition themselves to feel disturbed rather than being conditioned by external sources.
- People have the biological and natural tendency to think crookedly and to needlessly disturb themselves.
- Humans are unique in that they invent disturbing beliefs and keep themselves disturbed about their disturbances.
- People have the capacity to change their cognitive, emotive, and behavioural processes, they can choose to react differently from their usual patterns, refuse to allow themselves to become upset, and train themselves so that they can eventually remain minimally disturbed for the rest of their life.

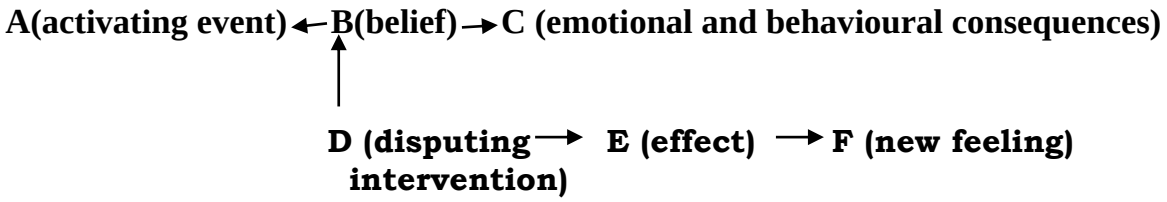
Rational-Emotive Behaviour Therapy's basic hypothesis is that our emotions stem mainly from our beliefs, evaluations, interpretations and reactions to life situations. Furthermore, Rational-emotive behaviour therapy (REBT) insists that blaming oneself or others is the core of emotional disturbances and therefore, advised that we have to learn to accept ourselves in spite of our imperfections. REBT's major goal is to help clients make a profound philosophical change that will result in deep-seated emotional and behavioural change. It does this by teaching clients the basic principles of the scientific method and helping them to internalize this method, so they can use it to solve their own emotional and behavioural problems for the rest of their lives. Significant and central to Rational-Emotive Behaviour Therapy is the 'A-B-C theory of personality. In the words of Ellis and Ellis (2011:18), 'it is not what happens that creates our emotions and actions, but what we tell ourselves about what happens' – in other words:

> *people do not merely upset themselves because of unfortunate adversities (A) that occur in their lives, but*

> *also with beliefs, feelings, and behaviours (B) which they add to these adversities. Therefore, A plus B equals their disturbed (or nondisturbed) consequences (C). They partly construct their disturbed (or nondisturbed) feelings by reacting (B) to undesirable As. We create and control our emotional and behavioural destiny by the way we think (p.18).*

Human beings are therefore largely responsible for creating their own emotional reactions and disturbances. The crux of Rational-Emotive Behaviour Therapy, according to Ellis, is showing people how they can change the irrational beliefs that directly cause their disturbed emotional consequences. Emotional disturbances is fostered by the illogical sentences which the person continually repeats to himself or herself, such as "I am totally to blame for the divorce," "I am a miserable failure, and everything I did was wrong," I am a worthless person" Ellis stresses the point that "you mainly feel the way you think."

Below is the diagrammatic presentation of the A-B-C theory of personality which has been discussed earlier:



After A, B, and C comes D (disputing). D is the application of the scientific method to help clients challenge their irrational beliefs. The principles of logic can be used, through teaching, to destroy any unrealistic, unverifiable hypothesis. Ellis and Bernard (1986) described three components of this disputing (D) process, namely: detecting, debating and discriminating. First, clients learn how to detect their irrational beliefs, particularly their

absolutistic “shoulds” and “musts”, their “awfulizing” and their “self-downing”.

Then clients debate their dysfunctional beliefs by learning how to logically and empirically question them and to vigorously argue themselves out of and act against believing them. Finally, clients learn to discriminate irrational beliefs from rational beliefs. Eventually they arrive at E, an effective philosophy, which has a practical side. A new and effective rational philosophy consists of replacing inappropriate thoughts with appropriate ones. If there is success in doing this, then F or a new set of feelings evolves. Instead of feeling seriously anxious or depressed, we feel appropriately in accord with a situation.

Although Rational-Emotive Behaviour Therapy uses many other cognitive, emotive, and behavioural methods to help clients surrender their irrational beliefs, Corey (1991) emphasizes this process of disputing both during the therapy sessions and in everyday life situations. The best way to begin to feel better is to develop an effective and rational philosophy. Thus, instead of berating oneself and punishing oneself with depression over the divorce, one would reach a rational and empirically-based conclusion: “Well, I’m genuinely sorry that our marriage didn’t work out and that we divorced. Although I wish we could have worked things out, we didn’t and that isn’t the end of the world. Because our marriage failed doesn’t mean that I’m a failure in life, and it’s foolish for me to continue blaming myself and making myself fully responsible for the breakup.” According to REBT theory, the ultimate effect is the minimizing of feelings of depression and self-condemnation.

REBT strives for a thorough philosophical re-evaluation based on the assumption that human problems are philosophically rooted. The principle thesis of Ellis’ Rational-Emotive Behaviour Therapy (REBT), recently

renamed Rational-Emotive Behaviour Therapy (REBT) (Ellis, 1993a, 1995), is that sustained emotional reactions are caused by internal sentences that people repeat to themselves and these self-statements reflect sometimes unspoken assumptions – irrational belief - about what is necessary to lead a meaningful life. The aim of the therapy is to eliminate self-defeating beliefs through a rational examination of them. Anxious persons may create their own problems by making unrealistic demands on themselves or others, such as, "I must win the love of everyone." Or a depressed person may say several times a day, "what a worthless jerk I am' (Davidson and Neale, 1998).

Therapists' functions and clients' role

In order to attain the aims and therapeutic goals of Rational-Emotive Behaviour Therapy, the therapists have some specific tasks to perform.

Step 1: The therapist is expected to show clients that they have incorporated many irrational "shoulds," "oughts," and "musts." Clients are taught to separate their rational beliefs from their irrational ones. To foster this client awareness, the therapist functions as a scientist who challenges the self-defeating idea that the client originally accepted or invented without question as truth. The therapist encourages, persuades, and at times even directs the client to engage in activities that will counter this propaganda.

Step 2: This therapeutic process takes clients beyond the stage of awareness. It points to how they keep their emotional disturbances active by continuing to think illogically and by repeating self-defeating meanings and philosophies. In other words, because clients keep reindoctrinating themselves, they are largely responsible for their own problems. But it is not enough for therapists to show clients that they harbour illogical processes, because a client can simply say, "Now, I understand that I have fears of

failing and that these fears are exaggerated and unrealistic, but I'm still afraid of failing!"

Step 3: This step takes the client beyond mere recognition of irrational thoughts and feelings; the therapist helps clients to modify their thinking and abandon their irrational ideas. Rational-Emotive psychology assumes that the clients' illogical beliefs are so deeply ingrained that clients will not normally change them by themselves. The therapist therefore assists clients in understanding the vicious circle of the self-blaming process.

Step 4: The final step in the therapeutic process is to challenge clients to develop a rational philosophy of life so that in the future they can avoid becoming the victim of other irrational beliefs. Tackling only specific problems or symptoms can give no assurance that new illogical fears will not emerge. What is desirable, then, is for the therapist to attack the core of the irrational thinking and to teach clients how to substitute irrational beliefs and attitudes for rational ones; the more scientific and tolerant clients become, contends Ellis, the less disturbed they will be.

A therapist who works within the Rational-Emotive Behaviour Therapy (REBT) framework functions quite differently from most other practitioners. REBT often minimizes the intense relationship between the therapist and the client, because it is essentially a cognitive and directive behavioural process. The therapist mainly employs a persuasive methodology that emphasizes education. Ellis (1989) outlines what the rational-emotive practitioner does as follows:

- Encourages clients to discover a few basic irrational ideas that motivate much disturbed behaviour.
- Challenges clients to validate their ideas.
- Demonstrates to clients the illogical nature of their thinking.

- Uses absurdity and humour to confront the irrationality of clients thinking.
- Uses a logical analysis to minimize clients' irrational beliefs.
- Shows how these beliefs are inoperative and how they will lead to future emotional and behavioural disturbances.
- Explains how these ideas can be replaced with more rational ideas that are empirically grounded.
- Teaches clients how to apply the scientific approach to thinking so that they can observe and minimize present or future irrational ideas and illogical deductions that foster self-destructive ways of feeling and behaving.
- Uses several emotive and behavioural methods to help clients work differently on their feelings and to act against their disturbances.

Wessler and Wessler (1980) described the evolution of a typical REBT case. They posit that during the critical first session, the focus is on building rapport and creating the kind of client/therapist relationship that will encourage the client to talk freely. Then, once a collaborative and therapeutic alliance is formed, the relationship aspect is given less emphasis. Therapy proceeds by identifying those problems that will be targeted for exploration. Therapists ask open ended questions such as "What problems do you most want help with? What would you most want from therapy?" Goal setting is a major task during the early phase of therapy. Clients identify feelings, beliefs, and actions that they would like to acquire or increase as well as merely listing ones they want to reduce or eliminate. A therapist might ask, "In what ways would you like to feel, think, and act differently than you do now?"

Clients are then oriented to the basic principles and practices of Rational-Emotive Behaviour Therapy. Rational-Emotive Behaviour Therapists take the mystery out of the therapeutic process. They teach clients about the cognitive hypothesis of disturbance, showing how irrational beliefs lead to negative

consequences. When clients understand that certain irrational beliefs they hold lead to dysfunctional emotions and behaviours, the therapist challenges them to examine why they are clinging to old misconceptions instead of letting go of them.

Homework is carefully designed, which is aimed at getting clients to carryout positive actions that would induce emotional and attitudinal change. These assignments are checked in later sessions, and clients learn effective ways to dispute self-defeating thinking. Toward the end of therapy, clients review their progress, make plans, and identify strategies for dealing with continuing or potential problems.

In summary, REBT therapists actively teach clients that self-condemnation is one of the main causes of emotional disturbance; that it is possible to stop rating themselves on their performances and that by hard work and by carrying out behavioural homework assignments they can rid themselves of irrational thinking that leads to disturbances in feeling and behaving.

Rational-Emotive Behaviour Therapy (REBT) differs from many other therapeutic approaches, because it does not place much value on free association, dream analysis, focusing on the client's past history, endlessly expressing and exploring feelings, and obsessive dealing with transference phenomenon. Ellis (1989) believes that devoting any length of time to these factors is "Indulgence therapy," which might result in clients feeling better but will rarely aid them in getting better.

On the other hand, client's role in Rational-Emotive Therapy is that of a student or learner. Typically, clients erroneously think that their emotional and behavioural problems are externally caused. But through REBT clients soon learn that these problems are majorly the result of erroneous beliefs. The

moment clients begin to accept that their beliefs are the primary cause of their emotions and behaviours, they are able to participate effectively in the cognitive-restructuring process (Ellis & Yeager, 1989). Here, psychotherapy is viewed as a re-educative process whereby the client learns how to apply logical thought to problem solving and emotional change.

According to Dryden and Ellis (1988), in order to bring about a philosophical change, clients need to do the following:

- Accept the reality that although they largely create their own disturbances, they do have the ability to significantly change them.
- Understand that their personality problems stem mainly from irrational and absolutistic beliefs, rather than from actual events.
- Learn to detect their irrational beliefs and to dispute them to the point that they incorporate rational alternatives.
- Commit themselves to working and practicing toward the internalization of a new, rational philosophy, by using cognitive, emotive, and behavioural methods of change.

The therapeutic process of REBT, writes Corey (1991), focuses on the client's experience in the present. Like the person-centred and existentially oriented approaches to therapy, REBT mainly emphasizes here-and-now experiences of clients' present ability to change the patterns of thinking and emoting that they acquired earlier. The therapist does not devote much time to exploring clients' early history and making connections between their past and present behaviour. Nor does the therapist usually explore in depth their early relationships with their parents or siblings. Instead, the therapeutic process stresses that regardless of clients' basic, irrational philosophies of life; they are presently disturbed because they still believe in their self-defeating view of themselves and their world. Questions of where, why, or how they

acquired their irrational philosophy are of secondary importance. The main issue is how clients can become aware of their self-defeating tacit philosophies and challenge and act against them.

`According to Rational-Emotive Behaviour Therapy theory, superficial insight alone does not typically lead to personality change, at best it teaches people that they have problems and that there are factors antecedent to these disturbances. Even when insight is correct, it does not automatically make a situation better. Insight can help us see exactly how we are continuing to sabotage ourselves and what we can do to change. Insight alone can be misleading, however, because activating events (A) do not cause dysfunctional behaviour. Instead, people mainly cause their own upsets (C) by the way they interpret what happens to them (B) (Ellis, 1984a, 1988, 1989). What is necessary to bring about change is the awareness of one's irrational beliefs, the willingness to consistently confront dysfunctional thinking and replace it with rational thinking, and the willingness to begin behaving in different ways.

Ellis (1988) describes three main levels of insight in REBT. The first level refers to the fact that we choose to disturb ourselves about events in our lives. We largely upset ourselves at point C (consequences) and do not merely get upset by the events at point A (activating events). We upset ourselves by accepting and inventing irrational beliefs. The second level of insight pertains to ways in which we acquired our irrational beliefs originally and how we are choosing to maintain them. How, when, or why we originally became emotionally disturbed is not important; rather, we remain this way today because we keep reindoctrinating ourselves with the absolutistic beliefs. Our self-conditioning is more important than our early conditioning by others.

The third level of insight involves recognizing that there are no magical ways for us to change our personality and our tendencies to upset ourselves. We can usually change only if we are willing to work and practice. Mere acceptance that a belief is irrational is generally not enough to bring about change. No matter how clearly we see that we are upsetting ourselves and making ourselves miserable, we will rarely improve unless we actively change our disturbance - creating beliefs cognitively, emotively, and behaviourally if we hope to break the perpetuation of the disturbance cycle.

We take an illustration of these three levels of insight at this point. Let us assume that one Stanley is working on his fear of women. He feels threatened by attractive women, and he is afraid of how he might react to a powerful woman and what she might do to him. On the first level of insight Stanley becomes aware that there is some antecedent cause of his fear of women. This cause is not that his mother tried, for instance, to dominate him. Rather, it's his irrational beliefs that she should not have tried to dominate him and that it was, and still is, awful that she did try and that other women may dominate him, too.

On the second level of insight Stanley recognizes that he is still threatened by women and feels uncomfortable in their presence because he still believes in, and keeps repeating endlessly to himself, the irrational beliefs that he once accepted. He sees that he keeps himself in a state of panic with women because he continues to tell himself "women can castrate me!" or "They'll expect me to be a superman!" or some other irrational notions.

The third level of insight consists of Stanley's acceptance that he would hardly improve unless he works diligently and practices changing his irrational beliefs by actively disputing them and actually doing things of a counter-propaganda nature. Thus, his homework assignment might be to

approach an attractive woman and ask her for a date. While on this date, he can challenge his irrational notions and his catastrophic expectations of what might happen. Merely talking about his fears will not do much to change his behaviour. What is important is that he engages in activity and in cognitive reconstruction that will torpedo the underpinnings of his irrational fears. Since Stanley is also afraid of rejection, his therapist will teach him ways to cope with possible rejection as well as teaching him how to keep from being immobilized by fear of rejection.

Rational-Emotive Behaviour Therapy (REBT) stresses the second and third levels of insight - namely, Stanley's acknowledgment that he is the one keeping the originally disturbing ideas and feelings alive, and that he had better rationally/emotively face them, think about them, and work to eliminate them.

A-B-C theory of personality

This is a working theory propounded by Albert Ellis from the foundational stages of Rational-Emotive Therapy. A-B-C theory of personality is significant and central to Rational-Emotive Behaviour Therapy. According to Ellis (1979 b), A is the existence of fact, an event, or the behaviour or attitude of an individual. C is the emotional and behavioural consequences or reaction of the individual (the reaction can be either appropriate or inappropriate). A (the activating event) does not cause C (the emotional consequence). Instead, B, which is the person's belief about A, largely causes C (the emotional reaction). For example if a person experiences depression after a divorce, it may not be the divorce itself that causes the depressive reaction but the person's beliefs about being a failure, being rejected, or losing a mate. Ellis would maintain that the beliefs about

the rejection and failure (at point B) are what mainly cause the depression (at point C), not the actual event of the divorce (at point A).

Theory of iterated prisoner's dilemma

This is a theory that deals with cooperation essentially among related or cooperating partners which is principally motivates by reward. This theory fosters the principle of group selfishness and reward for cooperation among people with common interest. According to this theory, the selfish can only survive a while without cooperation.

Based on the 'theory of iterated prisoner's dilemma,' evolutionary biologists and gene theorists have come to conclude that selfishness is - besides cooperation among relatives and genetically programmed behaviour - the basis for cooperation among individuals of the same or different species (Wikipedia.com, 2007).This theory is evident in a situation where school girls go chattering, solving some class problems together, and taking interest in gossip and discussing each other's personal and sometimes intimate matters. The interception of a male student would be abhorred at such times when 'females only' session is going on. Likewise is where male ego is being displayed.

Fogel (1993:77-97) said that "evolutionary programming experiments are conducted to investigate the conditions that promote the evolution of cooperative behavior in the iterated prisoner's dilemma." A population of logical stimulus-response devices is maintained over successive generations with selection based on individual fitness. The reward for selfish behavior is varied across a series of trials. Simulations indicate three distinct patterns of behaviours in which mutual cooperation is inevitable, improbable, or apparently random. The ultimate behavior can be reliably predicted by

examining the payoff matrix that defines the reward for alternative joint behaviors.

Modelling or Social Learning Theory

This is a theory which involves many techniques that emphasize learning through observation and imitation or modelling. These techniques include bibliotherapy, symbolic modelling, self modelling, covert rehearsal, role-played modelling, negative modeling, etc. Albert Bandura and Walters are the foremost proponents of modelling or social learning theory. Live modelling, for instance, noted Nwankwo (1995), is a technique which therapists employ to encourage clients to model on selected live persons who possess or exhibit particular desired behaviour meant to influence that of the clients. “Bandura’s Social Learning Theory posits that people learn from one another via observation, imitation and modelling. The theory has often been called a bridge between behaviourist and cognitive learning theories because it encompasses attention, memory and motivation,” (Bandura, 2013). This theory emphasizes learning a desired behaviour just as Rational-Emotive Behaviour Therapy and other theories that are connected to the study, while at the same time unlearning selfish behaviour because of its link with irrationality and consequent personal-social and interpersonal problems.

Cognitive Theory

Cognitive theory, according to Fristcher (2008), is a theory that attempts to explain human behaviour by understanding the thought processes. The assumption is that humans are logical beings that make the choices that make the most sense to them. “Information processing” is a commonly used description of the mental process, comparing the human mind to a computer.

She stated further that pure cognitive theory largely rejects behaviourism on the basis that behaviourism reduces complex human behaviour to simple cause and effect. However efforts have been made in recent past decades towards merging the two into a comprehensive cognitive behavioural theory as this enables therapists to use techniques from both schools of thought to help clients achieve their goals.

Passer and Smith (2001:14) say that

> *cognitive perspectives (theory) views humans as information processors and problem solvers whose actions are governed by thought and planning. Today's cognitive perspective is concerned with ageless questions about how information is combined and then organized in our minds, as well as how that information is combined with other contents of the mind to create memories, problem-solving strategies and creative thoughts. The cognitive perspective causes us to ask how mental processes influence our motives, emotions, and behaviour* (p.14).

Piaget's theory of cognitive development is a comprehensive theory about the nature and development of human intelligence first developed by Jean Piaget. It is primarily known as a developmental stage theory, but in fact, it deals with the nature of knowledge itself and how humans come gradually to acquire, construct, and use it. To Piaget, cognitive development was a progressive reorganization of mental processes as a result of biological maturation and environmental experience. Children construct an understanding of the world around them, then experience discrepancies between what they already know and what they discover in their environment (McLeod, 2012).

Noel-Hoeksema (2001:53, 55) posits that "cognitive theorists make efforts to understand the processes of memory, attention and information processing. Cognitive theorists argued that it is not just rewards, punishments, or even drives that motivate human behaviour. Instead, humans actively construct meaning out of their experiences and act in accord with their interpretations of the world. Cognitive theories focus on that distinctly human process of abstract thinking."

All of the major theories in the study, namely Rational-Emotive Behaviour Therapy, A-B-C Theory of Personality, The Theory of Iterated Prisoner's Dilemma, Cognitive Theory and Social Learning Theory are theories that deal essentially with human learning process, which involves cognitive restructuring, unlearning to learn through forceful disputation and rejection of irrationality and consequent imbibing of logical, rational thinking, perceiving and belief system. Proper information processing in the cognitive domain is an imperative factor. On the other hand, social learning theory incorporates behavioral and cognitive theories through its process of observation, imitation and modelling to evolve a comprehensive learning. Meanwhile, the entire study revolves around using a most eclectic scientific methodology to dispel the irrationality of narcissism or selfishness and to evolve a rational recovery through the educational process provided by Rational-Emotive Behaviour Therapy.

Cognitive therapy: Corey (1991:345) says that "cognitive therapy is based on the assumption that cognitions are the major determinants of how we feel and act." Beck (1976:214) posits that in the broadest sense, "Cognitive therapy consists of all the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-signals." For

Beck the most direct route to changing dysfunctional emotions and behaviours is by modifying inaccurate and dysfunctional thinking. The following common distortions in processing information have been identified as leading to faulty assumptions and misconceptions (Beck and Weishaar, 1989):

- Arbitrary reference: This refers to reaching conclusions without sufficient and relevant evidence. This distortion includes “catastrophizing” or thinking of the absolute worst scenario for a situation.
- Selective abstraction: This consists of forming conclusions based on an isolated detail of an event and, thus, missing the significance of the overall context. The assumption is that the events that matter are those dealing with failure and deprivation.
- Overgeneralization: Is a process of holding extreme beliefs on the basis of a single incident and applying them inappropriately to dissimilar events or settings. If you have difficulty in working with one adolescent, for example, you may conclude that you will not be effective in counselling many adolescents.
- Magnification and exaggeration: This consists of overestimating the significance of negative events. You could make this cognitive error by assuming that even minor mistakes in counselling a client could easily create a crisis and maybe even result in psychological damage.
- Personalization: Is a tendency for people to relate external events to themselves even when there is no basis for making this connection. If a client does not return for a second counselling session, for example, you may be absolutely convinced that his absence is due to your terrible performance during the initial session.

- Polarized thinking: This involves thinking and interpreting in all-or-nothing terms or categorizing experiences in either/or extremes. With such dichotomous thinking events are labelled in “good” or “bad” terms. For example, you may give yourself no latitude for being an imperfect person and an imperfect counsellor. Conversely, you may view yourself as the perfectly competent counsellor.

The basics of cognitive therapy

Cognitive therapy has to do with cognition and the way people think that reflects in their behaviour; memory processing is indicated. According to the writings of Smith, Sarason and Sarason (1986), cognitive therapies are based primarily on talking. In many ways, cognitive therapy has close ties with ‘learning theory’ than with the psychodynamic perspective. Cognitive therapists are merely concerned with their clients’ thinking in the same way that behaviour therapists are concerned with their overt behaviour. Cognitive therapists concentrate on helping their clients to identify and change the irrational ideas that interfere with their effective behaviour and cause them to feel unhappy and inadequate.

Davison and Neale (1998) posit that cognitive psychologists regard the learner as an active interpreter of a situation, with the learner’s past knowledge imposing a perceptual funnel on the experience. The learner fits new information into an organized network of already accumulated knowledge often referred to as schema. New information may fit the schema; if not, the learner reorganizes the schema (cognitive set) to fit the information.

Contemporary experimental psychology is very much concerned with cognition. According to Beck and Weishaar (1989), the cognitive therapist teaches clients how to identify distorted and dysfunctional cognitions through a process of evaluation. Through the collaborative efforts of therapist and

clients, clients learn to discriminate between their own thoughts and reality. They learn the influence that cognition has on their feelings, behaviours and even on environmental events. Clients are taught to recognize, observe, and monitor their own thoughts and assumptions, especially their negative "automatic thoughts."

After they have gained insight into how their unrealistically negative thoughts are affecting them, clients are trained to subject these "automatic thoughts" to reality testing, by examining the evidence for and against their cognitions. This process involves homework assignments, gathering data on the assumptions they make, keeping a record of activities, and forming alternative interpretations. Clients form hypotheses about their behaviour and eventually learn to use specific problem - solving and coping skills. Like Rational - emotive therapy, clients learn to substitute realistic and accurate interpretations for their biased cognitions. They also learn to modify the dysfunctional beliefs and assumptions that predispose them to distort their negative experience (Beck, Rush, Shaw and Emery, 1979).

Selfish behaviours emanate from negative, crooked and biased thinking, and since it is detrimental to academic achievement and learning process, this research is set to prove the fact that the basic behaviour modification, problem-solving skills and coping skills taught by Rational-Emotive Therapy and the cognitive-restructuring processes of Cognitive Theory will make profound impact in changing the way the selfish adolescent students think, feel and act. Selfish students would learn how to substitute their faulty cognitions and sentimental, biased perceptions for realistic, constructive, progressive and altruistic world view. The reformed adolescent students would have learnt how to live unselfishly and confidently with other students, teachers, friends and family relations.

Review of Empirical Studies

Studies on Selfishness and Adolescence

To gain a better understanding of the concepts of selfishness and adolescence a relationship is established in different studies conducted by different scholars on the two subject-matters. In reporting a recent research carried out by Sarah-Jayne Blakemore, a cognitive neuroscientist, on adolescents and adults, Thomson (2006) writes that the research outcome do suggest that teenagers/adolescents are prone to be more selfish than adults, because they use a the rear part of their brain called 'superior temporal sulcus,' which can only process certain basic functions, to make decisions compared to adults. There is an increase in connections between nerves in the brain when children reach adolescent age of puberty. This occurs particularly in the area involved in decision-making and awareness of other people's feelings, called the "mentalising network."

Thomson (2006), continues her report by saying that Sarah-Jayne Blakemore, a cognitive neuroscientist from University College London, UK, used functional magnetic resonance imaging (MRI) to scan the brains of 19 adolescents (aged 11-17) and 11 adults (aged 21 to 37) while they were asked questions relating to decision-making. Such question as "you're going to the cinema, where do you look for film times?" was asked. Blakemore found that teenagers /adolescents rely on the rear part of the mentalising network to make their decisions - an area of the brain called the 'superior temporal sulcus.' In contrast, adults use the front part, called the 'prefrontal cortex.' The superior temporal sulcus is involved in processing very basic behavioural actions, whereas the prefrontal cortex is involved in more complex functions such as processing how decisions affect others. So the research implies that

“teenagers (adolescents) are less able to understand the consequences of their actions,” says Blakemore.

In another study, Blakemore asked 112 participants (aged from 8 to 37) to make decisions about other people’s welfare and timed how long it took them to respond. The basic question asked the subjects is “How would your friend feel if she wasn’t invited to your party?” Blakemore discovered that the response time got shorter as the participants got older - an indication that the older people found it easier to put themselves in other people’s shoes.

In making concluding statement, therefore, Blakemore suggests that both the findings of the former and later reported experiment/research might be explained

by an evolutionary mechanism in which the development of the brains of adolescents takes precedence over its performance. “You don’t need to be at par with other people because you are looked after until reproductive age. Only then do you need to start to take into account other people’s perspectives.” The study has important implications for the types of responsibility given to adolescents. Blakemore says: “Teenagers’ brains are a work in progress and profoundly different from adults. If you’re making decisions about how to treat teenagers in terms of the law, you need to take this new research into account.”

In another study conducted by Smetana, Tasopoulos-Chan, Gettman, Vilalobos, Campione-Barr, and Metgar (2008) on the topic: “Helping vs. personal desires: Adolescents’ and parents’ evaluations of helping versus fulfilling personal desires in family situations’. In the study, a sample of 118 predominantly European-American families with early and middle adolescents (M ages = 12.32, 15.18 years) and one parent evaluated

hypothetical conflicts between adolescents' or parents' requests for assistance versus the others personal desires.

Evaluations differed by level of need, but in low-need situations, adolescents viewed teens as more obligated to help parents than did parents, whereas, parents rated it as more permissible for teens to satisfy personal desires than did teenagers. Justification for helping focused on concern for others, role responsibilities, and among parents, psychological reasons. Middle adolescents reasoned about role responsibilities more and viewed satisfying personal desires as less selfish than did early adolescents, but satisfying personal desires was seen as more selfish by parents of middle than early adolescents (Shapiro, Barkham and Idardy, 1994).

A study in the spring of 2007 revealed the extent of the problem of narcissism (selfishness) in the western culture. Dr. Jean Tweng of San Diego State University, U.S.A., reported in a study of almost 17,000 college students that two-thirds of them scored high on a measure of selfishness. The study reported an increase of narcissism of 30% over the past twenty years. Dr. Tweng commented that narcissistic individuals are more likely to manifest overcontrolling and violent behaviours and exhibit dishonesty (Fitzgibbons, 2009). Furthermore, Harbaugh, Krause and Liday (2003) report an experiment with 310 children and teenagers aged seven to eighteen years, showing that young children offer considerably less to recipients in the dictator game and the ultimatum game than older children and adults. They also show that boys make smaller dictator proposals than girls, meaning that boys are, on average, more selfish.

Sutter, Feri, Kocher, Martinsson, Nordblom, Rützler (2010) did a large-scale experiment with 883 children and adolescents, aged eight to seventeen years. Using eight simple, one-shot allocation tasks (taken from Engelmann

and Strobel, 2004), they studied the distribution of social preference types across age and gender and their interaction with background variables. The eight tasks were designed by Engelmann and Strobel (2004) to explicitly test and discriminate between selfishness, maximin-preferences, efficiency-loving preferences, and two prominent theories of inequality aversion by Fehr and Schmidt (1999, henceforth F&S) and Bolton and Ockenfels (2000, henceforth ERC). According to the choices made in the incentivized allocation decisions, they classified their experimental subjects into the different social preference types. The classification was done by conducting a maximum likelihood error-rate analysis of subjects' decisions (following, in general, the econometric model used in Costa-Gomes, Crawford and Broseta, 2001). The mixture model used here assumes that each subject's type is drawn from a common prior distribution over five types (*Selfishness*, *Efficiency*, *Maximin*, *F&S*, *ERC*) and that a subject's type is the same for all eight decisions, but that decision makers are allowed to make errors. The results showed that roughly 20% of decision makers in their experiment behave selfishly, and this fraction does neither depend on age nor on gender.

In contrast to the apparent stability of the number of selfish types across age and gender, social preferences follow a clear pattern. While efficiency concerns are increasing with age in their male sample (from about 30% at the age of eight to roughly 50% at the age of seventeen) and stay constant around 20% for females, the pattern is reversed for maximin-preferences. The latter become more important for females when they grow up, but stay rather constant for boys. Pure inequality aversion plays a role for a non-negligible fraction of decision maker in the younger age groups, where F&S comes out as the empirically more suitable model to explain choices than ERC. In

general, pure inequality aversion becomes less important as our subjects grow older.

Empirical studies on effect of Rational-Emotive Behaviour Therapy (REBT).

Albert Ellis' goal of psychotherapy is twofold. First, he forces clients to see how they are relying on irrational beliefs and thereby see the fault in their reasoning. Second, he works to replace irrational beliefs with rational ones. For example, instead of deciding that your romantic breakup is a reason to be depressed, you might tell yourself that while you enjoy a stable romantic relationship and wish this one could have continued, you know that not all relationships work out. You also know that this does not mean no one else can love you or that you are never going to have a good relationship again.

So, there is a cognitive restructuring at point B of the A-B-C process construct. Thus, while the A statement remains the same – "I broke up with my partner" – the B statement is different now. Because the situation is identified as unpleasant but not catastrophic, there is no need to become overly depressed, the old C (Burger, 1990).

Let us look at how Ellis practically works to change faulty thoughts in a therapy session with a young woman (Ellis, 1971):

Client: Well, this is all a part of something that's bothered me for a long time. I'm always afraid of making a mistake.

Ellis: Why? What's the horror?

Client: I don't know.

Ellis: You're saying that you're a bitch, you're a louse when you make a mistake.

Client: But this is the way I've always been. Every time I make a mistake, I die thousand deaths over it.

Ellis: You blame yourself. But, why? What's the horror? Is it going to make you better next time? Is it going to make you make fewer mistakes?

Client: No

Ellis: Then why blame yourself? Why are you a louse for making a mistake? Who said so?

Client: I guess it's one of those feelings I have.

Ellis: One of those beliefs. The belief is: "I am a louse!" And then you get the feeling: "Oh, how awful! How shameful!" But the feeling follows the belief. And again you're saying, "I should be different; I shouldn't make mistakes!" Instead of: "Oh, look: I made a mistake. It's undesirable to make mistakes. Now, how am I going to stop making one next time?"

Client: It might all go back to, as you said, the need for approval. If I don't make mistakes, then people will look up to me. If I do it all perfectly –-

Ellis: Yes, that's part of it. That is the erroneous belief: that if you never make mistakes everybody will love you and that it is necessary that they do.... But is it true? Suppose you never did make mistakes - would people love you? They'd sometimes hate your guts, wouldn't they?

In another instance, Knaus (2004) demonstrates the benefits of the 'Application Prompting Technique' (a newly taught skill in the Rational Emotive Education (REE), which shows that students truly have choices in how they respond to problem situations, with the case of a 12-year old named Tim who had a high fight rate of about one to three fights a day with other children. Tim participated in an 'expression guessing game.' In the course of that game, he saw another child that he thought was mad at him. Before Tim got ready for what looked like a sure fight, the therapist asked him to describe

what he learned from the expression guessing game. Tim described what he learned.

Next, he was asked how he could apply what he knows to the present situation. Immediately, Tim asked the other child what happened and how he felt. The child said his pet cat died that morning, and he felt sad. A fight was then prevented. After that incident, Tim learnt to avoid jumping to conclusions. His high fight rate dropped to a low fight-rate level relative to the norms of his school. This is behavioural evidence for a self-directed application of the REE concept. In conclusion, when students learn and practice rational concepts as a group, they are more likely to spontaneously apply the coping strategies both within and outside the school setting.

Rational Emotive Education (REE) is a positive, preventive, interventionist psychological educational programme. The system teaches rational critical thinking skills and effective psychological problem-solving methods. These are skills that students can apply throughout their lives to cope effectively with the inevitable changes and challenges they will meet (Knaus, 2004).

In another instance, Ellis (2004:207) has this to say concerning his personal experience of Rational-Emotive Behaviour Therapy application, thus:

> *I used to be quite angry at people who acted stupidly and/or immorally and at "horrible" world conditions. My use of Rational-Emotive Behaviour Therapy (REBT) on myself, when I started to apply it to others in January 1955, convinced me that my angry feelings were largely created by my absolutistic demands that people must treat me fairly and considerately and were "rotten people" when they didn't. I taught many of my clients unconditional other-acceptance (UOA), to accept the sinner but not his sins, and hereby to refuse to feel angry (p, 207).*

In Rational-Emotive Behaviour Therapy (REBT), the therapist helps the client to identify the specific maladaptive self-statements he or she is making about some external precipitating event. Then the therapist points out the irrational or illogical beliefs on which the self-statements are based. Let us consider a case-study involving one Joe V., a 40-year-old businessman, who felt guilty and depressed whenever he went off his diet. The therapist asked Joe to monitor what he was saying to himself whenever he overate. His self-statements included, "I'll never be able to lose weight" and "I am going to be fat the rest of my life." The therapist showed Joe that his self-statements were based on the irrational belief that he must be perfect and the illogical idea that he could never stay on his diet just because he occasionally went off it.

After several therapy sessions, Joe began to see the connection between his thought and his feelings. The therapist then taught him, through modelling and role playing, to identify why his thoughts were irrational (that is to find the underlying irrational beliefs). Finally, Joe learned to substitute rational thoughts for irrational thought, such as replacing "I'll always be fat" with "Just because I went off my diet today, doesn't mean I can't stay on it tomorrow" (Liebert and Spiegler, 1990).

A more recent large-scale outcome study was a National Institute of Mental Health (NIMH) investigations conducted by Irene Elkin and her colleagues (Elkin, Shea, Watkins, John, Imber, Sotsky, 1989). They worked on the treatment of depression by cognitive, interpersonal (focused on improving interpersonal relationships and emotional functioning), and drug (imipramine, a common anti-depressant) therapies. They also included a placebo condition.

The study which involved 239 depressed clients and 28 experienced therapists was conducted in Norman, Oklahoma, Washington, D.C. and Pittsburgh. After 16 weeks, over 50 percent of treated patients and only 29 percent of controls showed significant improvement. A somewhat smaller study of 117 depressed patients treated with cognitive behavioural or psychodynamic therapy also showed significant improvement (Shapiro, Barkham, and Idardy (1994). Improvement in patients who receive cognitive behavioural restructuring therapy increases with the number of therapy sessions.

Another experimental case with relative success was the treatment of a 17-year-old girl who had extremely high frequency of hair pulling. The experiment was carried out by Bernard, Kratochwill and Keefauver (1980). The 17-year-old girl who was suffering from the chronic hair pulling (trichotillomania) which is an extremely rare and complex behaviour disorder - was treated by Rational-Emotive Therapy (RET) followed by Self-Instructional Training (SIT). A cognitive-behavioural model was employed to identify maladaptive thought patterns that were hypothesized to be occasioning high levels of anxiety that in turn was hypothesized to be maintaining hair- pulling behaviour. The use of an interactive-type design indicated that whereas RET leads to a modest decrease of hair pulling, the subsequent introduction of Self-Instructional Training (SIT) in addition to RET leads to a rapid elimination of all hair pulling. Follow-ups at 5, and 21 weeks after the termination of the programme indicated no reoccurrence of hair pulling (Bernard, Kratochwill and Keefauver, 1980).

Eysench (1979) edited a handbook which contain, among other things, a study conducted by Albert Ellis in 1956 in which 28 homosexual males and 12 lesbians were treated by therapy (RET). Ellis emphasis in the presenting

homosexual problems was not on inducing his patients to forgo homosexual activities. Rather, he intended to free the homosexuals from fear of antagonism towards heterosexual relations. Therefore, Ellis lays emphasis on desensitizing heterosexual avoidance rather than averting the patient from his interest in his own or her sex. Ellis claims 64 percent of his male patients and 100 percent of his female patients were either “improved” or “considerably improved” The meaning of these terms is not stated nor is data provided on the length of follow-up or on the selection of patients. It is possible to interpret post-treatment behaviour by Ellis’s patients as indicating an increase in heterosexual activity, vis-à-vis homosexual activity.

Another excerpt was culled from a therapeutic encounter with a thirty-year-old woman who was experiencing episodes of anxiety, guilt, and depression; thus:

Client: I feel so unattractive

Therapist: God, here you go again with this same old logic of yours.

Client: I know

Therapist: Tell me again. We went over it last time. You get depressed because of what you say to yourself about yourself.

Client: But I can’t understand why I am so down all the time (starts sobbing quietly).

Therapist: How can you say that? I am sure you were listening when a moment ago I said you tell yourself things.

Client: OK, OK !

Therapist: Why are you crying? Can you explain it?

Client: 1.1 (smiling now) tell myself I am no good. But if I act unattractive then people will accept me.

Therapist: No, no! What other people think doesn't matter. It's what you think that is crucial. As long as you feel good about yourself, that's all. To hell with anybody else. Got it!

Client: Yes.

The interaction would continue on a later time.

Next, we would be looking at a practical session which Beck (1976), a foremost cognitive psychologist and contemporary of Albert Ellis, conducted. In Beck's view, when people interpret trivial setbacks as substantial, read disparagement into innocuous comments made by others, and criticize themselves harshly for events they cannot possibly control, they become vulnerable to depression. To change such cognitions, Beck questions clients in such a way that they discover the irrationality of their thinking. He also encourages unconvinced clients to test the validity of their negative assumptions and in doing so to prove them wrong. Hereunder, Beck helps a client who is clinging to a failed marriage to work through the implication logically, thus:

Therapist: Why do you want to end your life?

Patient: Without Raymond, I'm nothing... I can't be happy without Raymond... But I can't save our marriage.

Therapist: What has your marriage been like?

Patient: It's been miserable from the very beginning ... Raymond has always been unfaithful ... I have hardly seen him in the past five years.

Therapist: You say that you can't be happy without Raymond... Have you found yourself happy when you are with Raymond?

Patient: No, we fight all the time and I feel worse.

Therapist: You say you are nothing without Raymond. Before you met Raymond, did you feel you were nothing?

Patient: No, I felt I was somebody.

Therapist: If you were somebody before you knew Raymond, why do you need him to be somebody now?

Patient: (Puzzled) Hmmm...

Therapist: If you were free of the marriage, do you think that men might be interested in you - knowing that you are available?

Patient: I guess that maybe they would be.

Therapist: Is it possible that you might find a man who would be more constant than Raymond?

Patient: I don't know... I guess it's possible...

Therapist: Then what have you actually lost if you break up the marriage?

Patient: I don't know

Therapist: Is it possible that you'll get along better if you end the marriage?

Patient: There is no guarantee of that.

Therapist: Do you have a real marriage?

Patient: I guess not

Therapist: If you don't have a real marriage, what do you actually lose if you decide to end the marriage?

Patient: (long pause) Nothing, I guess (Beck, 1976, p. 289-291).

Studies on Location

Locality and environment are contributing determinants to personality formation. People are bound to behave differently and have differing world view depending on whether they were groomed in the countryside or urban settlement. In a study conducted by Dunne (1983), it was found out that rural people were proud of their schools and typically described a feeling of family, individual attention, and community commitment of resources and people.

Surveys in rural areas reflected a 75% level of satisfaction where schools existed. McCracken (1989) submits that community leaders perceived the school as important to the community in ways that could be classified as educational, social, cultural, and economic. In urban areas schools tend to be viewed as vehicles for bringing about societal change; however, in rural areas schools are seen as mechanisms for community cohesion and continuity. According to Calhoun, Light and Keller (1995), Ferdinand Tonnies, earlier in his study, contrasted social relations among members of rural communities to those of people in urban locations. The study noted that members of rural communities have common ancestry, values, traditions, aspirations, roles, activities, common histories and frequent face to face relations that foster strong social and emotional bonds among them, and that relationship among urban dwellers tend to be very superficial and interactions impersonal since very often they come from different backgrounds with differing values, norms and attitudes.

Studies on Gender

A number of studies have shown that men and women differ in the ways they perceive and handle issues. Annis (2003) reports that a group of researchers based at Emory University in Atlanta, Georgia watched men's and women's brains while they played games. The researchers tested the women on a board game, while scanning their brains with an MRI scanner - watching the blood flow. The blood activity in the reward centres of the women's brains showed that these centres were activated when the women collaborated; the more they collaborated, the more the reward centres were activated – the women experienced activation in brain areas that are also activated by rewards such as food, money and drugs.

In a study carried out by Gilligan (1989b) on women's discussions of moral conflicts, she reported that girls and women concerns centred more on care and response to others than on the rights and universal principles which comprise Kohlberg's higher stage of moral development. Gilligan finds that most females think of morality more personally than males do; females adopt an ethic of care. This makes them speak of morality in terms of their responsibilities to others; their moral decisions are based on compassion as well as reason, and they stress care for others as well as fairness; whereas males tend to view themselves as separate from others, females see themselves in terms of their relationships with others.

In another study carried out by Gilligan, Lyons and Hanmer (1989), on evidence from girls attending a private school: the study was conducted among a group of educationally-advantaged adolescents and adults and a sample of 36 people consisting of equal numbers of males and females at specific ages ranging from eight to sixty-plus. The result suggests that females speak in a predominantly care voice and males in one of justice. Thus, it appears that females more often than males explain their choices in matters of moral dilemmas, by mentioning the importance of caring about others, about relationships, and about relieving the burdens or sufferings of others. Although during overlaps, females and males use both modes. But it appears that males more frequently explain their choices by reasons of fairness, reciprocity (the golden rule) and following standards or principles.

Johnston (1988) carried out a study using fables as moral dilemmas. She postulated that assumptions about relationships are different for male and female adolescents. She says that males first try to solve problems by rights and rules unless the possibility of a continuing relationship exists outside the dilemma. Females use both justice and care modes, but more often start by

attending to specific needs, and if that seems unworkable, resort to rules. Johnston (1988) also found that boys use the moral orientation of care much less often than girls use the moral of justice. Girls appear to be more flexible in the use of the two modes.

Summary of Literature Review

Rational-Emotive Behaviour Therapy (REBT) is primarily aimed at inducing people (clients) to examine and consequently change those values or belief system that keep them emotionally disturbed. REBT is especially didactic and very directive in approach and is concerned with thinking as much as with people's feeling. Ellis contends in his REBT philosophy that humans have the power to control their emotional destiny since they are largely responsible for bringing into existence their disturbed thoughts and feelings. He advises that people had rather look inward into their hidden dogmatic indoctrination of "musts" and absolutistic "shoulds" whenever they are upset.

Albert Ellis postulates the A-B-C theory of human behaviour to give a constructive evaluation, interpretation and discourse on the interplay of personality in relation to cognitions dysfunction and rational process of recovery. The other part of the literature reviewed is about selfishness. Selfishness has to do with attaching too much attention to oneself in disregard or relegation of others' interests. Selfishness is a trait that exists in some varied degrees in individuals; its act is carried out consciously or unconsciously by individuals or groups at various times. Selfishness is all about self, self, self and self alone, or you, you, you alone or I, I, I, myself, myself, myself all the time. Someone has said that humans are products of a corrupt culture that teaches selfishness.

Another aspect of the literature review is the discourse on adolescence. In summary adolescence is the human age of development which spans from the end of childhood through the beginning of young adulthood. It is marked by a lot of physiological changes coupled with psychological stage of contrasting personality as enunciated by Erik Erikson in his adolescence psychological, developmental theory of 1982. Hall has said that adolescence is the age of stress and storm and also of possibility and promise.

Finally, this study is a unique attempt at using Rational-Emotive Behaviour Therapy (REBT) to combat selfishness in our local environment. Selfishness is at the root of man's/students' psychosocial problems such as fights, anxiety, depression, stealing/robbery, exam malpractice, insubordination, restiveness, arson, looting, and others. Until now, there is dearth of scientific discourse on selfishness. Therefore, the application of Rational-Emotive Behaviour Therapy to curb selfishness is a scientific way of getting to the root of these problems. Of course, this would result in the development of a new, effective and rational philosophy, which will manifest as altruistic and prosocial behaviours.

This study poses a challenge to orthodox thinking about selfish behaviour problem being amenable solely to ecclesiastical and mystical approaches, and since the results usually provided by these approaches are, to say the least, unscientific, superficial and ephemeral. Rational-Emotive Behaviour Therapy proffers a scientific sustainable, verifiable and replicable approach. Obviously, this would represent a remarkable step in therapeutic practice. There is paucity of literature in scientific approach to curbing adolescent selfishness, in spite of the fact that the history of selfishness is as old as mankind. Therefore, this study would go a long way in bridging the gap between orthodox approach and conventional methods in providing verifiable, reliable and validated procedure and result.

CHAPTER THREE
RESEARCH METHOD

The chapter discusses the various procedures involved in the study. These are: Research design, Area of study, Population of the study, Sample and Sampling technique, Instrument for data collection, Validity of the instrument, Reliability of the instrument, Experimental Procedure, and Method of data analysis.

Research design

The design for this study is an experimental, Non-equivalent Pretest-Posttest Control Group Design. The design involves randomly assigning subjects between two groups, a test (experimental) group and a control. Both groups are pre-tested, and both are post-tested, the ultimate difference being that one group was administered the treatment. The design gives the tools to filter out extraneous and confounding variables. Intact classes were used in this study so that normal class structure would not be disorganized.

Area of the study

The area covered by this study is Rivers State, which is situated in the South-South geo-political zone of Nigeria. Rivers State has twenty-three Local Government Areas and occupies a significant position in the Niger Delta Region. A good portion of its land mass lies in the mangrove swamp, along network of creeks and long coastal terrain. Rivers State is selected for

the study because of defiant behaviour, hostility, kidnapping of individuals who have to be exchanged for some ransom, pipeline vandalization, oil theft and restiveness of the youths in the region, which are easily traceable to selfishness. Two Local Government Areas (Port Harcourt and Emohua Local Government Areas) are selected purposively for this study. Port Harcourt Local Government Area has 11 public Secondary Schools, while Emohua Local Government Area has 29 public Secondary Schools.

Population of the study

The population of this study comprises all the Senior Secondary Class two (SSII) students from the forty public Senior Secondary Schools in Port Harcourt and Emohua Local Government Areas of Rivers State, which is 5,681 students (Planning, Research and Statistics Department of Rivers State Post Primary School Management Board, 2009). Meanwhile, the total number of SSII students in Government Secondary School, Emohua and Uniport International Secondary School, Nkpolu, Port Harcourt is 293.

This researcher chose the Senior Secondary School class two (SSII) students for the study because they are neither preparing for external (certificate) exams as the SSIII students, nor are they grappling with coming to terms with the Senior Secondary School curriculum as those in Senior Secondary Class one; so they can give needed attention and time to the treatment exercise.

Sample and Sampling technique

Two senior secondary schools were selected for the study out of forty public senior secondary schools through purposive sampling. The two schools are Uniport International Secondary School, Nkpolu, Port Harcourt, and

Government Secondary School, Emohua. The former is an urban school, while the latter is a rural school. They are both co-educational schools. A sample size of 144 adolescent male and female students (72 students from the urban school and another 72 students from the rural school) were selected for this study from the rest of the students through stratified random sampling according to their degrees of rating (high, moderate, low) in which the highs formed the favourite subjects from two streams of SSII classes each from the urban school and the rural school, which are situated in Port Harcourt Local Government Area and Emohua Local Government Area of Rivers State, respectively. The two Local Government Areas were chosen for the study through purposive sampling. The researcher conveniently allowed the selected students to remain in their intact classes, but allotted Experimental and Control groups respectively to SSIIA and SSIIB: this was done using the privilege of convenient sampling.

Out of 144 students that make up the sample for the study, 72 students (comprising 36 male students and 36 female students) from both the urban and rural schools make up the experimental group, and another 72 students (comprising 36 males and 36 females) from both the urban and rural schools make up the control group.

See Appendix C (p.118) for the distribution schedule for sampled students, showing their schools, location (rural or urban) and grouping (Experimental or Control group).

Instrument for data collection

An instrument titled ‘Students Selfishness Survey Inventory’ (SSSI), which is a ten-item inventory, was designed and utilized in determining the actual number of adolescent students who exhibit selfish behaviours and the degrees

of their selfishness. (See Appendix A: p. 113). Secondly, a questionnaire titled ‘Adolescent Selfish Behaviour Scale’ (ASBS) was also designed and used for the purpose of data collection for analysis. It consists of forty structured items which have to be responded to on a four-point modified Likert Scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The values attached to the responses are these: 4 points (SA), 3 points (A), 2 points (D), 1 point (SD), respectively in a positive descending order. Eight out of the forty test items are negatively cued and the values are in the reverse order.

In selecting the test items that make up the instrument for data collection the researcher took into account the different aspects of adolescent student’s life activities with siblings, peers, parents, classmates, friends, the needy, classroom activities, games and everyday life. Also, items from literature make up significant part of the instrument. The items are designed in a manner that depicts selfish characteristics or traits which a student possesses or seems to be displaying in his or her daily life style. This rating scale has both a demographic part as well as the test items section. (See Appendix B: p.115).

Validity of the instrument

The instrument is constructed and developed by the researcher. However, in order to determine the appropriateness and face validity thereof, the instrument was given to four test experts from the University of Port Harcourt and University of Nigeria. Among other things, they were also to assess the content coverage of the topic for this study so as to make certain that the test items are apt to measure what they are intended to measure. Their

subsequent inputs helped to improve on the content coverage of the topic for the study. See Appendix B2 (p. 117) for the opinions of test experts).

Reliability of the instrument

Test-Retest method was used to determine the reliability co-efficient of the research instrument. Test items were administered by the researcher to thirty adolescent students of Olobo Premier College, Choba, Rivers State, twice over a period of three weeks. Olobo Premier College, Choba is a semi-urban school. The scores for the two separate tests were collated using the raw-score procedure. Pearson's Products Moment Correlation Co-efficient (r) was used to correlate students' scores in the first and second tests. This is done so as to determine the coefficient of stability of the research instrument. After correlating the data, a reliability coefficient of 0.71 (r=0.71) value was derived. (See Appendix D: p.119).

Experimental procedure

The researcher got the sample size by administering a ten-item "Yes" or "No" self response survey inventory to the entire SSII students of Uniport International Secondary School, Port Harcourt, and Government Secondary School, Emohua. Any respondent that scores a total of six-and-above "Yes" response is selected to be part of the sample, since six 'yes' responses is the benchmark for high selfish behaviour. Each item in the 'Students Selfishness Survey Inventory' carries a weight of 10 points. See Appendix A (p.113) for the survey inventory.

The researcher officially informed and secured the permission and cooperation of the principals of the two schools involved in the study. The researcher further enlightened the principals on the purpose of the study and

what the students would gain from their participation, and the ripple effect on academics and school system, generally. Thereafter, the researcher met with the students who are involved in the study in their intact classes. The different school principals asked the class/form teachers to give the researcher all the necessary assistance that might be needed. In each school the tested and selected high level selfish-rating members of SS2A constituted the experimental group, while the SS2B students who equally had high level selfishness in the self-assessment inventory made up the control group through convenience sampling. The researcher taught members of the experimental group what the study is all about. Furthermore, the researcher taught the concept of Rational-Emotive Behaviour Therapy as propounded by Albert Ellis. This is done in the simplest terms possible. They were taught the A-B-C paradigm of Rational-Emotive Therapy, which stipulates that A is an event, B is a person's belief about A, and C is the emotional or behavioural consequence of A. The students were taught that A (the activating event) does not cause C, but rather B (a person's belief about A) is the main reason for C (the behavioural or emotional reaction).

A-B-C human behaviour paradigm is simply Albert Elli's way of showing the interconnectivity and interrelatedness between human cognition, emotion and action; in other words, as humans think (cognition), they emote (feeling) and act (behaviour). Furthermore, when there is a disputation(D) at point B(belief) a rational philosophy (E) emerges, which gives rise to a new effective feeling (F).

The researcher then used a simple illustration of a boy who failed his class test, blaming it on the presence of the class teacher who was standing by his side at the time, to demonstrate that it was the student's belief rather than the teacher's actual presence that made the boy to fail the test. The researcher

further taught the students that Rational-Emotive Behaviour Therapy is a cognitive restructuring process propounded by Albert Ellis, a clinical psychologist, to deal with irrationality and maladaptive behaviours and attitudes of individuals which stem from their faulty belief patterns; that people become psychologically sick when they think illogically and irrationally. They also become ineffective; that is to say that when people think (cognition), they also emote (feeling) and then act (behaviour).

In the process of teaching the A-B-C theory of human behavior, the researcher pointed out some of the irrational beliefs and maladaptive self statements which some selfish students are prone to be involved with, and possible emotional consequences. For instance, a proud student can make such statement as, “I must make all A’s in my result at the forthcoming General Certificate Examination whether I study hard or not, or I will deal ruthlessly with the examiners,” and “I don’t see any sense in troubling students with continuous assessment tests, I am prepared only for one-shot formative exam at the end of every term.” The researcher had to tell the experimental group of students that a student who makes such unsavoury first statement is doing so simply because he/she must make A’s in all papers at the exam to prove that he/she is really intelligent, but at the same time does not give room for unforeseen circumstances that might suddenly arise in-between him/her and his/her self-fulfilling prophecy. The student who makes the second statement probably perceives hard work as unnecessary stress for academic success; but at the end of the day the said students may get panicky before the actual examination and be barraged by fear of failure, anxiety and uncertainty, instead. The concerned student(s) might eventually end up with emotional upheaval that would make them perform poorly in the exam, because they already have problem with building confidence, which is

essential ingredient for good performance. They were also taught how to dispel irrationality by thinking and acting rationally. Prior to the treatment programme, the same questionnaire was distributed to all the subjects of the study and their responses gathered as base-line. The record was kept and was eventually used as a pre-test.

The treatment sessions commenced after the teaching. The treatment package consists of twenty-two rational therapeutic statements that are divided into four distinct packages, which contain rational and logical nuggets that are meant to be committed to mind and repeated to self from time to time, and especially whenever there is a challenge that requires reaction or action. Otherwise, they are shared out into the four discrete modules to be rehearsed and self-administered by the students in sessions. The therapy consists of four sessions that spread across fourteen weeks. Each therapy session is taken two times in a five-day school week, during free class periods. The therapy package is diagrammatically represented thus:

1st Therapy session:Takes 3week-period; two times therapy sessions per week. This session consists of the first five therapy statements.	2nd Therapy session: Takes 3week-period; two times therapy sessions per week. This session consists of the second five therapy statements.
3rd Therapy session:Takes 4week-period; two times therapy sessions per week. This session consists of the third set of therapy statements.	4th Therapy session: Takes 4 week-period; two times therapy sessions per week. This session consists of the fourth set of therapy statements.

Homework usually accompanied the end of every session. In addition, the treatment group was taught how to model after those people in society who have distinguished themselves in prosocial and unselfish behaviours. There is also two weeks follow-up exercise at the end of all four sessions of therapy.

Rational Emotive Therapy treatment was given only to subjects in the experimental group. There was no treatment administered to those in the control group. At the end of the treatment period for the experimental group, the students in both experimental and control groups were assessed with a set of the same instrument and the scores recorded as post–test data. The mean responses by the experimental and control groups in both the pretest and posttest were compared to determine the effect(s) of Rational-Emotive Therapy on the adolescents' internal pattern of irrational thinking previously observed and the underlying illogical belief system, as these relate to selfish thinking, selfish feelings and selfish actions. (See Appendix E for the therapy, on p.123).

Method of data analysis

The data obtained were analyzed using interval rating scale (01.0 – 29.0, 30.0 – 59.0, and 60.0 – 99.0 and above), mean ($\bar{X}$) and standard deviation (SD) in responding to the research questions. Analysis of Covariance (ANCOVA) was used to test the hypotheses posed at 0.05 levels of significance. Analysis of Covariance (ANCOVA) was preferred for the analysis, because according to Ukwuije (1994), ANCOVA is a statistics used when two or more groups are to be compared and the data differs from the assumptions of Analysis of Variance (ANOVA). For instance, Analysis of Covariance (ANCOVA), as an inferential statistics, is used to increase power in a one-way or two-way Analysis of Variance (ANOVA) by adding a second or third variable as a covariate. See SPSS computer package of the analyses in Appendix F (p. 128).

The interval rating scale designed and used by the researcher to measure students' level of selfishness reads thus: 60.0 – 99.0 and above =

High level; 30.0 – 59.0 = Moderate level; 01.0 – 29.0 = Low level. Out of the 187 SSII students (members of SSIIA and SSIIB) evaluated with the rating scale 144 students met the criterion for high level of selfishness, which is 60.0 – 99.0 and above. The remaining 40 members of the two streams of classes (A and B) from both the urban and rural schools had 20 students (males and females) as having each met the criterion for moderate level of selfishness (30.0 – 59.0), and 23 students (males and females) met the criterion for low level of selfishness, which is 1.0 – 29.0. 144 students make up 77% of the evaluated number of students. There are 20 students from both the urban and rural schools who met the criterion for moderate selfishness and they make up only 10.7% of the total 187 students assessed. The remaining 23 students make up 12.3% of the 187 students evaluated. This measurement scale which was devised by this researcher and adopted for this study is in line with the selfishness checklist which was constructed by Richard P. Fitzgibbons, which can as well go for evaluation of excessive anger, defiant behaviours and Attention Deficit Hyperactivity Disorder (ADHD) in children, thus: ‘A score below 30 indicates a low level selfishness, a score of 30 to 60 a moderate level of selfishness, and above 60 a high level of selfishness,’(Fitzgibbons, 2005 – 2009). See Appendix A (p.113) for the newly devised measurement scale for students’ selfishness.

CHAPTER FOUR
RESULTS

The results obtained from the study are presented in this chapter in line with the research questions and hypotheses which guided the study.

Research Question 1:

What is the level of selfish behaviour exhibited by in-school adolescent students in the sampled schools in Rivers State?

Table 1**: Rating scale of the level of selfishness exhibited by in-school adolescents.**

Schools and their locations							
Uniport International Sec. School, Port Harcourt (Urban School)			Government Sec. School, Emohua (Rural School)			Level of selfishness	
Number	Score	Percentage	Number	Score	Percentage	Total%	Comment
72	60.0 –99.0 up	36.5%	72	60.0 –99.0 up	36.5%	77%	High
10	30.0 – 59.0	5.35%	10	30.0 – 59.0	5.35%	10.7%	Moderate
12	1.0 – 29.0	6.25%	22	01.0 – 29.0	6.15%	12.3%	Low

Scale: 60.0 – 99.0 and above = High level,

30.0 – 59.0 = Moderate level,

01.0 – 29.0 = Low level.

The result generally shows a high level of selfishness prevalent among the in-school adolescent students in the two sampled schools (urban and rural). Out of 187 students who make up the total membership of Classes SS2A and SS2B in the urban and rural schools, 144 students met the criterion for high level of selfishness when assessed with the 'Students Selfishness Survey Inventory' (SSSI). 144 students make up 77% (60.0 – 99.0 and above) of the evaluated number of students. 20 students from both the urban and rural schools met the criterion for moderate level of selfishness (30.0 – 59.0) and make up only 10.7% of the total 187 students assessed. The remaining 23 students met the criterion for low level of selfishness (01.0 – 29.0) and make up 12.3% of the 187 students evaluated. See Appendix A (p.113) for the newly devised measurement scale for student's selfishness.

Research Question 2:

What is the effect of Rational-Emotive Therapy (RET) treatment on selfish behaviours of in-school adolescents?

Table 2: **Mean scores and Standard deviation on students' response to Rational-Emotive Behaviour Therapy treatment.**

		Pre-test		Post-test	
Groups	N	Mean ($\bar{X}$)	SD	Mean ($\bar{X}$)	SD
Experimental	72	112.96	11.92	91.64	12.18
Control	72	102.72	8.35	102.46	11.27
Total	144	107.84	11.47	97.05	12.89

The result presented in table 2 shows that the pre-test mean score of 112.96

with the standard deviation as 11.92 of 72 treated students in the experimental group from the two sampled schools pooled together shows a significant reduction at the post-test with a mean of 91.64 and standard deviation of 12.18. This significant decrease in mean response after receiving treatment demonstrates a reduction in selfish behaviour among the in-school adolescents. On the other hand, the pre-test mean score for the control group is 102.72 and the standard deviation as 8.35, while the post-test mean score is 102.46 with the standard deviation as 11.27. There was no change in selfish behaviour for the control group since they were not given any treatment. The significant reduction of the mean score of the experimental/treated group demonstrates that Rational-Emotive Therapy treatment was effective in combating selfishness among adolescent students.

Research Question 3:

What is the influence of location on Rational-Emotive Therapy (RET) treatment on in-school adolescents?

Table 3: **Mean score and standard deviation of responses of urban and rural adolescent students to Rational-Emotive Therapy treatment.**

Location		**Pre-test**	**Post-test**	**Mean gain Score**
Urban (UISS PortHarcourt)	Mean	I16.39	95.89	20.50
	N	36	36	
	SD	8.71	11.27	
Rural (GSS, Emohua)	Mean	109.53	87.39	22.14

	N	36	36
	SD	12.85	10.68

The result presented in table 3 above shows the pre-test mean ($\bar{X}$) score of the 36 adolescent students from urban school after treatment with Rational-Emotive Therapy as 116.39 with the standard deviation as 8.71 as against a post-test mean (X) score of 95.89 with a standard deviation of 11.27 and mean gain score of 20.50. On the other hand, the 36 adolescent students from the rural school who were treated with Rational-Emotive Therapy has a pre-test mean ($\bar{X}$) score of 109.53 with the standard deviation as 12.85 and a post-test mean score of 87.39 with a standard deviation of 10.68 and mean gain score of 22.14. Therefore, the result shows significant decrease in the post-test mean score of treated students from the urban school relative to the pre-test mean score thereby demonstrating that treatment with Rational-Emotive Therapy was effective, and so also is the case with the rural school. Also, as the result indicated, the post-test mean score of treated students in the urban school weighs more than that of the same number of treated students from rural school: this simply implies that location must have had

a tremendous influence on the result of the treatment with Rational-Emotive Therapy.

Research Question 4:

What is the influence of gender on the mean response of adolescent students to Rational-Emotive Therapy treatment?

Table 4: **Mean score and standard deviation of responses of male and female students when exposed to Rational-Emotive treatment**

Gender		Pre-test	Post-test	Mean gain Score
Males	Mean	114.53	93.14	21.39
	N	36	36	
	SD	13.57	12.79	
Females	Mean	111.39	90.14	21.25
	N	36	36	
	SD	9.95	11.51	

The result presented in table 4 shows the post-test mean score of 93.14 with 21.39 mean gain score as against the pre-test mean score of 114.53 for the 36 male students (urban and rural pooled together) in the experimental group. On the other hand, there is a post-test mean score of 90.14 with 21.25 mean gain score as against a pre-test mean score of 111.39 for 36 female students (urban and rural pooled together). The decrease in both post-test mean scores of the male students as well as the female students demonstrates the effectiveness of Rational-Emotive Therapy treatment in combating selfishness among in-school adolescents. So, the treatment generated positive result. Meanwhile, the difference between the male students' post-test mean score of 93.14 and the female students' mean score of 90.14 is only marginal and therefore indicates

that gender did not affect the Rational-Emotive therapy treatment significantly.

Research Question 5:

What is the interaction effect of Rational-Emotive Therapy and location on Selfish behaviours of in-school adolescents?

Table 5: **Mean scores and standard deviations of urban and rural students' behaviour responses by Rational-Emotive treatment and location.**

Treatment	Location	N	$\bar{X}$	SD
Experimental Group	Urban	36	95.89	11.27
	Rural	36	87.39	10.68
	Total	72	91.64	10.98
Control Group	Urban	36	103.00	9.45
	Rural	36	101.92	12.94
	Total	72	102.46	11.27
Difference in experimental and control group by location	Urban	72	7.11	
	Rural	72	14.53	

The data presented in Table 5 indicates the interaction effect between Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents. The mean behaviour scores of adolescent students from the urban and rural areas differ significantly. The mean score for urban adolescent students was 95.89, while the mean score for rural adolescent students was 87.39, indicating that the rural adolescent students with lower posttest mean score benefited more from the treatment. The difference in mean score was 8.50.

Research Question 6:

What is the interaction effect of Rational-Emotive Therapy and gender on selfish

behaviours of in-school adolescents?

Table 6: **Mean scores and standard deviations of male and female students' behaviour responses by Rational-Emotive treatment and gender.**

Treatment	Gender	N	$\bar{X}$	SD
Experimental Group	Males	36	93.14	12.79
	Females	36	90.14	11.51
	Total	72	91.64	12.18
Control Group	Males	36	101.44	7.71
	Females	36	103.47	14.00
	Total	72	102.46	11.27
Difference in Experimental and control group by gender.	Males	72	8.3	
	Females	72	13.33	

The result presented in Table 6 shows that the mean score for behaviour change among male adolescent students who were treated with Rational-Emotive Behaviour Therapy was 93.14, and the mean score of adolescent female students equally treated was 90.14. The difference in mean is 3.00. The difference in mean shows that the treatment had more interaction effect among female adolescent students than among the male adolescent students, which explains lower mean score by the female adolescent students.

Hypotheses

Hypothesis 1

There is no significant difference in the mean score of adolescent students treated with Rational-Emotive Therapy and those not treated with Rational-Emotive Therapy.

Table 7: **Analysis of Covariance (ANCOVA) of Rational-Emotive Therapy treatment on the adolescent students involved in the study.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	11423.105(a)	8	1427.888	15.632	.000
Intercept	1027.692	1	1027.692	11.251	.001
Pretest	5174.279	1	5174.279	56.646	.000
Group	8293.017	1	8293.017	90.79	.000*
Gender	5.824	1	5.824	.064	.801
Location	51.105	1	51.105	.559	.456
Group * Gender	75.282	1	75.282	.824	.366
Group * Location	321.042	1	321.042	3.515	.063
Gender * Location	506.501	1	506.501	5.545	.020*
Group * Gender * Location	327.920	1	327.920	3.590	.060
Error	12331.555	135	91.345		
Total	1380009.000	144			
Corrected Total	23754.660	143			

a R Squared = .481 (Adjusted R Squared = .450)

Key:

* = Significant

Table 7 above shows that the calculated value of 90.79 for all the students in the experimental group of both the urban and rural school in comparison with the control groups from the two different locations pooled together is higher than the critical value of 3.91 at 0.05 alpha level of significance for 1 degree of freedom. The corresponding null hypothesis is therefore rejected.

Thus, there is significant difference in the overall behavior of adolescent students from both urban and rural schools (both male and female students together) who are treated with rational-emotive therapy in comparison with their corresponding counterparts in the control group. This result demonstrates that Rational-Emotive Therapy treatment is effective in dealing with the problem behaviour – selfishness – among in-school adolescents.

Hypothesis 2

There is no significant difference between the mean response of adolescent students from urban school and those from rural school who are equally treated with Rational-Emotive Behaviour Therapy (REBT).

Table 7 above shows that the calculated value of .559 is less than the critical value of 3.94 at 0.05 alpha level of significance for 1 degree of freedom for all adolescent students from urban school who received Rational-emotive Therapy treatment in comparison with equal number of treated adolescent students from rural school. Since the calculated value is less than the critical value the corresponding null hypothesis is therefore accepted. This means that there is no significant difference between the mean response of adolescent students from urban school and those from rural school who are equally treated with rational-emotive therapy. The result also implies that location had a positive impact on the effect of Rational-emotive therapy treatment administered to both urban and rural school.

Hypothesis 3

There is no significant difference between the mean behavior change of female adolescent students treated with Rational-Emotive Therapy and that of male adolescent students who received the same treatment.

Table 7 above shows that the calculated value of .064 for all the sampled adolescent male students in relation to adolescent female students in the treatment group is less than the critical table value of 3.94 at 0.05 alpha level of significance for 1 degree of freedom. Since the calculated value is less than the critical value, the corresponding null hypothesis is therefore **accepted**. This implies that there is no significant difference between the mean response of sampled adolescent male students that were treated with Rational-emotive therapy and the mean response of adolescent female students who received same treatment.

Hypothesis 4

There is no significant interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents.

Data in Table 7 above indicated that the interaction effect of Rational-Emotive Therapy and location was not significant on selfish behaviours of in-school adolescents at $p < 0.05$ level of significance of .063. The result obtained indicates that there was no significant interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents, which is to say that the relative effect of Rational-Emotive Therapy on the selfish behaviours of in-school adolescents in relation to location (urban and rural) is not disproportionate.

Hypothesis 5

There is no significant interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents.

The result obtained as indicated in Table 7 depict that there was no significant interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents at $p < 0.05$ level of significance of .366. This is to say that the relative effect of Rational-Emotive Therapy on the selfish behaviours of in-school adolescents in relation to gender (male and female) is not disproportionate.

Summary of major findings

- The results revealed high level of selfishness among in-school adolescents at pre-test: prior to treatment with Rational-Emotive Therapy, seventy-seven percent of assessed students had high selfishness rating.
- There was a drastic reduction of selfish behaviours among in-school adolescents after being treated with Rational-Emotive Therapy. This was evident in the significant reduction of posttest behaviour mean score as opposed to the pretest behaviour mean score of the treatment group
- Location did significantly influence the result of therapy application as Rational-Emotive Therapy drastically reduced adolescent selfish behaviours among students in the urban as well as rural schools.

- Gender had no significant influence on the result of Rational-Emotive Therapy application. The treatment was equally efficacious in treating both male and female adolescent students.
- There was no significant interaction effect of Rational-Emotive Therapy and location on curbing of selfish behaviours among in-school adolescents.
- There was also no significant interaction effect of Rational-Emotive Therapy and gender on curbing of selfish behaviours among in-school adolescents.
- Altogether, the findings of this study demonstrated the efficacy of Rational-Emotive Behaviour Therapy (REBT) as a therapeutic, scientific method in successfully curbing the psychosocial pandemic referred to as selfishness.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION OF THE STUDY, IMPLICATION, RECOMMENDATIONS AND SUMMARY

This chapter dealt with discussion of the findings of the study, conclusion of the study, implication of the study, recommendations, suggestions for further research, and summary of the study.

Discussion of Findings

The discussion of findings of this study was carried out under the following sub-headings:

- Level of selfish behaviours exhibited by in-school adolescents.
- Effect(s) of Rational-Emotive Therapy treatment on in-school adolescents.
- Influence of location on the effect of Rational-emotive therapy treatment on

in-school adolescents.

- Influence of gender on the mean response of adolescent students to Rational-Emotive Therapy treatment.
- Interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents.
- Interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in- school adolescents.

Level of selfish behaviours exhibited by in-school adolescents.

The result in Table 1 of chapter 4 generally depicted a high level of selfishness prevalent among in-school adolescent students in the two sampled schools (urban and rural), because 144 out of 187 students assessed demonstrated a high level of selfishness. 144 students (60.0 – 99.0 and above) make up 77% of the evaluated number of students. 20 students (30.0 – 59.0) from both the urban and rural schools who met the criterion for moderate selfishness make up only 10.7% of the total 187 students assessed. The remaining 23 students (01.0 – 29.0) make up 12.3% of the 187 students evaluated. This high level of selfishness among in-school adolescents necessitated the study. The measurement scale, which was designed by this researcher and adopted for this study is in line with the selfishness checklist which was constructed by Richard P.Fitzgibbons ,thus: 'A score below 30 indicates a low level selfishness, a score of 30 to 60 a moderate level of selfishness, and above 60 a high level of selfishness,' (Fitzgibbons, 2005 – 2009).

A study carried out by Idumange (2005) among secondary schools in Rivers State indicated that the propensity of students to engage in exam malpractices in Nigeria has worsened over time, because success at the

secondary school level is a pre-condition for entry into tertiary level of education or into the world of work. Imogie (2001) also lamented that the prevalence of exam malpractices in the secondary level is an impediment to the realization of the national educational goals. One of the punitive measures meted out to students who engage in exam malpractices is the withholding of results. In 2004 alone about 12.82% of students' results were withheld by the West African Examination Council. Idumange (p.1) further noted that the National Universities Commission (2004) asserted that university graduates have failed woefully to meet the needs of the labour market not because of inadequate education in the university, but because of the poor background at the secondary level. The researcher of this work is hereby making a bold claim that selfishness is at the base of cheating in examinations.

Effect(s) of Rational-Emotive Behaviour Therapy treatment on in-school adolescents.

Data analysis in Table 2 in chapter 4 depicted that the post-test mean score of 91.64 for the Experimental Group (72 students) is less than that of the Control Group with the mean score of 102.46; their standard deviations are 12.18 and 11.27, respectively. This finding indicates that Rational-Emotive Therapy treatment positively affected the students' selfish behaviours. This result agrees with other studies that have proved the potency of Rational-Emotive Behaviour Therapy (REBT); such as the case where Albert Ellis conducted an experiment in 1956 in which he treated 28 homosexuals and 12 lesbians by Rational-Emotive Behaviour Therapy (REBT). Ellis intended to free the homosexuals and lesbians from fear of antagonism towards heterosexual relations; therefore he laid emphasis on desensitizing heterosexual avoidance. At the end of the

experiment, Albert Ellis reported that 64% of his male patients and 100% of his female patients were either improved or considerably improved.

Also, Daniel Hart of Rutgers University and Suzanne Fegley of Temple University, U.S.A. did a research in 1995 on how adolescents who are distinguished by remarkable caring and prosocial behaviour understood themselves and their world. These investigators, Hart and Fegley (1995), found that the caring adolescents understood themselves quite differently than did the comparison adolescents. They were more likely to describe themselves in terms of their values and ideals.

The results shown in Table 5 in Chapter 4 indicated that in-school adolescents who were treated with Rational-Emotive Therapy showed remarkable behavior change from being self-centred to being more rational and considerate in disposition, unlike their counterparts in the control group in the two sampled schools pooled together. The table shows that the calculated value of 112.69 for all the students in the experimental group of both the urban and rural school in comparison with the control groups from the two different locations pooled together is higher than the critical table value of 3.91 at 0.05 alpha level of significance for 1 degree of freedom. So, the therapy application is effective and the result is significant. The corresponding null hypothesis is therefore rejected.

In summary, there is significant difference in the overall mean response of behavior of adolescent students from both urban and rural schools (both male and female students together) that were treated with rational-emotive therapy in comparison with their corresponding counterparts in the control group. This result demonstrates that Rational-Emotive Therapy treatment is effective in dealing with the problem behaviour – selfishness – among in-school adolescents.

Influence of location on the effect of Rational-emotive behaviour therapy treatment on in- school adolescents.

Data analysis in Table 3 of Chapter 4 did show the post-treatment mean score of 36 adolescent students in the Experimental Group in the urban school (Uniport International Secondary School) as 95.89 with the standard deviation as 11.27, while the post-test mean score of another 36 student (experimental group) from the rural school (Government Secondary School, Emohua) has a mean score ($\bar{X}$) = 87.39 and a standard deviation that stands at 10.68. The result shows that the post-treatment mean and standard deviation scores of the school in the urban location are higher than that of equal number of students for the rural school. This simply demonstrates that location did influence the result of Rational-Emotive Behaviour Therapy (REBT) on selfish behaviours among the in-school adolescents. This result agrees with what a twentieth century Sociologist, George Simmel, said in his essay, "The Metropolis and Mental Life," as reported by Milgram, 1970, among other things, that 'people in the urban areas tend to develop blasé attitude toward what is going on around them, which results in their being cold, heartless and indifferent to the feelings and actions of others. He says that this development is in sharp contrast to the mutual concern and caring attitude typical of people in small towns of the countryside.' The result also concurs with the submission of Kemjika (1999) that people in the city have lost the old bonding ties of tradition and are experiencing social distance which could result from anonymity, heterogeneity as a result of ethnic differences and occupational differences.

The result in Table 7 of chapter 4 depicted that Rational-Emotive Therapy treatment on the students in the urban as well as the rural school produced drastic reduction in selfish behaviour of the treated students in contrast to the

control group. The results shown in Table 7 in chapter 4 indicate that the calculated value of .559 is less than the table critical value of 3.94 at 0.05 alpha level of significance for 1 degree of freedom for all adolescent students from urban school who received Rational-Emotive Therapy treatment in comparison with equal number of treated adolescent students from rural school. Since the calculated value is less than the critical value the corresponding null hypothesis is therefore **accepted.** The mean response of adolescent students from urban school differs significantly from those of adolescent students from rural school who were equally treated with Rational-Emotive Behaviour Therapy.

The result also implies that location had a positive impact on the effect of Rational-emotive therapy treatment administered to both urban and rural school. There is significant difference in the mean response of adolescent students from urban school and those from rural school to Rational-Emotive Therapy treatment; urban adolescent students had a mean score of 95.89 and the adolescent students from rural school had a mean score of 87.39.

Influence of gender on the mean response of adolescent students to Rational-Emotive Behaviour Therapy treatment.

The result presented in Table 4 of chapter 4 did show a post-test mean ($\bar{X}$) score of 93.14, with standard deviation of 12.79 as against the pre-test mean score of 114.53 with 13.57 as the standard deviation for the 36 male students (urban and rural pooled together) in the experimental group. On the other hand, there is a post-test mean score of 90.14 with a standard deviation of 11.51 as against a pre-test mean score of 111.39 with a standard deviation of 9.95 for 36 female students (urban and rural pooled together). The big decrease in both post-test mean scores of the male students as well as the female students demonstrates the effectiveness of Rational-Emotive Therapy treatment in

combating selfishness among in-school adolescents. So, the treatment generated positive result. Meanwhile, the difference between the male students' post-test mean score of 93.14 and the female students' mean score of 90.14 is only marginal and, therefore, indicates that gender did not affect the Rational-Emotive therapy treatment significantly.

This result agrees in part with what Daniel Hart of Rutgers University and Suzanne Fegley of Temple University, U.S.A., found out as they did a research in 1995 on how adolescents who are distinguished by remarkable caring and prosocial behaviour understood themselves and their world. The study investigated a group of urban minority adolescents, African-American and Hispanic, in an economically distressed Northeastern city. The sample was arrived at by contacting social agencies, church leaders, schools and youth groups. A comparison group of adolescents was matched for age, gender, ethnicity, and neighbourhood. The latter adolescents were also well adjusted, attended schools regularly, and many of them were also involved in volunteer activities, but not as the caring group. These investigators, Hart and Fegley (1995), found out that the caring adolescents understood themselves quite differently than did the comparison adolescents. They were more likely to describe themselves in terms of their values and ideals.

The result in Table 7 of chapter 4 did show that gender did not affect the effectiveness of Rational-Emotive Therapy treatment as shown by the post-test assessment. The whole of 36 adolescent male students from the two schools (urban and rural pooled together) had a mean score of 93.14 after treatment, while all the 36 female adolescent students from both urban and rural schools together recorded a mean score of 90.14 after treatment. The difference is quite marginal to induce any significant change in the treatment exercise. Meanwhile, the results as indicated in Table 7 of chapter 4 indicate that the calculated value

of 1.08 is less than the table critical value of 3.94 at 0.05 alpha level of significance for 1 degree of freedom for all adolescent male students (urban and rural schools together) who received Rational-Emotive Therapy treatment in comparison with equal number of treated female adolescent students (urban and rural schools together). Since the calculated value is less than the critical value the corresponding null hypothesis is therefore accepted. In summary, that Rational-Emotive Therapy treatment was effective and positive in grossly reducing selfishness in both the male as well as the female adolescent students who were so treated, but gender did not impact on the treatment significantly nor affect the result.

Interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents.

The study was concerned as well with investigation on the interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents. The result obtained indicates that there was no significant interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents. This is to say that the relative effect of Rational-Emotive Therapy on the selfish behaviours of in-school adolescents in relation to location (urban and rural) is not disproportionate. The result is congruent to the position of a German sociologist, Ferdinand Tonnies, who, in his study, contrasted social relations among members of rural communities to those of people in urban locations. The study noted that members of rural communities have common ancestry, values, traditions, aspirations, roles, activities, common histories and frequent face to face relations that foster strong social and emotional bonds among them and that relationship among urban dwellers tend to be very superficial and interactions impersonal since very often

they come from different backgrounds with differing values, norms and attitudes (Calhoun, Light and Keller, 1995).

Furthermore, Milgram (1970), noted that another German sociologist, George Simmel, opined that people in the urban areas tend to develop a blasé attitude toward what is going on around them, which results in their being cold, heartless and indifferent to the feelings and actions of others. He noted that this development is in sharp contrast to the mutual concern and caring attitude typical of people in small towns of the countryside. On the contrary, Stark (2004:562) argues that although mass society theorists did argue correctly that lack of attachments results in deviance and anomie, research has also shown that people typically maintain close attachments even in the largest cities… for instance, people in the cities do not join social movements because they are loose marbles bouncing randomly in normless cities, but because they are attached to persons who already belong to the movement.

Interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents.

The study was concerned also with investigation on the interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents. The result obtained indicates that there was no significant interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents. This is to say that the relative effect of Rational-Emotive Therapy on the selfish behaviours of in-school adolescents in relation to gender (male and female) is not disproportionate. This result agrees with the outcome of the study carried out by Johnston (1988) on a postulated assumption that relationships are different for male and female adolescents. In relating the result of the study, she says that males first try to solve problems by rights and rules unless the possibility of a continuing relationship exists outside the

dilemma. Females use both justice and care modes, but more often start by attending to specific needs, and if that seems unworkable, resort to rules. She also found out that boys use the moral orientation of care much less often than girls use the moral of justice. Girls appear to be more flexible in the use of the two modes.

On the other hand, this result is parallel to the study organized under the aegis of Original Volunteers (almost the biggest social volunteer group in the United Kingdom), and made public by Daily Mail Reporter (June, 2011), in which 2,000 people of both gender were quizzed on their attitudes and behaviour toward selfless acts; it was reported that women more than men ignore charity workers at the front door, take bigger piece when they split chocolate, shun office work mates by making their own tea; also the survey discovered that women are less likely to return a favour and don't bother to hand money back after seeing someone drop it, and finally women are more likely than men to criticize their friends behind their back. Caroline Revell, the Director of Original Volunteers, confirmed the astonishing result of the survey with the remark, "it's unfortunate to see a large portion of the nation consider themselves selfish."

Conclusion

Based on the findings and general results of this study, the following conclusions were made:

The findings show that Rational-Emotive Behaviour Therapy was efficacious in curbing selfish behaviours and selfish habits among adolescents in the secondary school. The post-test treatment results depicted an appreciable positive change in mean score among the subjects (sampled students) in the experimental or treatment group.

Most of the treated students reported that they have stopped acting and behaving arbitrarily, rashly, thoughtlessly and selfishly; that they now could demonstrate more sociable and altruistic characteristics; that they have started showing thoughtful concern for others.

Majority of the treated students also said with confidence that they can now handle their thought pattern more adequately. They attested to the new changes in their response to people's actions by involving more self-restraint. These all attested to the fact that Rational-Emotive Behaviour Therapy did exactly what it was meant to do – curb selfishness among in-school adolescents, while at the same time giving vent to prosocial behaviours.

Location exerted significant influence on the therapy. An appraisal of the result analysis revealed clearly from the lower posttest behaviour mean score record of treated rural adolescent students that they readily responded to treatment than did the adolescent students from the urban school who had higher posttest behaviour mean score: an indication that location influenced Rational-Emotive Therapy/ treatment.

On the other hand, gender did not significantly influence the result of therapy. The post-test behaviour mean scores for both male and female adolescent students in the sample are almost equal: an indication that gender did not significantly influence therapy result.

There was no interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours among the adolescent students; also, there was no interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours among the adolescent students.

Implication of the study for Guidance & Counselling and education

Considering the findings of this research, it is easy to deduce a number of

vital educational implications for students, school administrators and heads, Ministry of Education and the larger society. Firstly, this work has successfully indicated high level of selfishness prevalent among school adolescents. Also, this study has provided important empirical information on the consequences of unchecked selfishness, which has been indicated as foundational and major cause of low standard educational outcome and poor academic performance of adolescent students in secondary schools. This appalling situation calls for urgent steps to be taken by school heads or administrators of schools, Ministry of Education and significant others at the family level so as to contain the antisocial and maladjusted selfish behaviour pattern; this will save the entire society from being eroded with vices that are traceable to selfishness.

Selfishness is also implicated in poor relationship among students and between students and their teachers. This development caused by selfishness has a ricocheting effect on the larger society. The need for guidance and counselling services by professionals within the school environment is of utmost importance, since selfishness with all of its numerous unwelcome behaviour outcomes can constitute a clog in the wheel of the educational goals of a whole nation. If not carefully put on check, especially through the educational process of Rational-Emotive Education (REE), selfishness can practically frustrate and truncate the educational aspirations of many young people, and the course of learning generally. Our adolescents should be guided along the line of creative altruism and selfless interpersonal relationship so as to avoid putting the peace and unity of the society in jeopardy.

This study brings a great awareness to the noxious and devastating consequences of subversive and pervasive culture of selfishness. Since high level of selfishness has been observed among adolescent students both in the urban as well as rural setting the consequences would be costly both for our

educational system and for our society, unless something is done earnestly in check or remediation through the scientific and educational process afforded by Rational-Emotive Behaviour Therapy technique. Furthermore, the study pointed out cultism, stealing and cheating in exams or exam malpractice and defiant behaviours as manifestations of selfishness. There is much need for trained guidance counsellors, especially of Rational-Emotive Behaviour extraction, to participate fully in the students learning efforts, especially as it has to do with helping them to remain emotionally and psychologically healthy. These professionals should also be available in the school system to help students make adequate career choices.

The situation is grossly sinister, especially where the findings of this study equally implicated female adolescents as well as males in the perpetration of acts of selfishness. This indicates red light for school heads and administrators, educational system as well as the entire society. Rational emotive education, desensitization and self-instructional technique should be helpful in ridding our school-age adolescents of such personal-social malady.

The issue of selfishness, for instance, is a very serious one, especially in a world where most human behaviours or actions have serious selfish undertones: this pandemic has resulted in many critical breakups of important economic partnerships, made once-upon-a-time fond lovers to break up, and has been indicated as a major cause of break up in peer relationships, has been responsible for many fraudulent practices, web scam, and positively implicated in examination malpractices and many juvenile offences. Therefore, it calls for not only showing serious concern at the rate the malady is breeding mistrust among people, but also for practical concerted efforts on the part of authority figures in educational sector and the government in taking radical measures to eradicate selfishness from our adolescent students, our school system and

examination culture. This is where the instrumentality of Rational-Emotive Therapy treatment as projected in this study becomes a necessity.

Although we are almost all born with selfish tendencies, we can demonstrate maturity and civility by curbing this obnoxious personality problem through a conscious, strategized effort with a cognitive restructuring process known as Rational-Emotive Therapy, which is itself a stratagem to substitute irrational thinking pattern for a more positive, profitable, civilized, rational thinking pattern. Finally, the fact that Rational-Emotive Behavior Therapy adopts educational process and directive methods in its delivery makes it educationally relevant.

Recommendations

The findings of this research have actually proved that selfishness pandemic can be contained successfully by utilizing the scientific, systematic processes of Rational-Emotive Behaviour Therapy. Therefore, the researcher is recommending an extensive application of Rational-Emotive Therapy in single or combined application with other psychotherapeutic methods for treatment of such personality, social, moral and psychological problems as narcissistic personality disorder, conduct disorder, oppositional defiant disorder, excessive anger, self-hatred, obsessive and compulsive disorders, marital and relationship problems.

This study can be replicated in another environment and culture apart from the locale where it was first undertaken. More than that, it is hereby recommend that the procedures and format used in this research can be adopted in other fields of learning such as social sciences, the humanities, clinical science, behavioural science, creative and liberal arts. Rational-Emotive Therapy can always be used in conjunction with other techniques to produce reliable results; this is because of the eclectic nature of Rational-Emotive Therapy.

Furthermore, the researcher recommends more frequent adoption of REBT procedures by school heads, teachers, parents and authority figures, with the professional assistance of REBT therapists to ameliorating and solving many adolescents and students behavioural, social, academic and moral problems. The education ministries should also see to it that REBT therapists are massively trained and made available in our school system.

In addition to the practice of Rational Emotive Education – an important aspect of Rational-Emotive Behaviour Therapy's cognitive restructuring process – children can be raised in Kibbutz, since it has been proven that children raised in Kibbutz learn prosocial behaviour easily. Kibbutz is an agricultural cooperative settlement in Israel where infants and children live apart from their parents in groups supervised by nurses and teachers. Children in this settlement learn prosocial behaviour as one of the ideals of their society, and these children show more concern for the welfare of the community than many American children (Papalia, Olds, & Feldman, 1989).

Furthermore, parents have a great role to play in making sure that they employ a more responsible parenting style, such as authoritative parenting, in preference to the permissive or laissez-fair parenting style that have given room for the damaging, antisocial effect of adolescent selfishness.

Limitations of the study

The study, initially, was intended to cover wider area and more number of students (subjects), but was bedeviled by such handicaps as difficulty in mobilizing students to keep faith with the routine demand of the therapy, since it involves a lot of monitoring and reporting on the part of the students themselves, and on the part of the researcher. Also school heads were getting a bit concerned about their students devoting much and, sometimes, extra time to be fully

involved in the treatment exercise, despite the fact that they were intimated on what the students, the school and the society at large will stand to benefit from the study.

Furthermore, the activities of cultists posed some challenges to this research work in the rural school that served as a sample for this study. There were a few days when sporadic shooting of gun around the school vicinity made every one of us around to scamper for our dear lives; this development resulted in the postponement of the researcher's interaction with sample students on some occasions.

Some students' inability to cooperate maximally coupled with attempted withdrawal of other students from participation at some point posed some challenges, although such development was eventually contained.

Paucity of reference materials or literatures that highlighted previous steps taken to address the problem of selfishness or to promote altruism through Rational-Emotive Therapy procedures was also a limitation to the study.

There was a need for financial grant for this study to be undertaken on a massive and wider scale.

Suggestions for further research

A research on such a psychosocial-sensitive subject matter as adolescent selfishness should be kept alive by replicating the study in other situations. The researcher is suggesting that there should be an extension of this study by undertaking research work that would cover urban and rural areas extensively; involve more subjects and variables. Studies should be conducted on the use of Rational-Emotive Therapy procedures in treating juvenile delinquencies, defiant behaviour and psychopathy. Extensive studies should also be conducted on selfishness among children of all ages.

Since this work has actually proved the applicability of Rational-Emotive Therapy (RET) in containing and solving many of mankind's psychosocial as well as psychological problems, as a verifiable and reliable scientific approach, the researcher is suggesting the extension of same application to inmates of juvenile remand homes, psychiatric and mental institutions, prisons and rehab centers. This study should be extended to include the treatment of sex offenders especially those involved in rape, child abuse and incest. Research should also be conducted on out-of-school adolescents.

Ministries of Education an other agencies should also carry out more extensive research into the applicability of Rational-Emotive Therapy in tackling exam malpractice in Nigeria's educational system. Finally, the researcher is advocating an extensive research on RET's efficacy in tackling some political and social problems that go with rural transformation, urbanization and globalization.

Summary of the study

The study was undertaken based on the background that selfishness is a negation of the essence of human society and puts ugly stigma on whomever acts selfishly. Selfishness is a societal problem with psychological and personality consequences, more so as the review of literature reveals that children, adolescents as well as adult community are known to harbour and practice selfishness to the detriment of the society.

The research made use of six research questions, and five null hypotheses which were tested at 0.05 alpha level of significance. The research question are:

- What is the level of selfish behavior exhibited by in-school adolescent students in the sampled schools in Rivers State?
- What is the effect of Rational-Emotive Behaviour Therapy (REBT) treatment on selfish behaviours of in-school adolescents?

- What is the influence of location on Rational-Emotive Behaviour Therapy (REBT) treatment on in-school adolescents?
- What is the influence of gender on the mean response of adolescent students to Rational-Emotive Behaviour Therapy treatment?
- What is the interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents?
- What is the interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours of in-school adolescents?

The following hypothesis lend credence to the research questions, and they are tested at 0.05 levels of significance:

- There is no significant difference in the mean behavior of adolescent students treated with Rational-Emotive Behaviour Therapy and those not treated with Rational-Emotive Behaviour Therapy.
- There is no significant difference between the mean response of adolescent students from urban school and those from rural school who are equally treated with rational-emotive behaviour therapy (REBT).
- There is no significant difference in the mean behavior change of female adolescent students treated with rational-emotive behaviour therapy and that of male adolescent students who received the same treatment.
- There is no significant interaction effect of Rational-Emotive Behaviour Therapy and location on selfish behaviours of in-school adolescents.
- There is no significant interaction effect of Rational-Emotive Behaviour Therapy and gender on selfish behaviours of in-school adolescents.

Two different instruments were used for the study. Firstly, a ten-item 'Students Selfishness Survey Inventory' (SSSI) was used to determine the adolescents who were really selfish and their different levels of selfishness. 144

(male and female adolescent students) out of the 187 members of Classes 2A and 2B from both the urban and rural schools in the sample recorded high level of selfish behaviours (77%).

The second instrument used for the study is a 40-item questionnaire titled, 'Adolescent Selfish Behaviour Scale' (ASBS). The 40-item questionnaire was devised by the researcher and used to obtain the baseline and after-experiment data for subsequent analyses. The 40-item questionnaire was styled after a four-point modified Likert scale. The two research instruments were vetted by research experts; thereafter, the corrections were noted and implemented by the researcher. Pearson's Product Moment Correlation Coefficient (r) was used to determine the reliability coefficient of the instrument used for data collection. The reliability coefficient is (r =.71). A therapy styled after Rational-Emotive Behaviour Education procedure was also developed by the researcher and used as treatment package for the experimental group.

Copies of the instruments were personally given to the sampled students by the researcher; the response was also collected by the researcher personally. The data obtained were analyzed using rating scale, mean ($\bar{X}$), standard deviation and Analysis of covariance (ANCOVA).

Two schools were used for the study. A total of 144 sample students were used for the study. The population for the study consists of the entire student population of SSII classes in the two sampled Local Government Areas.

Non-Equivalent Pretest-Protest Control Group Design was adopted for the study. The geographical area covered by the study is Port Harcourt (urban centre) and Emohua (rural community), all in Rivers State of Nigeria.

The following results were arrived at after data analyses namely:

- The result of REBT treatment on the whole experimental group shows a remarkable difference in comparison with the control group means; there is a

significant difference in outcome. The post-test mean score of 91.64 and pre-test mean score of 112.96 for the experimental group as a whole is comparing with the control group's post-test mean score of 102.46 and a pre-test mean score of 102.72. Also, the difference in the post-test mean score and pre-test mean score of the experimental group, as indicated by the result, is grossly significant, and substantiates the fact that Rational-Emotive Behaviour Therapy treatment is effective and positive.

- The outcome of Rational-Emotive Behaviour treatment administered on adolescent students at the urban school and rural school did show some significant difference. The post-test mean differ appreciably among the two groups (urban ($\bar{X}$) = 95.89 with SD= 11.27; rural ($\bar{X}$) = 87.39 with SD = 10.68.
- There was not really a remarkable difference in the outcome of the application of treatment procedure among groups of different gender (males and females). The marginal final post-test mean difference attests to this fact (males ($\bar{X}$) = 93.14; females ($\bar{X}$) = 90.14 with standard deviations 12.79 and 11.51 respectively).
- The interaction effect of Rational-Emotive Therapy and location on selfish behaviours of in-school adolescents is not significant.
- The interaction effect of Rational-Emotive Therapy and gender on selfish behaviours of in-school adolescents is not significant.
- This study furnishes the academic and research world with information and material to make up for paucity of material and literature in the area of scientific treatment of selfishness.
- The study, among other things, has also demonstrated the versatility and adaptability of Rational-Emotive Therapy procedures to solving various

adolescent and adult behavioural as well as psychological and neurotic problems. Finally, the study represents an incisive, incursionary, scientific endeavour.

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APPENDIX A

SURVEY INVENTORY USED TO DETERMINE THE ADOLESCENT STUDENTS WHO ARE SELFISH

SECTION A:

Name of your school: ----------

Location (Urban school/village school):----------

L.G.A: ----------

Your Class: ----------

Your Age: ---------- Sex (Male/Female): ----------

SECTION B:

STUDENTS SELFISHNESS SURVEY INVENTORY

This instrument is designed by the researcher for the purpose of this study:

MEASUREMENT SCALE FOR STUDENT'S SELFISHNESS.

60.0 – 99.0 and above = High level

30.0 – 59.0 = Moderate level

01.0 – 29.0 = Low level

INSTRUCTION

Mark "Yes" or "No" against each item as you sincerely perceive in your judgment.

E.g. we are all human beings [✓Yes] or [No]

1. Every person behaves selfishly at one time or the other. [Yes] or [No]

2. I am not going to allow my age-mate to choose first, whenever we are given something t Yes No

3. I don't allow my friends to know what I am studying. Yes or No

4. I like to hoard the material I find relevant in the library. Yes or No

5. I often work mainly for my interests. Yes or No

6. I don't really share my ice cream with anybody. Yes or No

7. I will gladly teach my friends everything I know before we write exams. Yes or No

8. I don't really care about my friend's needs. Yes or No

9. I keep away from unintelligent students. Yes or No

10. I won't spend out of my little daily feeding allowance to give to any person in need Yes or No

APPENDIX B

QUESTIONNAIRE:
ADOLESCENT SELFISH BEHAVIOUR SCALE (ASBS).

SECTION A:

Name of School/Institution: ----------

Location (Urban school/Village school):----------

L.G.A: ----------

Your Class: ----------

Your Age: ----------

Sex (Male/Female): ----------

SECTION B:

NUMERICAL RATING SCALE

INSTRUCTION

Indicate the degree to which the following statements concern you. Note:

4 Stands for Strongly Agree 3 stands for Agree

2 Stands for Disagree 1 stand for Strongly Disagree

* For negative items the rating scale begins with 1 and runs to 4.

S/N	STATEMENT	4 SA	3 A	2 D	1 SD
1.	I would not frown if any other student performs better than I in the class.				
2.	I would cheat to be the best student in my class				
3.	I would use my last drop of blood to get the scholarship, instead of Buki.				
4.	I grumble when I am not given what I wanted				

5.	I heartily congratulate the best student (other than myself) in the class.				
6.	Footballing should be a game for males only.				
7.	In my games/sports, I take my losses without complaining.				
8.	I would rather work hard to receive ball passes from my team-mates more than I make passes.				
9.	I don't mind playing dirty to be the one who scores the winning goal.				
10.	In my team, I would work hard to be the only player standing out.				
11.	"Trust nobody but yourself" is a good motto.				
12.	I work hard for result that I don't have time for anybody.				
13.	I verbally attack my mother when she praises my younger siblings more than she praises me for the same work done.				
14.	I don't usually give gifts to anyone outside my friendship circle.				
15.	I don't mind being biased when it comes to gender issues.				
16.	I hated my girl/boy-friend when she/he did not send me a gift on my last birthday.				
17.	I do not tell my friends all I know during a group discussion because I do not want anyone to do better than me.				
18.	I don't have regrets if I didn't help someone when I have a small amount of money with me.				
19.	I really study alone when exam is at hand, because I won't allow anyone to compete for my position.				
20.	I teach my friends/classmates what I have learnt				
21.	I don't react if any person changes the television channel when I am watching my popular TV programme.				
22.	I don't want my friends to outshine me				
23.	Girls often play smart to get through when it is tough.				
24.	I do my best to take the better part of anything.				

25.	Boys more than girls often dare to choose first and also the 'lion share' if possible.				
26.	We all exhibit selfish behaviours.				
27.	I play Father Christmas to others.				
28.	I save a lot so as to beat time of scarcity.				
29.	Students from urban schools hoard academic information than those in the rural schools.				
30.	Students in the rural schools don't have enough to give to others in need.				
31.	I push away people pestering me with their needs.				
32.	Good girls always share good things with others.				
33.	I don't have enough to spare anybody anything.				
34.	I encourage myself to be rich, so I save my money.				
35.	I don't joke with what I have.				
36.	I don't remain anything for my younger brother when we are eating together				
37.	I enjoy eating alone.				
38.	I just cannot have enough.				
39.	I am contented and make do with what I have.				
40.	The "winner takes all" is my favourite policy.				

APPENDIX B 2

THE RESPONSE AND COMMENTS MADE BY EXPERTS WHO VETTED THE RESEARCH INSTRUMENTS.

1. The items should be presented in active terms.
2. Use the first person pronoun in most items.
3. Check the use of tenses. Vetted.
4. Why only forty test items? The test times are apt to measure what is intended.
5. Do the minor spelling checks and corrections.
6. The items are appropriate for the research objectives and questions.

APPENDIX C

Table of specification:

Distribution schedule for sampled students, showing their schools, location (rural or urban) and grouping (experimental or control group).

Name of School	Location (Rural or Urban)	Experimental Group		Control Group		Total
		Male	Female	Male	Female	
Government Secondary School, Emohua.	Rural School	18	18	18	18	72
Uniport Int'l Secondary School, Nkpolu, PH.	Urban School	18	18	18	18	72

APPENDIX D

Reliability Test

Pearson's Product Moment Correlation Coefficient (r) is the statistics used to test for coefficient of stability (reliability) of the instrument (questionnaire) which was to be used for this study.

The following is the statistical formula used for analyzing data for the test of reliability, thus:

$$r = \sqrt{\frac{N\Sigma XY - (\Sigma X)(\Sigma Y)}{[(N\Sigma X^2 - (\Sigma X)^2)(N\Sigma Y^2 - (\Sigma Y)^2)]}}$$

Where:

r = Pearson correlation coefficient

N = Number of people who took the test.

ΣX = Sum of the data in X distribution

ΣY = Sum of the data in Y distribution

ΣX^2 = Sum of the squares of X (the raw scores on first test

ΣY^2 = Sum of the squares of Y (the raw scores on the second test.

ΣXY = Sum of the products of X and Y

Students	X(First Test)	Y (Retest)
1.	136	159
2.	150	130
3.	115	85
4.	134	116
5.	112	151
6.	127	136
7.	149	123
8.	103	136
9.	106	115

10.	113	120
11.	98	107
12.	120	130
13.	119	106
14.	87	78
15.	113	107
16.	92	89
17.	94	94
18.	81	89
19.	134	112
20.	126	103
21.	104	123
22.	117	127
23.	96	96
24.	113	106
25.	80	105
26.	104	95
27.	96	100
28.	100	71
29.	105	125
30.	84	84

COMPUTATION OF (R) USING THE RAW SCORE METHOD

S/N	X	Y	XY	X^2	Y^2
1.	136	159	21624	18496	25281
2.	150	130	19500	22500	16900
3.	115	85	9775	13225	7225
4.	134	116	15544	17956	13456
5.	112	151	16912	12544	22801
6.	127	136	17272	16129	18496
7.	149	123	18327	22201	15129
8.	103	136	14008	10609	18496
9.	106	115	12190	11236	13225
10.	113	120	13560	12769	14400
11.	98	107	10486	9604	11449
12.	120	130	15600	14400	16900
13.	119	106	12614	14161	11236
14.	87	78	6786	7569	6084
15.	113	107	12091	12769	11449
16.	92	89	8188	8464	7921
17.	94	94	8836	8836	8836
18.	81	89	7209	6561	7921
19.	134	112	15008	17956	12544
20.	126	103	12978	15876	10609
21.	104	123	12729	10816	15129
22.	117	127	14859	13689	16129
23.	96	96	9216	9216	9216
24.	113	106	11978	12769	11236
25.	80	105	8400	6400	11025
26.	104	95	9880	10816	9025
27.	96	100	9600	9216	10000
28.	100	71	7100	10000	5041
29.	105	125	13125	11025	15625
30.	84	84	7056	7056	7056
Σ =	3308	3318	284479	374864	379840

$$r = \frac{N\Sigma XY - (\Sigma X)(\Sigma Y)}{\sqrt{\left[(N\Sigma X^2 - (\Sigma X)^2)(N\Sigma Y^2 - (\Sigma Y)^2\right]}}$$

$$r = \frac{30 \times 284479 - 3308 \times 3318}{\sqrt{\left[30 \times 374864 - (3308)^2\right][30 \times 379840 - (3318)^2}}$$

$$r = \frac{8534370 - 10975944}{(11245920 - 10942864)(11395200 - 11009124)}$$

$$r = \frac{2441574}{(303056)(386076)}$$

$$r = \frac{2441574}{1170026483}$$

$$r = \frac{2441574}{34205.64987}$$

r = 7137926072

r = 0.713

r = 0.71

APPENDIX E

RATIONAL–EMOTIVE THERAPY APPLICATIONS MEANT TO CURB SELFISHNESS IN ADOLESCENTS.

This Therapy is designed and developed by the researcher for the purpose of this study.

First Therapy (Session)

1. Instead of getting angry when my classmate does better than me in the class, I would rather tell myself, "this is his/her day, my own day will come tomorrow. All I need to do is to take my studies more seriously and try to give more time to my study at home. I am sure I will beat him/her next time."
2. Rather than getting jealous or selfish and possessive in my relationship with my friend, I will tell myself that we are in a free world and should, therefore, allow freedom of exercise of choice to my friend. I believe somebody else can love me better tomorrow, or better still, my friend can have a change of mind after trying out with someone else.
3. Instead of getting angry and getting into quarrel when somebody turns off or changes the television channel or the video film which I am watching, I would rather tell myself that it is nothing to worry about; after all I can still watch it another time.
4. Rather than play smart in order to avoid responsibility or tell lies so as to avoid the bitter truth, I would rather choose to be responsible, tell the truth and dare to accept the consequences. I will rather receive rebuke or punishment for telling the truth.

5. I will insist on sharing what I have with others rather than enjoy it alone; this includes sharing academic knowledge with my classmates, but not during examination exercise.

Second Therapy (Session)

1. Instead of getting angry when my classmate does better than me in the class, I would rather tell myself, “this is his/her day, my own day will come tomorrow. All I need to do is to take my studies more seriously and try to give more time to my study at home. I am sure I will beat him/her next time.”
2. Rather than getting jealous or selfish and possessive in my relationship with my friend, I will tell myself that we are in a free world and should, therefore, allow freedom of exercise of choice to my friend. I believe somebody else can love me better tomorrow, or better still, my friend can have a change of mind after trying out with someone else.
3. Instead of getting angry and getting into quarrel when somebody turns off or changes the television channel or the video film which I am watching, I would rather tell myself that it is nothing to worry about; after all I can still watch it another time.
4. Rather than play smart in order to avoid responsibility or tell lies so as to avoid the bitter truth, I would rather choose to be responsible, tell the truth and damn the consequences. I will rather receive rebuke or punishment for telling the truth.
5. I will insist on sharing what I have with others rather than enjoy it alone; this includes sharing academic knowledge with my classmates, but not during examination exercise.

Third Therapy (Session)

1. Henceforth, I will strive to consider the interest of others in anything I do or say.
2. I will endeavour to render help to someone who needs my help, it doesn't matter how small or little I can offer.
3. Henceforth, I can never think or see myself as useless, it does not matter the mistake I might make. I will also strive to bear with others and will not write them off, but see everyone as a useful person despite their mistakes. I know there is room for improvement always.
4. I have to work hard to reduce getting to extremes in my daily affairs. Therefore, I have to fight hard against using such words as, "I must get it at tall cost" or "by all means," "you must do it for me," "he must like me," "she must love me," "I should get it or I die," "I must make A's in all my papers or…."
5. I will endeavour to stop cheating others, since I hate to be cheated.
6. I don't have to pursue cheap popularity or pursue undeserved praise; I have to work hard to earn anything I desire.

Fourth Therapy (Session)

1. Henceforth, I will strive to consider the interest of others in anything I do or say.
2. I will endeavour to render help to someone who needs my help, it doesn't matter how small or little I can offer.
3. Henceforth, I can never think or see myself as useless, it does not matter the mistake I might make. I will also strive to bear with others and will not write

them off, but see everyone as a useful person despite their mistakes. I know there is room for improvement always.

4. I have to work hard to reduce getting to extremes in my daily affairs. Therefore, I have to fight hard against using such words as, "I must get it at all cost" or "by all means," "you must do it for me," "he must like me," "she must love me," "I should get it or I die," "I must make A's in all my papers or…."
5. I will endeavour to stop cheating others, since I hate to be cheated.
6. I don't have to pursue cheap popularity or pursue undeserved praise; I have to work hard to earn anything I desire.

FOLLOW-UP EXERCISE AND HOMEWORK

This researcher suggests the exercise of **thought-stopping** and **thought-substituting** as part of the (students') homework assignments. He emphasizes that deliberate thought-stopping of irrational ideas and subsequent thought-substituting exercise with rational ideas by the concerned students in the **experimental group** will help to fight the irrational and illogical thoughts that come up to mind from time to time. Subsequently, this will help them to chart a more rational philosophy which in turn will aid them to evolve a rational living. Therefore, the subjects (students in the Experimental Group) are taught some follow-up exercises to practice at home and anywhere. The exercises include:

1. Thought-Stopping Exercise

Students are taught to be careful about what goes on in their minds when certain unexpected events take place, especially when such events are contrary. The researcher teaches the subjects (students) that rather than allow

irrational thoughts to run through their minds in the face of any ugly incidents, they should simply shrug off the matter with an "anyway" gesticulation and go on to stop the rising or brewing illogical thought by saying such things as: "that's by the way," "and what does it matter if I refuse to continue giving a thought to it," etc. In addition, the clients are taught to yell "stop it" at any time intrusive unhealthy thoughts want to creep through their minds. Any client can yell the "stop it" sub-vocally as this has the potential power to put a check on irrational thoughts and feelings, e.g. thought of rape.

2. Thought-Substituting Exercise

Sequel to thought-stopping, the researcher counsels the students to be smart in replacing the irrational thoughts in their minds with healthy ideas. For instance, instead of brooding over a hurt by someone else by thinking, "does he take me for a fool or an idiot in doing that thing to me," it is advisable to rather think aloud and say, "he doesn't know anything if he thinks that I am going to go brooding over this matter," or "I don't care whatever he does, I would keep my cool." Or, "I refuse to be disturbed by this incident."

3. Chuckle to Oneself

Furthermore, the students are taught to learn to lighten the weight of an offence by chuckling to self rather than ruminating over the assault, insult, vilification, aspersion or sneering remark directed at them as individuals. This is a simple way to train up oneself in the art of self control and forgiveness. Besides, laughter or chuckling can do good to someone's heart like medicine. Chuckles can affect attitude of the heart which in turn is capable of producing healthy emotions; this produces spirited feeling which can give rise to right or rational action or behaviour.

APPENDIX F

SPSS COMPUTATION OF RESEARCH DATA

```
UNIANOVA
Posttest  BY Group Gender Location  WITH Pretest
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE
/CRITERIA = ALPHA(.05)
/DESIGN = Pretest Group Gender Location Group*Gender Group*Location
Gender*Location Group*Gender*Location .
```

Univariate Analysis of Variance

[DataSet1] C:\Users\CHRIS\Documents\GOD'SPRESENCE AZUKA.sav

Between-Subjects Factors

		Value Label	N
Group	1.00	Experimental	72
	2.00	Control	72
Gender	1.00	Male	72
	2.00	Female	72
Location	3.00	Urban	72
	4.00	Rural	72

Descriptive Statistics

Dependent Variable: Posttest

Group	Gender	Location	Mean	Std. Deviation	N
Experimental	Male	Urban	99.7778	8.52371	18
		Rural	86.5000	13.07557	18
		Total	93.1389	12.79320	36
	Female	Urban	92.0000	14.02519	18
		Rural	88.2778	8.29462	18
		Total	90.1389	11.51186	36
	Total	Urban	95.8889	12.09906	36
		Rural	87.3889	10.82927	36
		Total	91.6389	12.17745	72
Control	Male	Urban	102.9444	9.68001	18
		Rural	99.9444	4.89264	18
		Total	101.4444	7.71064	36
	Female	Urban	103.0556	9.50215	18
		Rural	103.8889	17.68312	18
		Total	103.4722	13.99691	36
	Total	Urban	103.0000	9.45365	36
		Rural	101.9167	12.94246	36
		Total	102.4583	11.26622	72
Total	Male	Urban	101.3611	9.13127	36
		Rural	93.2222	11.88062	36
		Total	97.2917	11.29058	72
	Female	Urban	97.5278	13.07011	36
		Rural	96.0833	15.74688	36
		Total	96.8056	14.38665	72
	Total	Urban	99.4444	11.35954	72
		Rural	94.6528	13.92450	72
		Total	97.0486	12.88862	144

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	11423.105(a)	8	1427.888	15.632	.000
Intercept	1027.692	1	1027.692	11.251	.001
Pretest	5174.279	1	5174.279	56.646	.000
Group	8293.017	1	8293.017	90.788	.000
Gender	5.824	1	5.824	.064	.801
Location	51.105	1	51.105	.559	.456
Group * Gender	75.282	1	75.282	.824	.366
Group * Location	321.042	1	321.042	3.515	.063
Gender *Location	506.501	1	506.501	5.545	.020
Group * Gender * Location	327.920	1	327.920	3.590	.060
Error	12331.555	135	91.345		
Total	1380009.000	144			
Corrected Total	23754.660	143			

a R Squared = .481 (Adjusted R Squared = .450)

Univariate Analysis of Variance

[DataSet1] C:\Users\CHRIS\Documents\God's Presence Azuka.sav

Between-Subjects Factors

		Value Label	N
Group	1.00	Experimental	72
	2.00	Control	72
Gender	1.00	Male	72
	2.00	Female	72
Location	3.00	Urban	72
	4.00	Rural	72

Descriptive Statistics

Dependent Variable: Pretest

Group	Gender	Location	Mean	Std. Deviation	N
Experimental	Male	Urban	116.3333	8.50605	18
		Rural	112.7222	17.32324	18
		Total	114.5278	13.57411	36
	Female	Urban	116.4444	8.91279	18
		Rural	106.3333	8.38065	18
		Total	111.3889	9.94924	36
	Total	Urban	116.3889	8.58663	36
		Rural	109.5278	13.79749	36
		Total	112.9583	11.92162	72
Control	Male	Urban	105.8333	9.78143	18
		Rural	99.3333	6.65096	18
		Total	102.5833	8.87814	36
	Female	Urban	104.1667	10.00735	18
		Rural	101.5556	5.02022	18
		Total	102.8611	7.91437	36
	Total	Urban	105.0000	9.78921	36
		Rural	100.4444	5.91581	36
		Total	102.7222	8.35181	72
Total	Male	Urban	111.0833	10.48639	36
		Rural	106.0278	14.60623	36
		Total	108.5556	12.87851	72
	Female	Urban	110.3056	11.22451	36
		Rural	103.9444	7.22671	36
		Total	107.1250	9.90510	72
	Total	Urban	110.6944	10.79207	72
		Rural	104.9861	11.48973	72
		Total	107.8403	11.47065	144

Tests of Between-Subjects Effects

Dependent Variable: Pretest

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9386.239(a)	8	1173.280	16.798	.000
Intercept	6986.373	1	6986.373	100.027	.000
Posttest	3956.413	1	3956.413	56.646	.000
Group	6863.092	1	6863.092	98.262	.000
Gender	51.768	1	51.768	.741	.391
Location	404.528	1	404.528	5.792	.017
Group * Gender	9.361	1	9.361	.134	.715
Group * Location	13.034	1	13.034	.187	.666
Gender *Location	177.204	1	177.204	2.537	.114
Group * Gender * Location	385.047	1	385.047	5.513	.020
Error	9429.087	135	69.845		
Total	1693467.000	144			
Corrected Total	18815.326	143			

a R Squared = .499 (Adjusted R Squared = .469)