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Effect of Reality and Self-Management Therapies on Deficiency of Mother-Absent Adoloscents in Ogun State, Nigeria

Abstract

The ability to relate well with the environment depends largely on the existence of a mother because the relationship between a mother and the child is very important for the social development of a child. However, the childhood loss of a mother presents a trauma that threatens the child's social development and effective peer relation. Thus, this study examined the effects of reality and self-management therapies on social deficiency of mother-absent adolescents. The quasi-experimental pretest/posttest control group research design was adopted for the study. The sample consisted of 65 students drawn from the population of Senior Secondary schools in Ogun State, Nigeria through multi-stage sampling process. The Reality and Self-Management Therapies were interventions in the treatment groups while the placebo was given motivation talk to keep them busy throughout the period of treatment. The following research instruments were adapted, re-validated and used to collect relevant data for the study which were titled as follows: Mother-Absent Adolescents' Questionnaire (MAQ) with 0.72 reliability value while the Adolescents Social Adjustment Scale (ASAS) is 0.74. Three research hypotheses were tested in this study, data were analyzed using ANCOVA. The study found out that there exists a significant difference in the mean as a result of the experimental condition; there is no significant gender difference in the peer relation of participants exposed to reality and self-management therapies and control group and there exists no significant effect of parental occupation on peer relations of participants exposed to reality and self-management therapies and control group. It was recommended that Counsellors should impart self-management skills on this category of adolescents and other clients who have difficulty in relating with their peers with a view to resolving the challenge.

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Introduction

The ability to relate well with the environment depends largely on the existence of a mother because the relationship between a mother and the child is very important for the social and emotional development of a child (Lamberg, 2014). In the first month after birth, a child seeks proximity to the mother and if the mother responds to the needs of the child, the child will create a secure attachment with the parent, from which he may explore the world (Vorst van, 2006). Children who receive full attention, affection, emotional, social and psychological satisfaction from their parents develop perfect and healthy personality (Sobia, Adil &Gayas, 2014). The presence of a mother, no matter her parenting style, is a source of motivation and joy to her children. Having a mother is a thing of happiness to the children as the mother is the figure of attachment from the very beginning of a child's life. A mother's role is very important in the upbringing of the child to be a psychologically and socially adjusted person (Sobia, Adil &Gayas, 2014). In corroboration to this, Adler (1989) emphasized the importance of early childhood experience in the personality development of individuals. The early childhood experiences people had and the way these experiences are interpreted culminate into goals and distinctive style of life that can rarely change (Osarenren, 2002). In his work, he opined that parents have crucial roles to play in either encouraging or discouraging the development of distinctive styles of life of their children. The childrearing practices and socialization processes adopted by parents are quite essential. A mother's role is more paramount because she is the first extended contact a child has in life (Osarenren, 2002).

However, according to Akinsola (2012), the loss of mother at tender age presents a trauma that threatens the child's social and emotional development. A child with only one parent often times feels insecure, lonely and may demonstrate immaturity. Parental loss may bring social sufferings like ineffective peer relation, peer communication and social competition. Previous studies on mother-absent children have generally revealed that the death of a mother significantly increased the risk of social problems in her children, especially during the early years; the effect continues but it is significantly reduced with increasing age through the age of 15 (Raheem, 2010).

World Health Organization (2016), posited that 50% of the individuals, whose mothers died during childhood tend to be characterized by a serious disturbance in their social lives. At the time when a parent's death occurs, it becomes extremely important for the surviving parent be able to communicate openly with the child and provides support because the surviving parent especially the father is often rendered emotionally incapable of this support, so, the child suffers from social interactions. Adolescents who had lost their mothers were more likely to experience strong demands for emotional support from the surviving parent following the death, than those who have their mothers alive (Miller, 2012).

Losing a mother is a difficult experience at any age but if it happens at an early age especially during the period of adolescence, it may become more unbearable. Adolescence period itself is a stressful and turbulent period for the adolescents (Omoegun, 2007) with the problem of not having a mother. Osarenren (2002), described the period of adolescence as "the crisis period" with its attendant stress and conflicts which are exhibited in different forms of worries and concerns. Adolescents whose both parents are alive may have better ability to form friendly relationship, better social adjustment and are less likely to be depressed, compared to those who had lost their parents (Sobia, Adil &Gayas, 2014).

The impact of parental loss on adolescents' development may be forever as the adolescents remain deficient in certain parameters of social functioning such as peer relation throughout their lives. Social functioning refers to the behaviour that is influenced by the attitude, action and presence of others in social conditions. All human beings are social beings, whose intrinsic nature and behaviours are dependent on the presence of and interactions with others. Parents are the primary institute of the child's learning and they have great impact on adolescent's social functioning. Social functioning becomes disturbed due to the conditions of getting less than appropriate social interaction, contact and experience. Miller (2012), affirmed that, the death of a mother, has negative effects on the health as well as social functioning of the affected child as sound health and social functioning are closely associated.

Adolescents from mother-absent family receive less affection and may be neglected by the other parent, may assume attitude martyrdom outside the home and carry these attitudes into later life. In contrast, adolescents who have both parents alive and receive full attention, care and affection tend to become socially outgoing. The parents and the home are the seat of learning for social skills. Adolescents whose social skills are inadequate become less assertive, more introverted and self-centered (Hurlock, 2018). Adolescents, who receive parental love, attention and all their needs are satisfied by their parents thus enabling them to acquire self-confidence and adjustable personalities than those who do not have parents.

Mother-absence experiences at tender age are stressful or traumatic events, including abuse and neglect. The long-term effects of mother-absence childhood experiences occurring during childhood or adolescence may lead to a wide range of physical and social health issues throughout a person's lifespan. Children without mothers may have inadequate peer relation which may increase the likelihood of interpersonal problems and physical aggression in adult life. Abuse and neglect experienced by individuals during developmental period may significantly affect self and environmental perception.

Having highlighted the peculiar and different problems faced by these adolescents who lost their mothers before the age of ten years (i.e. early stage in life), there is need to evolve methods that could help these mother-absent adolescents to emote effective interpersonal and emotional behaviours that could lead to improved functioning outcomes (social adjustment). There are a number of psychotherapeutic techniques that can be employed to manage problems such as cognitive therapy (Raheem, 2016), rational emotive behaviour therapy (Falaye&Afolayan, 2015), social skills training (Ibudeh, 1991), and social control therapy (Okeke, 2009). For the purpose of this study, reality and self-management therapies will be employed. This is because the two techniques have gained momentum in the recent years in the areas such as depression, abuse, emotional and social deficiencies.

Reality therapy is a therapeutic approach which focuses on problem-solving and making better choices in order to achieve specific goals. Reality therapy is a method of counselling and psychotherapy developed originally by William Glasser, a psychiatrist in the 1960s. In his work, Choice theory, Glasser (1998), asserted that, we are self-determining beings because we choose our behaviour and we are responsible for how we are acting, thinking, feeling and also for our physiological states. Reality therapy is focused on the here and now rather than the past. This implies that, the mother-absent adolescents should focus on how to improve their present condition rather than dwelling on what has happened to them in the past. Also, Glasser (1970), posited that the past is not something to be dwelled upon but rather to be resolved in order to live a more fulfilling and rewarding life. Reality therapy also maintains that the individual is suffering from a socially universal human condition rather than a mental illness. It is in the unsuccessful attainment of basic needs that a person's behaviour moves away from the norm. The reality therapy approach to counselling and problem-solving focuses on the here-and-now actions of the client and the ability to create and choose a better future. Typically, clients seek to discover what they really want and how they are currently choosing to behave in order to achieve these goals. Reality therapy is a highly effective way to solve problems, set and achieve goals. It lays emphasis on changing thoughts and actions: reality therapy empowers individuals to improve the present and future. As the client begins to experience small successes, their confidence improve, allowing for more advanced goal-setting and problem-solving.

Self-management therapy is another behaviour therapy for the management of social disturbances. According to Fuchs and Rehm (2017), it is also referred to as 'self-control' or 'self-regulation' which is the ability to regulate one's emotions, thoughts and behaviour effectively at different situations. This includes motivating oneself, setting and working towards personal and academic goals. Students with strong self-management skills are able to do different activities effectively,

including managing their timelines, focusing on their tasks, cooperating with others in school and at home and perform better in their studies. It helps in future studies, work and life (Folorunso & Busisiwe, 2016). According to Folorunso and Busisiwe (2016), efficacious self-management encompasses ability to monitor one's self-defeating behaviour and to achieve the cognitive, behavioural, social and emotional responses necessary to maintain a satisfactory quality of life. Abiola and Akomolafe (2013), posited that, self-management technique is one of the most viable counselling techniques in treating some social problems of mother-absent adolescents. The need, therefore, to assist adolescents without mothers at an early age in life cannot be over-emphasized (Bamisille, 2005; Katura, 1995; Kanfer & Karolyn, 1982). Self-management technique is a counselling therapy that has been used to modify behavioural problems. The technique was based on the Social Cognitive Theory developed by Bandura (1986) which provided a theoretical basis for the development of model of self-regulated learning in which personal contextual and behavioural factors interact in such a way that gives mother-absent adolescents an opportunity to control their unhealthy behaviour and irrational thinking towards self and others. Self-Management Therapy is one of the promising therapies that could be used to address problems of mother-absent adolescents' mal-adaptive behaviours (Briesch, 2015). In this sense, self-management techniques teach clients to become more aware and in control of their behaviours.

However, the topography of these techniques can vary greatly by contexts. The four components used most consistently are the selection and definition of the target behaviour, observation of behaviour, and recording of behaviour (Briesch&Chafouleas, 2009). In one of the most widely-accepted explanations for reactivity, Kanfer (1970) theorized that self-monitoring promotes behaviour change as a result of a combination of cognitive and behavioural processes. Kanfer's cognitive-mediational model (1970) is comprised of three phases: self-monitoring, self-evaluation, and self-reinforcement. This three-phase cognitive and behavioural process of self-monitoring, self-evaluation and self-reinforcement of behaviour not only leads to immediate behavioural change, but is also believed to become internalized, such that the behavioural change is sustained over time. Therefore, self-management techniques have been viewed as likely to produce long-lasting behavioural change and generalizable skills (Cole, 1992). Given both the logistical and philosophical benefits of self-management, these techniques have been used frequently over the past years. Because they are so adaptable to society contexts and individual adolescent needs, they have been used within both general education settings (Briesch & Daniels, 2013).

Reality and self-management therapies are feasible interventions for the management of self-esteem of mother-absent adolescents. However, enough research has not been carried out as regards the clear evidence of the efficacy of the two therapies in Nigeria and other parts of the world. This study,

therefore, will examine the effects of reality and self-management therapies on social deficiency of mother- absent adolescents in Ogun State, Nigeria.

Hypotheses

The following research hypotheses were tested at 0.05 level of significance.

1. There is no significant difference in the peer relation of participants exposed to reality and self-management therapies and control group.
2. There is no significant difference in the peer relation of participants exposed to reality and self-management therapies and control group due to gender.
3. There is no significant effect of parental occupation on peer relation of participants exposed to reality and self-management therapies and control group.

Methodology

The research design adopted for this study was quasi-experimental pretest/posttest control group research design. The quasi-experimental is appropriate for this study because true randomization is not practically possible except selective randomization. The target population for this study consisted of all mother-absent adolescents in Public Senior Secondary Schools II (SS II) in Ogun State, Nigeria. The senior secondary II students were chosen because they were most stable participants for this study. Another important reason for selecting SS II was that, the students were not participating in any external examination as at the time of this study. Multi-stage process was employed for this study. The first stage was the selection of three Local Government Areas in Ogun State out of 20 Local Government Areas using simple random sampling method through hat and draw method. The next stage involved using systematic sampling technique to select one Senior Secondary School from each of the three Local Government Areas. The third stage involved identification of mother-absent adolescents in each of the schools selected from the three Local Government Areas using Mother-Absent Adolescents Questionnaire (MAQ). The last stage involved purposive sampling technique to select the total number of 65 identified adolescents without mothers before the age of 10 years into the two experimental groups and the control group. The Reality and Self-Management Therapies were used as treatments in the experimental groups. There were three experimental groups namely: Reality and self-management therapies and Control Group. Public secondary schools were used for this study to get a larger number of students from the SS II class which may not be possible in private secondary schools with fewer students and classes. Adolescents Social Adjustment Scale (ASAS) was administered to gather relevant data for the study. This instrument was Peer-relation Scale which contained 20 items each. The two scale was adapted and re-validated to collect relevant data for the study. The instrument was divided into two (2) parts; part

'A and part 'B'. Part 'A' contained the bio-data of the respondents such as Sex, Age, School, Religion and Class. Then Part 'B' consisted of twenty (20) items. The response format was in form of a 4-point Likert Scale ranging from Strongly Agree (S.A), Agree (A), Disagree (D) and Strongly Disagree (S.D). A pilot study was carried out as a try-out of the experimental conditions before the main study in a senior secondary school to a sample of 20 adolescent students (10 males and 10 females) who were randomly selected to participate in the study to determine the degree of reliability of the instruments and 0.74 was obtained through test-retest method. The data obtained were analyzed usingAnalysis of Covariance (ANCOVA) and the hypotheses were tested at 0.05 level of significance.

Administration of Instrument/Data Collection

The treatment packages lasted for eight weeks. Each of the treatment sessions lasted for one and half hours, twice a week for the participants. This was solely to expose the participants to the Counselling interventions (Reality and Self-Management Therapies).

In the pre-treatment phase, baseline data was obtained for the study two weeks before the treatment phase to ascertain those who actually qualified for the treatment and Mother-Absent Adolescents Questionnaire (MAQ) was administered to all the adolescent-students in the three schools. In all the three schools, the following respondents were adjudged to qualify for the treatment: 24 out of 53 respondents, 19 out of 45 and 22 out of 88 respondents respectively.

In the treatment session, there were two experimental groups and one control group. The selected schools were randomly assigned to treatments and control group. The first Group was exposed to Reality Therapy (RT), second Group was exposed to Self-Management Therapy, while the last Group, the control group received dummy treatment on how to achieve academic excellence to keep them busy throughout the study to avoid "John Henry" effect on the main experimental groups. The researcher met the treatment groups separately twice a week for 8 weeks.

The post-treatment phase was the last phase in the experimental process. At the end of the treatment, the same research instruments administered at the pre-treatment phase were re-administered to the same set of participants (i.e. the experimental and the control groups), under the same condition.

Inclusive Criteria

1. The participants are adolescents from mother-absent homes
2. They are adolescents that lost their mothers before the age of 10 years (Death)

Results

Hypothesis one: Peer relation does not significantly differ as a result of exposing participants to reality and self-management therapies and control group. The Analysis of Covariance (ANCOVA) was employed to analyse the data. The result of the analysis is presented in Table 1.

Table 1: ANCOVA Result for Peer Relation across Experimental Groups

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	333.299	3	111.100	5.477	.002
Intercept	473.125	1	473.125	23.325	.000
Covariate	239.759	1	239.759	11.820	.001
Group	137.847	2	68.924	3.398	.040
Error	1237.317	61	20.284		
Total	198746.000	65			
Corrected Total	1570.615	64			

The outcome of the ANCOVA shows that F-calculated value of 3.398 was derived as the significant difference as a result of the experimental conditions. The F-calculated value of 3.398 ($p < 0.05$) was observed to be greater than the critical value of 3.15 given 2 and 61 degrees of freedom at 0.05 level of significant. As a result, the null hypothesis was rejected and it was concluded that there exist a significant difference in the mean as a result of the experimental conditions. It was further analyzed to determine the pair that was computed using the Least Significance Difference (LSD). The result of the analysis is presented in Table 2.

Table 2: Pair wise Comparison for Peer Relation across Experimental Groups

(I) Group	(J) Group	Mean Difference (I-J)	Sig.[b]
Reality Therapy	Self-Management Therapy	-1.967	.160
	Control Group	1.753	.199
Self-Management Therapy	Reality Therapy	1.967	.160
	Control Group	3.720[*]	.011
Control Group	Reality Therapy	-1.753	.199
	Self-Management Therapy	-3.720[*]	.011

Based on estimated marginal means

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

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

The result of the analysis in Table 2 shows that the pair of Self-Management Therapy and Control Group (t = 3.720, $p < 0.05$) was significant. However, the participants exposed to self-management therapy demonstrated better peer-relation after post-test this shows that Self-Management Therapy is

a better therapy in managing the peer relation of participants when compared with comparison group.

Hypothesis Two: There is no significant gender difference in the peer relation of participants exposed to reality and self-management therapies and control group. The Analysis of Covariance was computed to determine the significance of the differences in mean. The result of the analysis is presented in Table 3.

Table 3: ANCOVA result for Peer Relation across Gender and Experimental Conditions

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	378.428	6	63.071	3.068	.011
Intercept	389.503	1	389.503	18.949	.000
Covariate	262.416	1	262.416	12.767	.001
Group	95.485	2	47.743	2.323	.107
Gender	6.532	1	6.532	.318	.575
Group * Gender	40.436	2	20.218	.984	.380
Error	1192.188	58	20.555		
Total	198746.000	65			
Corrected Total	1570.615	64			

The result of the analysis shows that F-calculated value of 0.984 was derived as the gender difference in the peer relation of participants exposed to reality and self-management therapies and control group. The computed value was observed to be less than the critical value of 3.15, given degrees of freedom 2 and 58 at 0.05 level of significance. Thus, the null hypothesis was retained and it was concluded that there is no significant gender difference in the peer relation of participants exposed to reality and self-management therapies and control group.

Hypothesis Three: There is no significant effect of parental occupation on peer relation of participants exposed to reality and self-management therapies and control group. Analysis of Covariance was computed to determine the significance of the differences in mean. The result of the analysis is presented in Table 4.

Table 4: ANCOVA result for Peer Relation across Parental Occupation and Experimental Conditions

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	549.662	9	61.074	3.290	.003
Intercept	381.094	1	381.094	20.530	.000
Covariate	240.081	1	240.081	12.933	.001
Group	181.568	2	90.784	4.891	.011
Occupation	39.153	2	19.576	1.055	.355
Group * Occupation	170.327	4	42.582	2.294	.071

Error	1020.953	55	18.563
Total	198746.000	65	
Corrected Total	1570.615	64	

The observation from Table 14 shows that a F-calculated value of 2.294 was derived as the difference in the parental occupation on peer relation of participants exposed to reality and self-management therapies and control group. This value was observed to be less than the critical value of 3.15 given degrees of freedom 4 and 55 at 0.05 level of significance. As a result, the null hypothesis was upheld. This shows that there exist no significant effect of parental occupation on peer relations of participants exposed to reality and self-management therapies and control group.

Discussion of findings

From the findings, it was revealed that, there exists a significant difference in the mean as a result of the experimental condition. This implies that, there exits differences in the peer relation among the participants as a result of exposing them to experimental conditions. The result was in line with the assertion of Dunn (2011) who proclaimed that different kinds of social relationships is said to play different roles in influencing the development of social understanding. Similarly, the finding is also in agreement with Nef (2012) who revealed that, the transition to healthy adulthood and peer-relation is dependent on the social environment in which adolescent live, learn and earn.

The findings revealed that there is no significant gender difference in the peer relation of participants exposed to reality and self-management therapies and control group. This implies that, the gender of this set of adolescents is not a determinant of their social deficiency.This finding was in agreement with the claim of Santrock (2017) who revealed that gender and peer relations are closely related to each other. To him, many social scientists do not locate the cause of physiological gender differences in biological dispositions. Rather, they argue that these differences are due mainly to social experiences. Peers can socialize gender behaviour partly by accepting or rejecting others on the basis of their gender-related attributes.

The findings further revealed that there exists no significant effect of parental occupation on peer relations of participants exposed to reality and self-management therapies and control group. The implication is that, the parental occupation has no influence on peer relation of the participants as a result of exposing them to experimental conditions. This finding was in agreement with claim of Yeung and Leadbeater (2010) who in their established that there is a negative correlation between parental occupation and adolescents' peer relation that run parallel to each other across time.

Conclusion

The study focused on effects of reality and self-management therapies on social deficiency of mother-absent adolescents. The findings from this study revealed that, there exists a significant

difference in the mean as a result of the experimental condition, there is no significant gender difference in the peer relation of participants exposed to reality and self-management therapies and control group and there exists no significant effect of parental occupation on peer relations of participants exposed to reality and self-management therapies and control group.

Recommendations

Counsellors should impart self-management skills on this category of adolescents and other clients who have difficulty in relating with their peers with a view to resolving the challenge.Both reality and self-management therapies should be employed by Counsellors in managing social and emotional deficiencies of mother-absent adolescents and there should be follow-up programme for these adolescents to ascertain that, all counselling objectives such as healthy peer-relations and effective peer communication are met and fully gained.

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