

Efficacy of Rational Emotive Behaviour Therapy on Religious Intolerance Among Adolescents in Taraba State, Nigeria

Moses Godswill Alhassan¹ and Muhammad Ahmad Baba²

^{1,2}Department of Guidance and Counselling, Faculty of Education,
Taraba State University, Jalingo

Correspondence concerning this article should be addressed to Moses Godswill Alhassan, Email: mosesgodswill96@gmail.com | Phone number: +2348038899874 | ORCID ID: <https://orcid.org/0000-0001-9941-9650>

Abstract

Religious intolerance poses significant threats to social cohesion and peaceful coexistence, particularly in multi-religious regions like Wukari Education Zone of Taraba State, Nigeria. This study examined the efficacy of Rational Emotive Behaviour Therapy (REBT) in addressing cognitive, emotional, and behavioural dimensions of religious intolerance among adolescents. A quasi-experimental one-group pre-test post-test design was employed, involving 20 SSI students selected using purposive sampling. Data were collected using an adapted Religious Intolerance Scale (RIS) and analyzed with paired and independent t-tests. Findings revealed that REBT significantly reduced cognitive distortions, negative emotions, and irrational behaviours associated with religious intolerance. Furthermore, no significant gender differences were observed in the efficacy of REBT, indicating equal effectiveness for male and female adolescents. The study concludes that REBT is an effective therapeutic intervention for reducing religious intolerance and promoting interfaith tolerance among adolescents.

Keywords: adolescents, Rational Emotive Behaviour Therapy (REBT), religious intolerance

The Nigerian constitution specifies that Nigeria is a secular state, and as such, the country is divided based on religious affiliation. McKinnon (2021) asserts that the predominant and most common religious faiths in the country are Christianity and Islam. However, the U.S. Department of State's 2022 report on international religious freedom in Nigeria claimed that Traditional African religion, Buddhism, Bahá'í, Hinduism, Animism, and Sikhism are also practiced by a small number of people in the African nation. Every Nigerian belongs to one of these religious groups, and because of the diversity of beliefs held by these groups; their adherents often promote religious intolerance rather than preaching and teaching tolerance and peace. The Encyclopedia of World Problems and Human Potential (2017) maintains that acts such as denying adherents of other faiths their freedom to exercise and express their views entail religious intolerance. Similarly, it involves an unquestioning rejection of any viewpoints or positions that conflict with deeply held religious beliefs, and as

Raji et al. (2015) assert, it is manifested through verbal insults, attacking individuals with dangerous weapons, engaging in physical altercations, denying the religious group access to basic social services like land for places of worship, and mutilating holy books or desecrating sacred places. These manifestations of religious intolerance not only undermine social cohesion but also results in cycles of violence and discrimination that threaten the peace and unity of the society.

The problem of religious intolerance in the world has been in existence for a long time. Cases of religious intolerance have been reported in several countries all over the globe. Recently in Malaysia for instance, Karmini (2013) reported the controversy surrounding the desecration of the Kuala Lumpur Mosque with a pig head, the teenage couple Alvin and Vivian who disrespected Islam, and many more (Rahimin, et al., 2011). Similarly, the Wukari Education Zone have had its own share of religious conflicts resulting from intolerance since its creation in 1991. Instances of religious intolerance were recorded in the two Local Government Areas located in the Zone i.e., Ibi and Wukari LGAs. Ibi too was engulfed by crises in 2012 as a result of a confrontation between Christian and Muslim youths regarding a blockade. Another conflict was experienced in 2013, when conflict broke out in Wukari town between Traditional Worshipers who were performing a funeral rite and the Muslims in the community. All these instances of religious intolerance have caused conflict leading to dire consequences such as loss of lives, destruction of properties and displacement of survivors. A report by Ayodele (2013) claims that over hundred houses were burnt, hundreds of people killed and thousands displaced.

The actions of individuals in our various communities influence the attitudes and behaviours of young people. Adolescents who are thought to be innocent, now exhibit negative and unacceptable behaviours. These adolescents acquire beliefs through observation. By observing peers, parents, neighbours, relatives, religious and traditional leaders around them, they acquire attitudes and replicate the actions of these models. Adolescents who are exposed to bad models will certainly portray intolerance. Such is the case in Wukari Education Zone where the authors of this paper have observed adolescents showcasing intolerant acts. Since parents have neglected their duties as good models who teach adolescents good morals, these adolescents have accepted hatred and dislike of other people's ways of living instead of harnessing experiences and forming new relationships. This, therefore, has made adolescents to be caught up in cycles of unending intolerance, thereby leading to ethno-religious conflicts and in turn, making the society uninhabitable. Wukari Education Zone is located in the Southern part of Taraba State, in Northern Nigeria. The rationale behind the selection of this region as the area of study is because there has been a lot of conflicts and violence between adherents of different religious faiths due to intolerance and lack of respect for one another's beliefs.

The religiously intolerant individual exhibits an attitude that can be psychologically explained from three spheres which are cognitive, emotional,

and behavioural aspects. The cognitive aspect involves the perceptions, thoughts, attitudes, and beliefs which adolescents hold about different religious groups. Hidayat et al. (2020) assert that the thoughts, perceptions, and beliefs of individuals about other groups is formed through membership in social groups. The researchers claim that it is not only the individual's mental state that is responsible for intolerance, but socialization primarily also contributes. The bottom line according to Moses et al. (2024) is that perceptions and attitudes of adolescents about other groups, coupled with socialization processes, contribute to the formulation and exhibition of biased judgments and discriminatory behaviours. The reason for intolerance among these adolescents could therefore be attributed to the type of teachings and models they are exposed to in their homes, schools, and places of worship. Individuals who harbour irrational thoughts, perceptions, and beliefs will resort to exhibiting negative emotions towards believers of other religions.

According to Moses (2024a), emotional aspect of religious intolerance may manifest as heightened negative emotions towards individuals from different backgrounds. The researcher points out that, negative emotions such as fear, anger, resentment, and entitlement stemming from perceived threats to cultural norms or values, can intensify intergroup conflicts and impede cross-cultural understanding thereby further perpetuating divisions and discord within the community. It is the presence of these negative emotions that gives rise to negative behaviours thereby causing conflict. The negative behaviours in this paper are classified under behavioural aspects of religious intolerance. These refer to the irrational actions which individuals exhibit towards adherents of different faiths. These actions may include but not limited to, insulting, and disrespecting religious figures or manner of worship, aggression, mutilating sacred books and non-inclusion in social or political activities.

In the past years, studies conducted by Toki et al. (2015), Sulaiman (2016), Ezirim (2021), and Baji (2023) have sought to address religious intolerance through strategies and techniques such as seminars, workshops, educational programmes, awareness campaigns, interfaith dialogues, and condemnation of intolerant acts. Nonetheless, these strategies and techniques proved less effective in addressing the issue and fostering peaceful co-existence among members of different religious faiths, as cases of religious intolerance are experienced on a daily basis all over the globe. Noor and Suryana (2024) claimed that in some parts of Indonesia where Christians are minority, they are subjected to diverse intolerant practices such as being denied land to build places of worship and schools. Similarly, in places where Muslims, Hindus and Buddhists are minorities, they are being denied the right to freely practice their religion. Balog (2024) points out that a total of 161 incidents of anti-Christian discrimination and persecution were reported in the first 75 days of 2024 in India, as stated in a document by the United Christian Forum for Human Rights (UCF), an Indian ecumenical organisation monitoring Christian persecution. There is therefore need to employ a counselling technique such as Rational

Emotive Behaviour Therapy (REBT) to manage such problems. The reason for this is because, religious intolerance is unhealthy for the unity and development of a country with diversity such as Nigeria.

REBT is a psychotherapeutic approach that was developed by Albert Ellis in 1955. Ellis posits that there are unrealistic, irrational beliefs and thoughts which are unhelpful and can lead to negative emotions and behaviours. In the case of religious intolerance, these irrational beliefs may come in the form of overgeneralization and catastrophizing, thereby leading to unwanted behaviours. REBT is based on the principle that human behaviour is as a result of thoughts. In a session where REBT is utilized, series of therapeutic activities are carried out to help individuals solve psychological and behavioural problems. These activities are identifying and disputing irrational and illogical beliefs and thoughts, modifying these dysfunctional beliefs, and playing behaviour roles. Through the use of REBT techniques, such as disputing irrational beliefs and cognitive restructuring, adolescents can learn to identify and challenge irrational beliefs about individuals practicing other faiths. This can help them adopt more positive attitudes and behaviours towards diversity thereby, promoting tolerance and acceptance of others with dissimilar beliefs. The main objective of REBT is to cause a change on the irrational thought patterns, behaviours, and emotional responses, through a more reasonable, rational, and acceptable form of thinking. Thus, this study would adopt techniques of REBT in order to help adolescents to identify and challenge irrational beliefs about different religious groups.

Previous research conducted in the field of counselling and psychology by (Alabi & Lami, 2015; Ayodele et al., 2022; Cookey et al., 2021; Ebrahim et al., 2020; Li et al., 2017; Moses, 2024b; Nur'Aqilah & Mujahidin, 2020; Ogbuanya et al., 2018; Popa & Predatu, 2019; Ukwueze, 2013; Utami & Pudjiati, 2018; Tsagem, 2021) report the efficacy of REBT in helping both male and female adolescents with psychological and behavioural problems such as negative and irrational thoughts, strained interpersonal relationships, aggression, emotional instability, and irrational feelings to adjust and exhibit more acceptable behaviours. Despite the evidence of its effectiveness, the body of available literature points out that there is a notable lack of research in Taraba State, specifically, the Wukari Education Zone where a counselling or psychological intervention such as REBT was utilized to address the problem of religious intolerance. Available literature concerning religious intolerance and conflict indicates that Abuh et al. (2017), Agbu et al. (2020), and Paul et al. (2019) only focused on the causes of religious conflicts, its effect on women and children, the possibility of its sustainable management, and the need for peaceful coexistence among the different religious groups in the region. These studies though imperative did not proffer a technique or intervention that could address the root cause of religious intolerance. Consequently, this study was conducted to find out whether utilizing REBT in a group counselling session

would be the most effective intervention that could address the issue of religious intolerance.

Objectives of the Study

The objectives of the study were to find out the efficacy of REBT on:

1. Cognitive aspects of religious intolerance among adolescents.
2. Emotional aspects of religious intolerance among adolescents.
3. Behavioural aspects of religious intolerance among adolescents.
4. Religious intolerance among adolescents.
5. The gender difference in the efficacy of REBT on religious intolerance among adolescents.

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance:

- H₀₁: REBT has no significant efficacy on cognitive aspects of religious intolerance among adolescents.
- H₀₂: REBT has no significant efficacy on emotional aspects of religious intolerance among adolescents.
- H₀₃: REBT has no significant efficacy on behavioural aspects of religious intolerance among adolescents.
- H₀₄: REBT has no significant efficacy on religious intolerance among adolescents.
- H₀₅: REBT has no significant gender difference in its efficacy on religious intolerance among adolescents.

Methods

This section details the methods used to conduct this research.

Research Design

This study adopted a one group pre-test post-test quasi-experimental design. The design is considered appropriate because, it involves human behaviour and the manipulation of an independent variable without complete randomization and assigning of subjects to treatment conditions (Paul et al., 2017; Thomas, 2021). The design has the advantage of testing the results obtained from the post-test to analyze the effectiveness or otherwise of the treatment when compared with the pre-test results.

Population and Sample

The researchers of this study considered a population of 1,514 SS 1 students from the 30 Public Secondary Schools in Wukari Education Zone. A total of 20 students were selected as the sample for this research. Simple random sampling was utilized in selecting 2 schools from the region. Thereafter, the researchers utilized purposive sampling to choose 20 participants who fulfilled the requirements for selection after the administration of the pre-test. The participants consisted of 10 males and 10 females with moderate intolerance as measured with the "Religious Intolerance Scale (RIS)."

Instrument for Data Collection

The instrument that was used to collect data is “Religious Intolerance Scale (RIS).” It was used to ascertain the level of religious intolerance of the subjects before treatment began. The items of this instrument were adapted from some items on the original instruments titled “Religious Tolerance Scale” by Van der Walt (2014), and “Tolerance Index” by Soldatova and Shaigerova (2008). All the items of the Religious Tolerance Scale were rephrased to assess religious intolerance specifically among adolescents, rather than youths. Items 2, 4, 7, 11, 14, 18, and 21, of the Tolerance Index which originally measures ethnic tolerance in youths, were rephrased to focus on religious intolerance in adolescents. The remaining items were discarded. Modifications aimed to simplify the language and concepts, making them more accessible for younger individuals who may not have encountered the complex experiences reflected in the original scale designed for a general population. The modified instrument consisted of four clusters; cluster A, B, C and D. Cluster A sought personal information of the subjects and contained: gender and age, while clusters B, C and D consisted of 7 items each, designed to elicit responses on cognitive, emotional, and behavioural aspects of religious intolerance. All items in clusters B, C and D were scored on a five-point scale of Very High Extent (VHE), High Extent (HE), Moderate (M), Low Extent (LE), and Very Low Extent (VLE).

The instrument was validated by three experts in Counselling, Psychology, and Measurement and Evaluation from the Faculty of Education, Taraba State University, Jalingo. To ascertain the reliability of the instrument, a trial testing was carried out in 2 Public Secondary Schools in Takum Education Zone, Taraba State. The population that was used for the trial testing was not part of the population selected for the main study. However, these schools were considered appropriate for the trial testing because they share similar attributes in terms of culture, geographical location and religious conflicts which have been experienced by the students in the schools selected for the actual treatment in the study. The instrument was administered to a sample of 30 students drawn from the two schools. The reliability index of the instrument was established using a test-retest method and the scores of the administrations were analyzed using Pearson Product Moment Correlation. A reliability co-efficient of 0.95 was obtained thereby making the instrument reliable and suitable for the study.

Procedure for Data Collection

The researchers solicited the help of 3 research assistants and utilized a three-phase method to collect data. These are: pre-treatment phase which involved administering the RIS to determine the baseline for the selection of participants. The second phase is the treatment phase and at this level, the participants who were selected during the administration of the pre-test were given treatment using REBT. The treatment sessions lasted for a period of six weeks and took the form of disputation, cognitive restructuring techniques, emotional regulation and coping techniques, modelling, exposure, and systematic desensitization. At the post-treatment phase, a post-test was carried

out by re-administering the RIS to the participants. A follow up was also conducted by the researchers to reinforce the progress made and support the long-term maintenance of change. The treatment sessions are summarized below:

Summarized REBT Treatment Package

Week 1

Session 1: Administration of RIS to collect pre-test scores.

Session 2: Introductions and establishing rapport with the clients.

Week 2

Session 3: A psychoeducation on the meaning, causes, signs, and consequences of religious intolerance.

Session 4: Identifying the irrational beliefs and thoughts, emotions, and behaviours associated with religious intolerance.

Week 3

Session 5: Disputing and challenging irrational beliefs and thoughts, emotions, and behaviours of religious intolerance using different disputation techniques i.e. logical, pragmatic, Socratic questioning, and use of humour.

Session 6: Utilization of cognitive restructuring techniques i.e. generating rational alternatives, thought stopping and positive affirmations to replace irrational beliefs and distorted thought patterns.

Week 4

Session 7: Utilization of emotional regulation and coping techniques to help regulate clients' irrational emotions such as anger, fear, frustration etc.

Session 8: The clients were exposed to behavioural techniques such as exposure and systematic desensitization, modelling and practicing tolerant behaviours to deal with and replace unacceptable behaviours.

Week 5

Sessions 9: Clients were divided into small groups where each group was given the task of discussing about a particular religious group and learning new things concerning that group. The groups were also made to role-play and imitate belief aspects of these religions.

Session 10: Recap of the processes of the therapy.

Week 6

Session 11: Re-administration of RIS.

Session 12: A follow up was conducted through a group reunion where the clients discussed the change in beliefs, thoughts, emotions, and behaviours which they have noticed after the programme. Clients were asked to monitor their progress and seek further assistance if they have any need for that.

Method of Data Analysis

The data collected was analyzed in line with each hypothesis. Paired and independent samples t-tests were utilized to analyze the null hypotheses. The null hypotheses used in this study were tested at a significance level of 0.05. The choice of the paired and independent samples t-test for analysis is because, Ross and Willson (2017) assert that the paired t-test is a statistical technique that compares the means of two matched groups or cases, or the means of a single group, that is studied at two different intervals, while the independent t-test tests alternative and null hypotheses with respect to mean differences between independent populations (Holmes & Rinaman, 2014).

Results

H0₁: REBT has no significant efficacy on cognitive aspects of religious intolerance among adolescents.

Table 1

Paired t-test on the Efficacy of REBT on Cognitive aspects of Religious Intolerance

| Variable | Test | N | Mean | SD | df | t-cal | Sig (p) |
|------------------------------|----------|----|-------|------|----|-------|---------|
| Religious Intolerance scores | Pretest | 20 | 18.10 | 2.73 | 19 | 8.34 | .00 |
| | Posttest | 20 | 10.90 | 3.04 | | | |

The paired t-test result in Table 1 indicates a statistically significant difference in religious intolerance scores during the pretest and posttest intervals. The lower mean score of 10.90 at posttest compared to the mean score of 18.10 at pretest suggests that REBT was effective in reducing the cognitive aspects of religious intolerance among participants. Since the p-value of .00 is less than the alpha level of 0.05, the null hypothesis is rejected. It can, therefore, be concluded that REBT had a significant efficacy on reducing the cognitive aspects of religious intolerance among the sample of this study.

H0₂: REBT has no significant efficacy on emotional aspects of religious intolerance among adolescents.

Table 2

Paired t-test on the Efficacy of REBT on Emotional aspects of Religious Intolerance

| Variable | Test | N | Mean | SD | Df | t-cal | Sig (p) |
|------------------------------|----------|----|-------|------|----|-------|---------|
| Religious Intolerance scores | Pretest | 20 | 17.70 | 4.11 | 19 | 9.41 | .00 |
| | Posttest | 20 | 11.10 | 2.63 | | | |

Table 2 shows that REBT was significantly effective in reducing emotional aspects of religious intolerance. The result of the t-test analysis indicates

significant difference in religious intolerance scores before and after receiving treatment. Prior to the treatment, the pretest mean score was 17.70; however, after receiving the intervention, the mean score dropped to 11.10 at posttest period thereby indicating that REBT was effective in reducing emotional aspects of religious intolerance among participants. Since the p-value of .00 is less than the alpha level of 0.05, the null hypothesis is rejected.

H0₃: REBT has no significant efficacy on behavioural aspects of religious intolerance among adolescents.

Table 3

Paired t-test on the Efficacy of REBT on Behavioural aspects of Religious Intolerance

| Variable | Test | N | Mean | SD | df | t-cal | Sig (p) |
|------------------------------|----------|----|-------|------|----|-------|---------|
| Religious Intolerance scores | Pretest | 20 | 17.95 | 3.68 | 19 | 7.49 | .00 |
| | Posttest | 20 | 12.20 | 2.40 | | | |

The paired t-test result in Table 3 indicates a statistically significant difference in religious intolerance scores during the pretest and posttest intervals. The lower mean score of 12.20 at posttest compared to the mean score of 17.95 at pretest indicates that REBT was effective in reducing the behavioural aspects of religious intolerance. Since the p-value of .00 is less than the alpha level of 0.05, the null hypothesis is rejected. It can, therefore, be concluded that REBT had a significant efficacy on reducing the behavioural aspects of religious intolerance among the sample of this study.

H0₄: REBT has no significant efficacy on religious intolerance among adolescents.

Table 4

Paired Samples t-test on the Efficacy of REBT on Religious Intolerance

| Variable | Test | N | Mean | SD | df | t-cal | Sig (p) |
|------------------------------|----------|----|-------|------|----|-------|---------|
| Religious Intolerance scores | Pretest | 20 | 53.85 | 5.24 | 19 | 15.11 | .00 |
| | Posttest | 20 | 34.15 | 6.34 | | | |

Table 4 shows that REBT was significantly effective in reducing emotional aspects of religious intolerance. Analysis of the t-test results revealed a significant difference in religious intolerance scores prior to and after receiving treatment. Prior to the treatment, the pretest mean score was 53.85; however, there was a decrease in the mean score to 34.15 at the posttest interval after receiving the intervention. The results, therefore, suggests that REBT was effective in the reduction of religious intolerance levels among participants of

this study. The null hypothesis is rejected since the p-value of .00 is less than the alpha level of 0.05.

H0₅: REBT has no significant gender difference in its efficacy on religious intolerance among adolescents.

Table 5: Independent t-test on Gender Difference in the Efficacy of REBT on Religious Intolerance

| Variable | Gender | N | Mean | SD | df | t-cal | Sig (p) |
|------------------------------|---------------|----------|-------------|-----------|-----------|--------------|----------------|
| Religious Intolerance scores | Male | 10 | 34.90 | 4.61 | 18 | .52 | .61 |
| | Female | 10 | 33.40 | 7.89 | | | |

The analysis of the independent t-test in Table 5 revealed no statistically significant difference in the effect of REBT on religious intolerance among male and female participants of this study. The p-value of 0.61 is greater than the significance level of 0.05 indicating that the null hypothesis was retained. Furthermore, the results revealed that REBT had a similar effect on reducing religious intolerance in both male and female participants. This implies that gender was not a significant factor in the efficacy of REBT intervention in this study.

Discussion

The first finding of this study shows that REBT has significant efficacy on cognitive aspects of religious intolerance among adolescents. The reason for the effectiveness of REBT could be because of the utilization of cognitive restructuring skills that is effective in reducing cognitive distortions, thereby, helping the participants to challenge their irrational beliefs. The finding is consistent with cognitive restructuring theory as postulated by Ellis and Beck which emphasizes the potential of REBT in fostering change in distorted thought and behaviour patterns of humans. The finding agrees with that of Ebrahem et al. (2020) who conducted a study on the effect of REBT on stress and irrational thoughts. They found out that it was significantly effective in mitigating stress and irrational thoughts. Similarly, the study carried out by Ogbuanya et al. (2018) found out that REBT exerted significant effect when applied in the treatment of negative thoughts among students. In another study conducted by Moses (2024b), cognitive restructuring proved to be effective in reducing levels of adolescents' irrational beliefs and thoughts. The finding by the current and previous studies specified that REBT as a therapeutic intervention could be utilized in addressing higher levels of irrational religious beliefs among adolescents who participate in sessions to help address the underlying problems of religious intolerance.

The second finding suggests that REBT has significant efficacy on emotional aspects of religious intolerance among adolescents. The effectiveness of the intervention could be because participants were taught how to manage their emotions when they find themselves in situations that may bring about

intolerance. A similar finding was reported by Utami and Pudjiati (2018) when the researchers used REBT in decreasing anger and aggressive behaviours in children. The finding of Ukwueze (2013) which utilized REBT in reducing irrational thoughts of young people also reported similar results. REBT intervention was found to have significant effect on the feelings of participants after the application of treatment. Another finding by Popa and Predatu (2019) also reported the effectiveness of REBT on negative emotions and emotional stability among anxious medical students. The researchers also assert that CBT when used together with REBT is very effective in dealing with emotional problems.

The third finding indicates that REBT has significant efficacy on behavioural aspects of religious intolerance among adolescents. The finding agrees with Alabi and Lami (2015) who investigated the effectiveness of REBT and Client-centred therapy (CCT) in addressing bullying behaviours of adolescents. The researchers reported that both REBT and CCT were significantly effective in addressing these unwanted behaviours. The effectiveness of REBT in their research could be because they used two counselling interventions on the participants. Furthermore, the study conducted by Cooney et al. (2021) utilizing REBT to treat bullying behaviours also found that REBT was effective in addressing behaviour problems. However, previous studies also reported that other Counselling interventions are effective in dealing with behavioural problems. Findings of Li et al. (2017) reported that CBT was effective in addressing aggression. Nur'Aqilah and Mujahidin (2020) found that Profetic gestalt approach was also effective in mitigating intolerance among students.

Finding four shows that REBT has significant efficacy on religious intolerance among adolescents. The finding agrees with previous studies by scholars (Cooney et al., 2021; Ebrahim et al., 2020; Ogbuanya et al., 2018; Ukwueze, 2013) who reported that by changing irrational thoughts and beliefs of subjects who participated in a REBT intervention, their negative emotions, and behaviours which they exhibited before the treatment session started, was changed as well. This, therefore, indicates that REBT is an effective counselling intervention that can be used in treating irrational beliefs, thoughts, emotions, and behaviours which may relate to religious intolerance, bullying, aggression, anger etc.

Finding five of this study indicates that REBT has no significant gender difference in its efficacy on religious intolerance among adolescents. The implication here is that the therapy reduces religious intolerance levels of male and female adolescents equally. The reason for such effectiveness could be because REBT is a cognitive behavioural therapy and cognitive behavioural therapies have been shown to be equally effective for males and females. The finding is in line with Amoke et al. (2021) and Tsagem (2021) who suggested that REBT is a powerful counselling tool that helps in dealing with behavioural problems among male and female adolescents without exerting any significant

difference. However, the present finding disagrees with previous finding by Ayodele et al. (2022) who utilized three interventions i.e., REBT, enhanced thinking skills, and social skills training to improve adolescents' interpersonal relationship. They found out that female adolescents benefited more from the interventions than their male counterpart. The result of their finding may be because three counselling interventions were used on the same adolescents who participated in the programme.

The findings of this study suggest several practical implications for the community in Wukari Education Zone. The study highlighted that REBT can be an effective intervention for addressing religious intolerance among the adolescents in the community. This implies that religious and traditional leaders, government, counsellors, and NGOs could consider incorporating REBT techniques into existing programmes aimed at promoting tolerance and understanding. Even though this study reported findings and some implications, it is imperative to acknowledge certain limitations. The authors of this paper agree that one of the limitations of this research is that it was conducted among 20 adolescent students in SS 1 selected from two Public Secondary Schools. The sample size and characteristics of the participants is too small and might not be enough and adequate to generalize the findings. It is suggested that future research be conducted and a larger sample of adolescents from different classes and age group be selected. Another limitation of this study was the fact that it lacks a control group. It is therefore suggested that future studies adopt a control group and also compare the efficacy of REBT with other therapeutic approaches that could be used to reduce religious intolerance.

Conclusion

Based on the findings of this study, the researchers of this study conclude that Rational Emotive Behaviour Therapy (REBT) is an effective intervention for improving religious tolerance of adolescents. The study found that REBT significantly reduced levels of intolerance, as measured by the Religious Intolerance Scale (RIS). The findings, therefore, suggest that REBT can be a valuable tool for promoting tolerance and reducing prejudice among adolescents. In the context of religious intolerance, REBT can help adolescents to challenge their beliefs about the inferiority of other groups, and to develop more tolerant and accepting attitudes. The implication of this is that when intolerance is reduced, it not only contributes to a more harmonious local community but also lays the groundwork for improved intergroup relations and peaceful co-existence.

Recommendations

The researchers recommend the following:

1. Counsellors and psychologists should be properly trained in the effective utilization of REBT to address cognitive distortions underlying religious intolerance.

2. Counsellors and educational psychologists should develop and implement REBT programmes that teach adolescents to manage difficult emotions such as anger, anxiety and frustration when interacting with people from different religious backgrounds.
3. Government and Non-Governmental Organizations should be sensitized by counsellors on the effectiveness of REBT. Counsellors should liaise with these bodies to develop and implement REBT-based support groups that provide adolescents with opportunities to interact with people from different religious backgrounds.
4. Religious leaders should be sensitized on the effective utilization of REBT in treating behavioural problems related to religious intolerance among adolescents in communities.
5. REBT should be employed by counsellors and psychologists to treat religious intolerance among both male and female adolescents.

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