

Group Therapy, Psychodrama, Assertiveness Training and Counselling for Bullying Among Middle School Students in India

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Abstract- Bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The incidence of bullying is on the rise and if not resolved at the earliest it can lead to mental health problems in later adulthood. The main objective of this study is to create a practical and workable intervention for aggressive behaviour among Bullies and develop an Assertiveness Programme for the victims of Bullying in the schools. 120 Middle School (Classes 6, 7 and 8), studying in an elite school in a metropolitan city were equally divided randomly into an Experimental Group and a Control Group. There were 2 experimental Groups consisting of 30 students each. The main difference was that the Experimental Group 1 consisted of students exhibiting Aggressive Behaviour in excess, while the Experimental group 2 consisted of Students who were victims of Bullying. The Experimental Group1 underwent one year of intensive Group Therapy, Psychodrama and Counselling Sessions towards reducing Aggressive Behaviour, while Experimental Group 2 underwent Assertiveness Training. Experimental Group 1 was assessed on an 11 item Self Report Aggression Scale (Orpinas. P and Frankowski. R) Before and after therapy. The Experimental Group 2 was assessed on a 20 item Assertiveness Formative Questionnaire (Erickson, A.S. & Noonan, and P.M. 2018). Also teacher ratings about the Aggression and Assertiveness displayed by these students were sought before and after therapy sessions. The results indicate marked difference targeted in self-report aggression scores and teacher ratings for aggression after therapy. Also there was a marked increase in Assertiveness among the Experimental Group 2. This leads to a conclusion that a multipronged effort to tackle bullying is required in the schools today.

Indexed Terms- Bullying, Aggressive Behaviour, Assertiveness, Group Therapy, Psychodrama, Counselling

I. INTRODUCTION

Bullying is intentional aggressive behaviour of one individual towards another. Bullying is seen commonly in schools today. It involves hostility, aggressive behaviour and hence an imbalance of power of one student or a group of students against another individual student or a group of students. Such a hostile incident is intentionally hurtful or harmful to the victim. Such incidents are generally repetitive in nature involving the bullies targeting students who are passive and do not do anything to stand up for themselves. This causes the victims to undergo extreme distress and despair. The after effects of the act of bullying are seen in the bully and the victim. The victim suffers extreme psychological distress, humiliation and undergoes severe anxiety and depression. Many victims have reported reducing grades in school and an inability to concentrate in their lessons. Also the bully is seen to become more brazen and provocative, non-caring about rules and regulations and quickly move towards defiant behaviour, and further more aggression towards peer groups and elders.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose. The incidence of bullying is on the rise and if not resolved at the earliest it can lead to mental health problems in later adulthood. Bullying is a very serious issue present in many countries. In India, there have been instances of bullying in many schools in metropolitan cities.

II. PREVALENCE OF BULLYING

Reports of bullying have been seen in the past too, but in recent years there has been an increase in the number of cases reported. Many statistics confirm the same. The Indicators of School Crime and safety (2013) reported that about 28 percentages of students between age group 12-18 reported being bullied at school during the school year. The national Centre for Education Statistic stated that nearly one third of all students aged 12-18 reported having bullied at school in 2007 some almost daily. According to bullying statistics 2010 in international studies, there are about 2.7 million students being bullied each year and about 2:1 students taking on the role of the bully. There are about 160,000 children that miss school every day out of fear of being bullied. Sixty One percent of students believed students shoot others at school because they have been victims of physical violence at home or at school. In a pan India study conducted in 2014-15 among 2700 students and their parents in India by IMRB (a research agency) and Parent Circle (a parent group), it was reported that every third child is bullied in school. In a five year survey research study carried out by The Teacher Foundation in association with WATIS (Wipro Applying Thought In Schools) among Indian Schools, it was reported that as many as 42% in the classes 4 to 8 and 36% of class 9 to 12 students have been subjected to harassment by peers in school campuses. All the above studies underline the need for an intervention to manage the bullying which is rampant in today's schools.

The victims of Bullying are often unassertive and highly passive in their communication. Assertiveness is an expression of our rights, needs, feelings and opinions in such a way not to interfere with another person's needs, feelings, rights or feelings. Assertive Communication respects the rights and feelings of others while not compromising on one's own rights and feelings. Assertiveness allows one to take full responsibility for one's actions without being rude, arrogant, judging or critical of others. Researchers and educators consider assertiveness to be an essential skill for adolescents, as it can help them engage in effective interpersonal behaviours that contribute to their academic success and social development (Buell & Snyder, 1981)

III. OBJECTIVE

The main objective of the study was to identify the bully, conduct a pretest to identify the aggressive behaviours and their intensity and frequency. This was followed by psychotherapeutic interventions among them for a period of one year. This was combined with counselling sessions. After a period of one year, a post test was conducted to again measure the aggressive behaviour. A control group was used to validate the results of the study. On the other hand, The Victims of Bullying were identified, their Assertiveness levels assessed, then, they underwent Intensive Assertiveness training combined with Group Therapy, Psychodrama and Counselling Sessions for a period of one year. After a period of one year, they were again assessed for their Assertiveness levels. A Control Group was used to validate the results of the study.

IV. REVIEW OF LITERATURE

- Review of available literature shows the effects of bullying. Gini and Pozzoli, (2013) in a meta-analysis showed that bullied pupils are at least two times more likely than no bullied age mates to have psychosomatic problems. The psychosomatic problems faced were headache, stomach ache, abdominal pain, restlessness, skin problems, back ache, dizziness, respiratory problems, nervousness, sleeping problems, and poor appetite.
- Chui WH, Chan HC, 2013 in a study conducted in Macau among 365 participants aged between 10 and 17 to examine the effect of self-control on bullying behaviors indicated that bullying behaviors are negatively associated with the participant's self-control level. Participants residing in a school dormitory are found to manifest more bullying behaviors, to exhibit more risk-seeking behaviors, and to be more self-centered than their non-boarding counterparts.
- Arslan, Hallett, & Akkas (2012) in a study conducted to examine the prevalence and manifestation of bullying and victimization among male and female students aged 11–15 years. A total of 1,315 students belonging to 5th, 6th and 7th standard were selected from three schools in

Western Turkey. The results showed that 80% of the participants were found not to be involved in any kind of bullying whereas, 20% of the students were found to be involved in the cycle of bullying (5% as a bully, 8% as a victim, and 7% as bully-victims). Similarly, a study conducted in Vietnam to check for the association between bullying and mental health. The study was conducted among 1424 middle school and high school students. The results showed high level of victimization leads to higher levels of depression; and psychological distress. (Campbell, M. A., Gatton, M. L., Tran, N. T., & Dunne, M. P. (2017)

- Corboz J,(2018) in a study conducted in Afghanistan has found strong associations between children's victimization and perpetration of peer violence and exposure to violence at home, either through experiencing physical punishment or witnessing violence between adults
- In a study among 8-12 year old children studying in public and private schools in rural areas in India, Bullying was reported by 157 (31.4%) of the 500 children interviewed. There was no significant difference in the prevalence of bullying amongst boys and girls in co-education schools. However, it was significantly low in schools enrolling girls alone. Teasing and keeping names were the commonest forms noticed. Causing physical hurt was reported by 25 (16%) students. Only 24 (24%) parents were aware that their children were being bullied. Feeling sad, preferring to stay alone and frequent tearing of clothes were almost exclusively noted in bullied children and bullied children were more likely to report symptoms such as school phobia, vomiting and sleep disturbances.(Kshirsagar VY, Agarwal R, Bavdekar SB, 2007).
- A recent survey conducted by Nielsen for ICRW/UNFPA covering 9,000 men aged 15 to 49 years, across the seven states of Punjab, Haryana, Rajasthan, Uttar Pradesh, Orissa, Madhya Pradesh and Maharashtra made retrospective enquiries into their lives before they turned 18 years old. The findings revealed that a staggering 86% of the men reporting either their own experiences or witnessing incidents of discrimination or harassment during their adolescent years. The questions to assess discrimination addressed a range of issues from beating, sexual abuse and bullying to observing domestic violence.
- The survey conducted by Nielsen and data analyzed and published by ICRW/UNFPA also observed that exposure to violence and discrimination during childhood lead to boys internalizing bullying as acceptable behavior. This is reflected in their behavior – as adults –towards their partners with 44% admitting to doing violence in past 12 months as compared to 14% of men who had not experienced any discrimination during childhood. The above review justifies the need for more research into the area of adolescent bullying especially underlines the need for new and effective methods to reduce aggression in schools.
- An assessment of the effect of assertiveness training on students was done by Rotheram and Armstrong (1980). Self-report measures of assertiveness were collected initially from eighty five, 9th and 12th grade students, who were thereafter provided training with specifically designed assertiveness 27 development programme. After undergoing training, a significant increase in assertiveness was noted among the participants. Marshall et. al. (1981) tested relative effectiveness of assertiveness training and anxiety reduction in the treatment of unassertiveness and social fear. The study revealed that assertiveness training leads to an increased level of assertion, while it does not lead to decrease in the level of social fear. The efficacy of assertiveness training was examined by Buell and Snyder (1981) by comparing it to a structured interview empathic respond procedure and an activity control procedure. Fifty-four male children and adolescents, ranging from 8 to 18 years in age, who were identified as non-problematic, mildly problematic or moderately problematic with reference to school performance, classroom behaviour and interpersonal skills, participated in the study. The results obtained from role playing test strongly suggested that giving assertiveness training to children leads to acquisition of behaviours which are viewed as

interpersonally effective and assertive. These effects persisted after treatment.

- In a study conducted by Quinsey, Maguire and Varney (1983), role-play assertiveness was assessed among inmates in a forensic psychiatric facility and compared with assessments completed for community control subjects. The community control subjects exhibited higher levels of assertiveness than the offender subjects.
- Assertiveness training was found to be more effective in enhancing social skills. Assertiveness training courses emphasizing differences among assertiveness, aggression, self-esteem, female and male socialization and the relationship between assertiveness and everyday problems were conducted by Crandall et.al. (1988). Findings in the study revealed that assertiveness training increased self-esteem and self-actualization level of college students significantly, with effects enduring for one year.
- Ashouri (2008), working with the 32 high-school students in Iran, showed that therapeutic group centralized on self-assertion and assertiveness caused a reduction in aggression and increase in educational progress
- Makhija & Singh (2010), working in Indian settings, undertook a test of effectiveness of assertiveness training among the adolescents. Involving eighty boys and eighty girls, studying in 10th and 11th grades in the public school of Chhattisgarh, Makhija & Singh (2010) revealed that the experimental group of students, after receiving training in assertiveness, developed higher level of self-esteem as compared to students of the control group, which did not receive any such training. The study also concluded that assertiveness training programme do not have significant effects on academic achievement of students.

V. METHOD

This study was conducted among middle school (Classes 6, 7 and 8) of a reputed Public School with

campuses across India. The sample for the study was sought after intense discussions with teachers and counsellors of the school. The intervention was carried out inside the school campus only with prior permissions from parents, students, teachers and the school authorities.

VI. SAMPLING

For the present study, a purposive sample of 120 students belonging to classes 6, 7 and 8, aged between 10-13 years were chosen. All these students had a history of bullying, aggressive behaviour, getting into fights (Physical and Verbal) and the victims of these respective actions were chosen. Sixty students with a history of at least three discipline sittings with the counsellor and teacher were selected for Experimental Group 1 and Control Group 1. Sixty victims of bullying were selected for the Experimental Group 2 and Control Group 2. An initial interview with the students and their parents sought their consent for improving aggressive behaviour by simple psychotherapeutic techniques which were explained to them. After Pretest, the selected 60 subjects were randomly equally divided into two groups, namely Experimental Group (Experimental Group 1 and 2) and a (Wait list) Control Group (1 and 2) for different therapies, namely Group Therapy, Psychodrama and Counselling directed to reduce Aggressive Behaviour for Experimental Group 1. The Experimental Group 2 underwent Assertiveness Training and Group Therapy, Psychodrama and Counselling directed towards increasing assertiveness. The (wait list) control groups 1 and 2 received the therapy the next year.

VII. TOOLS USED

1 The Aggression Scale
Initial Pretest involved Administration of the Aggression Scale. This is an 11 item self-report measure by Orpinas. P and Frankowski. R. (1994). The scale consists of 11 items designed to measure self-reported aggressive behaviours among middle school students (sixth, seventh, and eighth graders). The scale was evaluated by the authors in two independent samples of young adolescents (n=253 and n=8,695). Reliability scores were high in both

samples, and did not vary significantly by gender, ethnicity, or grade level in school. Aggression scores also were stable in a 2-year follow-up study by the authors of the scale. The scale is brief, is easy to administer, and focuses on overt behaviours. Construct Validity for the Scale was deduced by a survey that was administered to participating students, composed of the Aggression Scale, other measures of aggression, and predictors of aggression. Univariate analysis of variance showed a positive relation between the mean score in the Aggression Scale and the number of injuries due to fights, $F(3, 245) = 14.1$, and the number of days students carried a weapon, $F(3, 248) = 16.1$. All these relations were statistically significant ($p < .0001$). The internal consistency scores, estimated with Cronbach's alpha coefficient, were high (.87 for the total sample). Content validity was analysed at three levels: experts from the university, teachers and counsellors with experience working with students, and by the students themselves.

Reliability was established through test-retest method. Stability over time was evaluated by a paired t test comparing the mean difference between pairs of evaluations with a 1-year and a 2-year difference. Mean differences were not significant statistically. Correlation coefficients between pairs of evaluations were fairly high and, as expected, were higher over the 1-year follow-up than over the 2-year follow-up (1994-1995: $r = .63$; 1995-1996: $r = .56$; 1994-1996: $r = .50$).

The norms are fairly easy with more instances of aggressive behaviours over the past years scoring higher on the aggression scale. The scale requests information about behaviours during the past 7 days. Responses to each item can range from 0 times through 6 or more times. Responses are additive; thus, the Aggression Scale ranges between 0 and 66 points. The instructions for completing the scale are given orally by the person administering the scale. Scores between 40-66 are interpreted as high aggression. Scores between 20-39 are interpreted as Average Aggression, while 0-20 are interpreted as Low Aggression for purposes of this study.

Along with the self-report scale, a teacher rating was taken from the class teachers. Teachers ranked students in a 4-point scale:

0: not aggressive;

1: Low Aggression, once or twice a week is aggressive toward other students;

2: moderately aggressive, several times a week is aggressive toward other students or has some difficulty controlling his or her anger; and

3: Highly aggressive, frequently is aggressive toward other students or is usually very angry.

Physical and verbal aggression, as well as anger, was defined using the same behaviours described in the Aggression Scale. Teachers received written instructions on how to rate students.

2 Assertiveness Formative Questionnaire

Assertiveness was measured by the Assertiveness Formative Questionnaire (Erickson, A.S. & Noonan, and P.M. 2018). The questionnaire has 20 items that students complete the questionnaire by self-rating items on a 5-point, Likert-type scale. This scale ranges from 1 (Not very like me) to 5 (Very like me). So the score ranges from 20 to 100. When converted to a 100-point scale, the bottom quartile ranged from 28 to 62 and the top quartile ranged from 75 to 100. There are positive and Negative Statements in the Questionnaire. The Questions 3, 5, 6, 7, 8, and 15 are Negative Statements and are scored reverse. Questions 1 to 13 are about Expressing one's Wants, Needs and Thoughts. Questions 14 to 20 deal with respecting others. Higher Scores indicate better Assertiveness.

Along with the self-report on Assertiveness, a Teacher rating for assertion was also taken. The Teacher Rating measure was as follows:

1: Low Assertiveness- The student, passively tolerates aggression or teasing and fails to stand up for himself or herself effectively

2: Average Assertiveness- The student is moderately Assertive, especially in safe Zones where a teacher is present in the vicinity or manages to get away, move away from the area where Bullying occurs.

3. High Assertiveness- The student most of the time stands up for himself/herself and uses Assertive Body Language.

The 60 students in the Experimental Group 1 and 2 were given Counselling (On a weekly basis), along with Group Therapy. The Group Therapy involved groups of 5 or 6 students at one time. These Groups met once a week. The Groups had equal number of members of both the Experimental Groups. The main discussions revolved around the need for an alternate method of communication (Assertive Communication for the victims and Positive Communication for the Aggressors).

Psychodrama was performed, where the students were given alternate roles, every week. One week, the aggressor was given the role of the victim, and the next week the aggressor was given the aggressor's role to use alternate methods of communication learnt in the counselling and Group Therapy sessions. The Victim was given the role of the Aggressor, Victim and the Bystander alternately. The students were given alternate roles to play every week. Once a month, they were given the role of a passive bystander. In the next counselling sessions, discussions were held as to how the student looked at each of the roles, they got to play. Feedback was taken from the student and parents every month. This pattern of therapy continued for a whole year, leaving the couple of weeks when the students had their examinations.

A sample of the sessions for a group of six students is given below:

Week1: Session 1: Psychodrama: Theme and Dialogues given by the Counsellor
Student A and B: Role Given: Aggressors
Student B and C: Role Given: Victims
Student C and D: Role Given: Passive Bystanders

Week2: Session 2: Psychodrama: Theme Changed and Dialogues given by the Counsellor
Student A and B: Role Given: Victims
Student B and C: Role Given: Aggressors
Student C and D: Role Given: Passive Bystanders

Week3: Session 3: Psychodrama: Theme Changed and Dialogues given by the Counsellor
Student A and B: Role Given: Passive Bystanders
Student B and C: Role Given: Victims
Student C and D: Role Given: Aggressors

Week4: Session 4: Psychodrama: Theme Changed and Dialogues given by the Counsellor
Student A and B: Role Given: Aggressors
Student B and C: Role Given: Passive Bystanders
Student C and D: Role Given: Victims

When the Psychodrama, proceeds to the next month, the theme is kept flexible with the students consulted on the theme they want to play act and the dialogues they want to use. Constant feedback ensures that the students develop an awareness of their aggressive acts and understands the mind-set of the victim and also their reasons for the aggression. Slowly, it is observed during the Counselling sessions and the Group therapy sessions that the alternate means of communication is thoroughly discussed for its merits. Small reinforcements are given to students who try these positive communication patterns in their dealings with their peers.

For the Victims there was also held an Assertiveness Training Programme for a period of one year. (Once a week frequency).

Assertiveness Training Program has the following objectives:

- To improve the ability of students to stand up for their rights in the face of peer pressure, especially when faced with a bully.
- To help the student understand the difference between Aggression, Assertion and Passive Behaviour.
- To help students take more responsibility for their choices and their consequences of their choice.
- To help Students develop Proactive Strategies of Communication and develop better Inter Personal Communication.
- To help students adopt a better nonverbal communication pattern especially focusing on Body Language. (Maintaining Eye Contact, Focusing on Posture, Volume of Speech etc.).

Also in the Group Therapy Sessions and the Counselling sessions, the students are encouraged to:

- Rephrase and Reuse passive statements into assertive statements, "I Statements". (With prompts).

- Determines personal boundaries and generates assertive statements and an assertive
- Body language to apply if boundaries are compromised.
- Demonstrates the ability to respond to different points of view respectfully in a safe environment.

All the Group Therapy sessions were coordinated by the Counsellor and the students were assured confidentiality and hence got encouraged to blame others who motivated their aggression. Also the need for popularity and attention as the cause for their aggression and Bullying were encouraged to be discussed. Students spoke about feeling powerful and the alternate methods of attaining power were also discussed. The victimized students discussed about how fearful they were of any social confrontations and how they had decided to become passive to all insults heaped on them. The Group Therapy sessions were steered to be constructive if they got a little embarrassing for any particular student. Positive communication was encouraged. Towards the end of the year, the students themselves helped their peers in the group in positive communication and awareness of the impulsivity of aggressive behaviour.

At the end of the year, the self-report Aggression Scale and the Assertiveness Formative Questionnaire was again administered. Also the teacher ratings were again collected and recorded.

VIII. RESULTS

Statistical Analysis was performed using the SPSS 21 version software.

The statistics were conducted to prove the homogeneity of sample among the Experimental and Control Groups. Independent sample T test was conducted for the same. Table 1 shows the results of the independent sample T test.

TABLE 1

Independent sample T test to test the Homogeneity of the sample.

Score	Sample	N	Mean	Std. Deviation	t
Aggression Self Report Pretest Score	Experimental Group 1	30	2.47	0.507	0.513
	Control Group 1	30	2.40	0.498	
Teacher rating Pretest Score	Experimental Group1	30	2.53	0.507	0.254
	Control Group 1	30	2.50	0.509	
Assertiveness Self Report Pretest Score	Experimental Group 2	30	1.27	0.450	0.000
	Control Group 2	30	1.27	0.450	
Teacher rating Pretest Score	Experimental Group 2	30	1.27	0.450	0.293
	Control Group 2	30	1.23	0.430	

The Table 1 shows that the “t” values are not significant; hence there is no significant difference between the Experimental and Control Groups in each of the cases. This shows the homogeneity of the groups before therapy. The Experimental and Control groups are similar in each case and hence can be compared for the effects of the therapy.

Analysis was performed to identify the correlations between the Aggression Self-reported scores and Teacher Ratings for the Pretest (Before Therapy Scores) for both the experimental and the control group. Also the Correlations between the Aggression Self Report Scores and the Teacher Ratings for the Experimental and Control Group for the Post test (After Therapy) Scores are given below.

TABLE 2 Shows the correlation among the groups.

GROUPS	N	MEAN	STD. DEVIATION	PEARSON CORRELATION
Pretest Aggression Scores Experimental Group 1	30	2.47	0.507	0.741**
Pretest Teacher Aggression ratings Experimental Group 1	30	2.53	0.507	
Pretest Aggression Scores Control Group 1	30	2.40	0.498	0.816**
Pretest Teacher Aggression ratings Control Group 1	30	2.50	0.509	
Posttest Aggression Scores Experimental Group 1	30	1.07	0.254	0.464**
Posttest Teacher Aggression ratings Experimental Group 1	30	1.07	0.254	
Posttest Aggression Scores Control Group 1	30	2.30	0.535	0.618**
Posttest Teacher Aggression ratings Control Group 1	30	2.37	0.490	
Pretest Assertiveness Scores Experimental Group	30	1.27	0.450	0.489**
Pretest Teacher Ratings Assertiveness Experimental Group 2	30	1.27	0.450	
Pretest Assertiveness Scores Control Group 2	30	1.27	0.450	0.154
Pretest Teacher Ratings Assertiveness Control Group 2	30	1.23	0.430	
Posttest Assertiveness Scores Experimental Group 2	30	2.80	0.407	0.447 *
Posttest Teacher Ratings Assertiveness Experimental Group 2	30	2.83	0.379	
Posttest Assertiveness Scores Control Group 2	30	1.17	0.379	0.000
Posttest Teacher Ratings Assertiveness Control Group 2	30	1.20	0.407	

** Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed)

The above table shows that the correlations between the Aggression Self Report Scores and the Teacher

ratings for the Experimental and Control Groups 1 and 2 for the Pretest and the Post test Scores each have a positive Correlation showing that the students and teachers have given similar scores for the level of aggression and assertion present in the students. While

in the Control Group 2 for Assertiveness, The level of Correlation is very less for both the Pretest and the Post test.

performed between samples of the experimental group, before and after therapy. The results are tabulated in Table 3.

Now, the statistics for the comparison of the effects of therapy. For this purpose, a paired sample T test was

TABLE 3
Paired sample T test between samples of the Experimental group, before and after therapy.

Pairs	Score	N	Mean	Std. Deviation	t
Pair 1	Pretest Aggression Scores Experimental Group 1 - Posttest Aggression Scores Experimental Group 1	30	1.40	0.498	15.389*
Pair 2	Pretest Teacher Aggression ratings Experimental Group 1- Posttest Teacher Aggression ratings Experimental Group 1	30	1.467	0.571	14.060*
Pair 3	Pretest Assertiveness Scores Experimental Group 2- Posttest Assertiveness Scores Experimental Group 2	30	1.533	0.681	12.324*
Pair 4	Pretest Teacher Assertiveness ratings Experimental Group 2 - Posttest Teacher Assertiveness ratings Experimental Group 2	30	1.567	0.626	13.706*

*Significant at the 1% level.

All the T values show high level of significance. This means that there is significant difference in the level of aggression and Assertiveness in the experimental groups before and after therapy. Also this significant difference is seen in both the self-report aggression and assertion scores as well as the teacher ratings. The reason for such significant differences is the therapeutic interventions carried out. The Psychodrama sessions, the Group therapy sessions and

the Counselling sessions have been beneficial in reducing the aggression levels of the Experimental Group1 and increasing the assertion levels as seen in the t values of all the above pairs.

Further, an independent sample T test was performed between the experimental and control groups after therapy to understand the effect of the therapy.

TABLE 4

Independent sample T test between the experimental and control groups after therapy

Score	Sample	N	Mean	Std. Deviation	t
Aggression Self Report Post Score	Experimental Group 1	30	1.07	0.254	11.409*
	Control Group 1	30	2.30	0.535	
Teacher rating Post test Score	Experimental Group 1	30	1.07	0.254	12.902*
	Control Group 1	30	2.37	0.490	
Assertiveness Self Report Post Score	Experimental Group 2	30	2.80	0.407	16.089*
	Control Group 2	30	1.17	0.379	
Teacher rating Post test Score	Experimental Group2	30	2.83	0.379	16.089*
	Control Group 2	30	1.20	0.407	

*Significant at the 1% level.

The T values show high significance that is there is significant difference between the Experimental and Control groups after therapy indicating that changes have been made possible in the aggression levels and assertion levels due to the direct effect of the therapy. The changes brought about in the experimental group can be clearly compared and wrought as the result of the intensive therapeutic interventions carried out.

Another paired samples T test was performed between the before and after therapy scores for the Control group shown in Table 5. This was done to find out if any changes occurred in the aggression and assertion levels of the control group 1 and 2.

TABLE 5

Paired samples T test between the before and after therapy scores for the Control group.

Pairs	Score	N	Mean	Std. Deviation	t
Pair 1	Pretest Aggression Scores Control Group - Posttest Aggression Scores Control Group 1	30	0.100	0.803	0.682
Pair 2	Pretest Teacher Aggression ratings Control Group - Posttest Teacher Aggression ratings Control Group 1	30	0.133	0.730	1.000
Pair 3	Pretest Assertiveness Scores Control Group - Posttest Assertiveness Scores Control Group 2	30	0.100	0.548	1.000
Pair 4	Pretest Teacher Assertiveness ratings Control Group - Posttest	30	0.033	0.320	0.571

	Teacher Assertiveness ratings Control Group 2				
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All the t values are not significant. This shows that there is no significant difference in the Control group before and after therapy in the self-report scores as well as teacher ratings for Aggression and Assertion.

The statistics prove that the significant results have been brought about in the experimental group in the aggression levels as tested by the self-report and the teacher ratings. These show the effects of the therapy undergone by the experimental group 1. Moreover, the same changes were not observed in the Control Group. Such results signify the effects of the combination of Psychodrama, Group Therapy and Counselling sessions as they were useful in bringing about a change in the aggressors due to an insight into the aggressive behaviour from the victim’s point of view as well as the neutral bystander’s point of view. All these effects were interlaced with the positive communication patterns learnt during the group Therapy sessions and the follow up counselling sessions.

The statistics also prove that significant changes have been brought about in the Assertiveness levels of the Experimental Group 2. The same changes have not been seen in the Control group 2 that did not undergo the Assertiveness Training, Group Therapy, Psychodrama and Counselling Interventions. Thus this study validates as a useful intervention that can be effectively carried out in schools by investing little time and effort from the teacher, student, parent and the school.

IX. FOLLOW UP

A Follow Up of the Aggression and Assertiveness Self rating Scores were done after one year. The results of the Repeated Measures ANOVA are displayed below:

TABLE 6. Descriptive Statistics of the Aggressive Behaviour in the Pre-Post- Follow up Phase of the Therapy among Students indulging in Bullying

	N	Mean	Std. Deviation
Pre-test Aggression Scores	30	2.47	0.51
Post-test Aggression Scores	30	1.07	0.25
Follow up Aggression Scores	30	1.03	0.18

TABLE 7. Tests of within Subjects in Pre- Post and Follow-up of the Therapy on the Aggressive Behaviour in Students

Source	Type III Sum of Squares	df	Mean Square	F	Si g.	Par tial Eta Squ are d	
Time	Sphericity Assumed	40.156	2	20.08	224.906	0.000	0.886
	Greenhouse-Geisser	40.156	1.20	33.36	224.906	0.000	0.886
	Huynh-Feldt	40.156	1.22	32.73	224.906	0.000	0.886

	Lower-bound	40.156	1.00	40.16	224.906	0.000	0.886
Error (Time)	Sphericity Assumed	5.178	58	0.089			
	Greenhouse-Geisser	5.178	34.90	0.15			
	Huynh-Feldt	5.178	35.58	0.15			
	Lower-bound	5.178	29.00	0.18			

Figure 1: Mean Plots of Aggressive Behaviour among students in Pre-Post and Follow-up of the intervention.

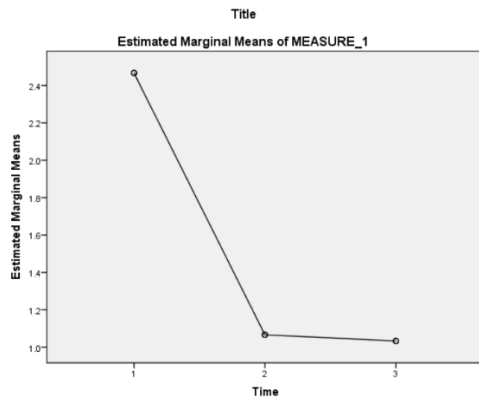


TABLE 8. Post Hoc Comparison of perception of Aggressive Behaviour among Students in the Pre-Post-Follow-up Phase of Therapy

(I) Time	(J) Time	Mean Difference (I-J)	Std. Error	Sig. ^b

1	2	1.400*	0.091	0.000
	3	1.433*	0.092	0.000
2	1	-1.400*	0.091	0.000
	3	0.033	0.033	0.977
3	1	-1.433*	0.092	0.000
	2	-0.033	0.033	0.977

A repeated measures ANOVA was done to determine whether the Self Report Aggressive behaviour among the students indulging in bullying differed statistically significantly in the pre- post-follow-up Intervention time periods. The results were found to be significant ($F(1.20, 34.90) = 224.906, P < 0.00$). Post hoc tests showed that the Therapy showed reduced Aggressive behaviour among students from pretest ($M=2.47, SD=0.51$) to post test ($Mean=1.07, SD=0.25$), which was statistically significant. The reduction in Aggressive behaviour was found to be maintained in Follow-up up phase also ($M=1.03, SD=0.18$). The effect size $\eta^2 = .886$ was found to be significant in making changes as the result of the intervention. Therefore, it is concluded that there is significant reduction in the Aggressive behaviour among students indulging in Bullying following the Therapy.

Another Repeated Measures ANOVA was done to determine the effects of the therapy on the Assertiveness levels of the students who are victims of the bullying in the Pretest, Post-test and Follow Up phase. The results are reported below:

TABLE 9. Descriptive Statistics of the Assertiveness in the Pre-Post- Follow up Phase of the Therapy among Students who are Victims of Bullying

	N	Mean	Std. Deviation
Pre-test Assertiveness Score	30	1.27	0.450

Post-test Assertiveness Score	30	2.80	0.407
Follow Up Assertiveness Score	30	2.90	0.305

TABLE 10. Tests of within Subjects in Pre- Post and Follow-up of the Therapy on the Assertiveness in Students who are Victims of Bullying

Source		Type III Sum of Squares	dF	Mean Square	F	Sig.	Partial Eta Squared
Time	Sphericity Assumed	50.289	2	25.144	174.077	0.000	0.857
	Greenhouse-Geisser	50.289	1.286	39.112	174.077	0.000	0.857
	Huynh-Feldt	50.289	1.320	38.107	174.077	0.000	0.857
	Lower-bound	50.289	1.000	50.289	174.077	0.000	0.857
Error (Time)	Sphericity Assumed	8.378	58	0.144			
	Greenhouse-Geisser	8.378	37.8	0.225			

Huynh-Feldt	8.378	38.270	0.219			
Lower-bound	8.378	29.000	0.289			

Figure 2: Mean Plots of Assertiveness among students who are victims of Bullying in Pre-Post and Follow-up of the Therapy.

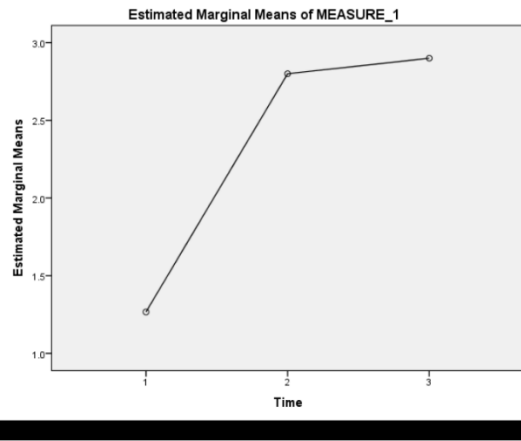


Table 11: Post Hoc Comparison of perception of Assertiveness among Students who are victims of Bullying in the Pre-Post-Follow-up Phase of Therapy

(I) Time	(J) Time	Mean Difference (I-J)	Std. Error	Sig. ^b
1	2	-1.533*	0.124	0.000
	3	-1.633*	0.102	0.000
2	1	1.533*	0.124	0.000
	3	-0.100	0.056	0.249
3	1	1.633*	0.102	0.000
	2	0.100	0.056	0.249

Based on estimated marginal means
 *. The mean difference is significant at the .05 level.

- Adjustment for multiple comparisons: Bonferroni.

A repeated measures ANOVA was done to determine whether the Self Report Assertiveness among the

students who are victims of bullying differed statistically significantly in the pre- post-follow-up Intervention time periods. The results were found to be significant ($F(1.28, 37.28) = 174.077, P < 0.00$). Post hoc tests showed that the therapy showed increased Assertiveness among students who are victims of Bullying from pretest ($M=1.27, SD= 0.45$) to post test ($Mean=2.80, SD=0.407$), which was statistically significant. The increase in Assertiveness was found to be maintained in Follow-up up phase also ($M=2.90, SD= 0.305$). The effect size $\eta^2 = .857$ was found to be significant in making changes as the result of the intervention. Therefore, it is concluded that there is significant increase in the Assertiveness among students who are victims of Bullying following the Therapy.

CONCLUSION

From the above study, it can be concluded that the therapy, which was a combination of Group Therapy, Counselling Sessions and Psychodrama was indeed effective in reducing the aggression levels of the students who indulge in bullying and the addition of Assertiveness Training to Group Therapy, Psychodrama and Counselling was effective in increasing the Assertiveness levels of the victims. Moreover, the reverse and neutral roles taken up by them during the psychodrama helped the students get an outsider perspective of the issue of aggression and bullying in schools. The Group Therapy helped them vent out their frustrations and the peers involved helped them find better communication patterns. The Assertiveness Training helped the victims in developing a positive communication and stand up for their rights. The Role reversals in the Psychodrama helped the victims get a better perspective on the bully and also on their roles. Moreover, the Group therapy helped the victims to work out their self-esteem and get better at their communication as well as help likeminded victims. The Counselling sessions helped them remain motivated throughout the one year of the intervention.

REFERENCES

[1] Alberti, R., & Emmons, M. (1970). *Your perfect right: A guide to assertive living*. San Luis Obispo, CA: Impact Publishers.

[2] Alberti, R., & Emmons, M. (2001). *Your perfect right: Assertiveness and equality in your life and relationships*. (8th ed.). San Luis Obispo, CA: Impact Publishers.

[3] Arslan s, h. v. (2012). Bullying and Victimization among Turkish children and adolescents: examining prevalence and associated health symptoms. *European journal of pediatrics* , 1549-57.

[4] Ashouri A, Torkman Malayeri M, Fadaee Z. The Effectiveness of Assertive Training Group Therapy in Decreasing Aggression and Improving Academic Achievement in High School Students. *Iranian Journal of Psychiatry and Clinical Psychology*. 2008; 14:389-93

[5] Buell. G and Snyder. j (1981) Assertiveness Training with Children. *Psychological reports*. Vol 49, issue 1.

[6] Campbell, M. A. (2017). Longitudinal associations between bullying and mental health among adolescents in Vietnam.

[7] Chui WH, C. H. (2013 Apr 30;37(4)). Association between selfcontrol and school bullying behaviors among Macanese adolescents.. *Child abuse & neglect* , :237-42.

[8] Corboz. J (2018) Children's peer violence perpetration and victimization: Prevalence and associated factors among school children in Afghanistan, in *PLoS One*. 2018; 13(2): e0192768. Published online 2018 Feb 13. doi: 10.1371/journal.pone.0192768

[9] Crandall, C. S., Preisler, J. J., & Aussprung, J. (1988). Measuring life event stress in the lives of college students: Undergraduate Stress Questionnaire (USQ). *Journal of Behavioral Medicine*, 15, 627–662

[10] Dhal. A, Bhatia. S, Vidhi Sharma, Priyanka Gupta. Adolescent Self Esteem, Attachment and Loneliness. *Journal of Indian Association for Child and Adolescent Mental Health*. 2007; 3(2): 61- 63

[11] Doverspike, W. F. (2009, May). Assertiveness: A key to good communication. Retrieved from <http://drwilliamdoverspike.com/>

[12] Gini.G and Pozzoli. T, (2013) “Bullied Children and psychosomatic Problems: A Meta - Analysis.

- Pediatrics: Official Journal of the American Academy of Pediatrics,
- [13] Gaumer Erickson, A.S. & Noonan, P.M. (2018). Assertiveness formative questionnaire. In *The skills that matter: Teaching interpersonal and intrapersonal competencies in any classroom* (pp. 181-182). Thousand Oaks, CA: Corwin.
- [14] Gaumer Erickson, A.S., Soukup, J.H., Noonan, P.M., & McGurn, L. (2018). Assertiveness formative questionnaire technical report. Retrieved from <http://www.researchcollaboration.org/uploads/AssertivenessQuestionnaireInfo.pdf>
- [15] ICRW/UNFPA (2014): Masculinity, Intimate Partner Violence and Son Preference in India, <http://www.icrw.org/sites/default/files/publications>.
- [16] Kshirsagar VY, Agarwal R, Bavdekar SB. Bullying in schools: prevalence and short-term impact. *Indian pediatrics*. 2007 Jan 1; 44(1):25.
- [17] Marshall, L., & Kidd, R. (1981). Good news or bad news first? *Social Behavior and Personality: An international journal*, 9, 223-226.
- [18] Mehta, Manju & M Pilania, Vidhi. (2014). Bullying in Indian School Going Adolescents. *Indian journal of pediatrics*. 81. 10.1007/s12098-014-1611-4.
- [19] Orpinas. P and Frankowski. R. (1994). The Aggression Scale: : A Self-Report Measure of Aggressive Behavior for Young Adolescents, *The Journal of Early Adolescence* 2001 21: 50
- [20] Pandey S, Simi JL, Judie A et al. A pre experimental study to evaluate the effectiveness of assertiveness training on self-esteem among adolescent girls in selected school, Nepal. *International Journal Health Sci Res*. 2016; 6(8):241-246.
- [21] Quinsey, V. L., Maguire, A., & Varney, G. W. (1983). Assertion and over controlled hostility among mentally disordered murderers. *Journal of Consulting and Clinical Psychology*, 51(4), 550-556.
- [22] Robers S, Kemp J, Rathbun A, Morgan RE. Indicators of School Crime and Safety: 2013. NCEs 2014-042/NCJ 243299. National Center for Education Statistics. 2014 Jun.
- [23] Rotheram MJ, Armstrong M, Booraem C. Assertiveness training in fourth- and fifth-grade children. *American Journal of Community Psychol*. 1980 Oct; 10(5):567-82.
- [24] Singh Promila, Makhija Mona. Effectiveness of assertiveness training programme on self-esteem and academic achievement in adolescents. *International Research Journal*. 2010; 11(7): 258 – 262
- [25] Smith, M. J. (1975). *When I say no, I feel guilty*. New York: Bantam Books.
- [26] Snyder, G. B. (1981). *Assertiveness Training with Children*. Psychological reports , Vol 49, Issue 1.
- [27] Votey, S. (1989). Helping Teens to Say “No”: An Assertiveness Training Program for sophomores. *The School Counselor*, 36(3), 198-202. Retrieved from <http://www.jstor.org/stable/23900082>