

**PREVENTING FEAR AND ANXIETY AS EMOTIONAL IMPULSE  
CONTROL DISORDER THROUGH BEHAVIOURAL COUNSELLING  
AMONG SECONDARY SCHOOL ADOLESCENTS**

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**ABSTRACT**

A behaviour becomes a disorder when an impulsive action results from the tension that has built to the point where the person can no longer resist it. The adolescent goes through a physical and mental growth during this time and therefore changes a lot. It is crucial for the parents to be more supportive during this time. If the rebel in a child has finally come out during these years, the best way is to play it down for a while otherwise it may lead to impulse control disorder. Such as stealing, smoking, among others. This paper x-rays causes, preventing fear and anxiety as impulse control disorder through behavioural counseling, types, inclusion. The paper also makes recommendations such as Students should be protected against embarrassment in the society to ensure proper management of impulse control disorder by the parents and counselors. Again government should make educational policy for effective implementation of guidance and counselling in schools at all levels and to guide against impulse control disorder among secondary schools adolescence.

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**INTRODUCTION**

One of the most effective approaches to manage both individual and classroom behaviour which has gained tremendous support from parents, clinicians, psychologists, social workers, counselors and teachers, is behavioural counselling. Contemporary behaviour therapy has come from three forces namely classical conditioning, operant conditioning and cognitive therapy but emphasis is on classical conditioning behavioural counselling technique such as extinction was found useful in preventing emotional impulse control disorder such as fear and anxiety.

**THE MEANING OF EMOTIONAL IMPULSE CONTROL DISORDER**

An impulse control disorder is a condition in which a person has trouble in controlling emotions or behaviours often the behaviours violate the rights of others or conflict with societal norms and the laws which the secondary school adolescents stand the unlimited Chances of exhibiting this disorders (Obimba 2018).

**CAUSES OF IMPULSE CONTROL DISORDERS**

According to Unachukwu (2015) excess Behaviours that fall under this category include:- Smoking, excess alcoholism, Aggression, Anxiety, conflict, Truancy,

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Fobias, delinquency etc. They all required complete domination and not reduction with effective application of behavioural counselling therapies for the management of impulse control disorder. There are also some causes of these disorders.

These causes as enumerated by Batteson (2020) are as follows:-

Cultural factors: Children, families and teachers are part of a longer culture that moulds behaviour. Parents and teacher are parts of a longer culture that mould behaviour and this behaviours may finally end with impulsivity disorders. Parents and teachers tend to hold values, and set behavioural standard and expectations, consistent with those of the cultures in which they live and work and consequently apply behavioural counselling therapies for proper management of these disorders.

Children's attitudes and behaviour learn towards the cultural norms of their families, peers and communities. When a child's family or school values conflict with other cultural norms, behavioural development may be adversely affected. Different cultural forces pull the child's behaviour in different directions, and create conflicting expectations and increase the probability that he or she will violate cultural norms and behave a deviant Corey in Edeh (2007). The conflicting cultural values and standards may be influenced by the following sub factors and cause young ones to misbehave and possibly result to impulsiveness which can only be managed with the aid of behavioural counselling therapies (Unachukwu (2015).

These also include: Mass Media, The Community, Intermarriages and Teenage Sexuality. However, there are other things that may expose children to new challenges which may also cause misbehave. These are child abuse, ambitions aspirations, rural-urban migration, parental separation, broken homes. divorces, homeless and orphaned, living with people of opposite sex and Racism (Obimba 2018).

School factors- Apart from the family, the school is the next socializing agent for the children and young ones. Conditions outside the school can influence children behaviour in school. Many children do not show behavioural problem until they go to school. Schools can contribute to disorder. Below average intelligence and inadequate academic achievement are characteristics of pupil with behaviour disorder (UNESCO, 2007). Conduct disorder, low intelligence and achievement provide gloomy elements for adulthood. These disorders craves for access behavioural tendencies which if it is not controlled will be detrimental to the life of the child. Therefore there is need to apply behavioural counselling therapies for effective management of these excess behaviours otherwise called impulse control disorders (Umezike 2019)

The demand of the school and a pupil's social and academic ability probably

affect each other. Pupils who are healthy, intelligent, socio-economically advantages, with good self-esteem accurate and interpersonal skills, attract others to respond to them positively. These advantages are sensitive to the personal power and social status. Intelligence and achievement produce acceptability, self-esteem accurate social perception and status and in turn induce positive social responses from others and facilitate achievement. The following six ways are the possible ways the school can contribute to the development of disordered behaviours and academic failure (Akinboye Nduka ozo 2015):

1. Insensitivity to students' individuality.
2. Inappropriate student expectation
3. Inconsistent management of behaviour
4. Instruction in non-functional and irrelevant skills.
5. Destructive contingencies of reinforcement.
6. Undesirable models of school conduct (Akinboye Nduka ozo 2015).

**Religious Factors-** A number of new religious has been and is being introduced. Some are moderate but many are extremist in their teaching. Young boys and girls find some religious appealing. Most religious tend to maintain a believe in their inferior status of women and this has implications for girl's self confidence and striving for excellence on equal terms with boys. It affects their aspirations to enter careers where they have to compete with man. However, Unachukwu (2015), highlighted the following common excessive behavioural patterns among young boys and girls. These are:

- a. **Stealing:** this is a impulsive behaviour. It includes stealing money and school property or stealing fellow students' belongings. In many schools, stealing is a punishable offence and can easily lead to expulsion.

#### **Factors that may lead to stealing**

1. If the child is not satisfied
2. Some family members steal
3. Peer influence
4. The child is not aware that stealing is bad
- b. **Truancy:** This includes staying away from school for no justifiable reason and loitering or wandering. This leads to losing valuable study time and may ultimately lead to failure.
- c. **Lying:** Lies are told to classroom teachers, head teachers and prefects. Sometimes parents report case of lying. A rude teacher who gives unfair punishment is likely to be lied to Obimaba (2018).

- d. Cheating: One may find pupils cheating in schools. Young people cheat at examinations, tests and in many school activities.
- e. Lateness: Pupils usually come late when schools start a new term, or go to class or to the hall. Inability to value and observe programmes results in pupils coming late.
- f. Smoking and Drinking Alcohol: Pupils who engage in the selling and buying of drugs end up as thieves, robbers, idlers etc.
7. **Internal Inhibition:** This is an active process on the part of the organism of preventing the occurrence of the conditioned response. Hence this refers to those things that are internal to students which prevent them from learning e.g retroactive inhibition which is the process by which the learning of new materials interfere with what we have learned before and proactive inhibition which means present learning interfere with what we learn later. The teacher in order to guide against inhibition has to implore, repetition or revision of lesson taught, he should also encourage practice (Corey in Edeh 2007).
8. **External Inhibition:** This is when some external stimulus that is extraneous to the conditioning process can inhibit a response. To prevent external inhibition conditioning experiments are done in sound-proof areas. In the same vein, teaching and learning should take place in environments that are secluded e.g not close to market, church, highways etc the teacher should also remove personal socio factors that may prevent students from learning.

### **FEAR AND ANXIETY AS IMPULSE CONTROL DISORDER**

A youngster who is initially fearless on the playground could be involved in a painful accident on a swing. As a result, the child may refuse to get involved on the playground the next day. This is the swing which was previously a neutral stimulus now brings about the response of fear in the child. Likewise, another youngster could learn to hate or fear school after an embarrassing situation or frightening experience as a result of impulse control disorder Akinboye in Nduka Ozo (2015). Another pupil may also learn to be very anxious or even physically sick during tests because previous tests have been characterized by failure as well as painful punishment and ridicule at home. In the above mentioned case, the students might have learnt certain things in the new situations because they had unpleasant experiences in similar situations in the past. Therefore the use of behavioural counselling therapies are necessary to curtail the behavioural disorders (Umeziuike 2019).

## **TYPES OF IMPULSE CONTROL DISORDER**

The types of Impulse control disorder are classified by Akinboye in Nduka Ozo (2015). as follows:

1. **Sexual compulsion:** This includes an increased urge in sexual behaviour and thoughts. This compulsion may also lead to several consequences in the individual's life, including chance for STDs and depression, increased risky partner selection as well as pregnancy. There has not yet been a determined estimate of its prevalence due to the secretiveness of the disorder.
2. **Internet Addiction:** The disorder of internet addiction has only recently been taken to consideration and has been added as a form of ICD. It is characterized by excessive and damaging usage of internet with increased amount of time spent chatting, web surfing, gambling, and pornography. Excessive and problematic internet use has been reported across all age, social and educational ranges. However, no epidemiological study has been conducted yet to understand its prevalence (Umezilike 2019).
3. **Compulsive Shopping:** It is characterized by a frequent irresistible urge to shop even if the purchases are not needed or cannot be afforded. The prevalence of compulsive shopping in the U.S. has been estimated to be 2.8% of the general adult population, with 80.95% of these cases being females, the onset is believed to occur in late teens or early twenties and the disorder is considered to be generally chronic (Corey in Edeh 2007).
4. **Pyromania:** Is characterized by impulsive and repetitive urges to deliberately start fires. Because of its nature, the number of studies performance for fire-setting are understandably very few. However, studies done on children and adolescents suffering from pyromania have reported its prevalence to be between 2.4 - 3.5% in the United States. It has also been observed that the incidence of fire-setting is more common in juvenile and teenage boys than girls of the same age.
5. **Kleptomania:** Kleptomania is characterized by an impulsive urge to steal purely for the sake of gratification. In the U.S. the presence of Kleptomania is unknown but has been estimated at 6 per 1000 individuals. Kleptomania is also thought to be the causes of 50% of annual shoplifting in the U.S. If true, 100,000 arrests are made in the U.S. annually due to Kleptomaniac behaviour (Corey in Edeh 2007). Impulse control disorder however is a common problem among individuals or persons Unachukwu (2015). A person with an

## **PREVENTION OF FEAR AND ANXIETY AS EMOTIONAL IMPULSE CONTROL DISORDER**

Fear and anxiety have a history in the field of counselling psychology, and such is traced to negative stimuli or unpalatable experiences. Prevent the development of such negative emotional reactions, especially in school; teacher can associate positive stimuli with students school experiences Unachukwu (2015). This could mean preparing students in the early junior or senior secondary) for potentially frightening experiences by telling them about their concerns. It also involves making the classroom a pleasant conducive and comfortable environment physically, socially and psychologically. Again, students should be protected against embarrassment, especially in the public and equally ensure proper management of impulse control behaviour in the classroom through behavioural counselling therapies (Bateson, 2020).

Besides, behavioural counselling technique known as extinction could be applied when students are faced with fearful or anxious situations Obimba (2018). For instance, if a student is afraid of cockroach, the teacher should encourage the student to touch the insect if it is certain that no harm will follow. Thus, encouraging students to put themselves in the problem situation and making sure that no harm follows will extinct their fear and anxiety. The reason behind this principle is that after several uneventful contacts with the insect (e.g cockroach), the fear will disappear (Unachukwu, 2015).

According to Woolfolk (2008), many fears that students have will not disappear easily because students will not put themselves in problem situation. For instance, if a student bluntly refuses to partake in a gym class, he or she will never learn that the embarrassment or pain of the past will not occur again. Even if the student takes part reluctantly, it is possible that the anxiety the students feels will actually interfere with his performance ((Bateson, 2020). Thus, chains of failures or other unpleasant experiences will continue.

The learned response of anxiety may be perpetuated. For instance, extreme anxiety while taking a test usually leads to poor performance, which in turn leads to more anxiety (Corey in Edeh 2007).

In this situation, simple extinction will not change the students' behaviour, because unpleasant experience will continue to be associated with the situation. Therefore one approach for coping with these more difficult situations is gradual extinction. For example, if a student is too fearful to participate in a gym class, he or she can gradually work out the problem by taking small steps towards the goal and thereby result to the prevention and management of impulse control disorders (Akinboye in Nduka Ozo 2015).

impulse control disorder is often unable to resist the sudden, forceful urge to do something that may violate the rights of others or conflict with societal norms. These impulsive behaviours may occur repeatedly quickly and without consideration of the consequences of the actions. Pyromania (intentionally starting fires) and Kleptomania (the urge to steal) are a well-known other examples but there are others (Bateson 2020).

Akinboye in Nduka Ozo (2015) asserted that disorders of impulse control are characterized with the following signs and symptoms that may point to an impulse control disorder in some individuals. It is not always easy to identify a disorder but the following flags may be a cause for attention.

- a. Behavioural symptoms- lying, stealing, starting fires, risky or promiscuous behaviour, aggressive or volatile behaviour.
- b. Cognitive symptoms-Obsessive behaviour being irritable or agitated, flying into a rage and poor concentration abilities.
- c. Social and emotional problems-low self esteem, social withdrawal or isolation, detachment and/or anxiety, drastic shifts in thoughts and moods and feelings of guilt or regret.

More importantly, a behaviour becomes a disorder when an impulsive action results from the tension that has built to the point where the person can no longer resist it. The immediate sense of relief from acting on impulsive behaviour is short lived. However, feelings such as guilt or shame may follow and repeated impulsive acts may lead to a number of negative consequences such as greater emotional distress or regret, in the long term. When the emotional toll or impulsive behaviour becomes unmanageable or seriously disrupts everyday life an impulsive control disorder is a likely cause (Akinboye in Nduka Ozo 2015).

On the other hand, according to Unachukwu (2015) some factors are capable of paving way for disorders of impulse control. Both internal and external stressors are known that triggers off disorders of impulse control. Many types of impulse control disorders are thought to stem from underlying neurological vulnerabilities coupled with environmental stresses. These risk factors of disorders of impulse control includes the following:

- a. Being male (males are more prone to disorders of impulse control than females)
- b. Genetic predisposition
- c. Chronic drug or alcohol use.
- d. Being subjected to trauma, abuse or neglect.
- e. Exposure to violence or aggression.

In addition Obimaba (2018). Opted that certain types of chemical imbalances

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may contribute to an disorder of impulse control in some individuals. Additional mental health issues such as depression or obsessive compulsive disorder (OCD), often co-exists in people with a disorder of impulse control. On account of these behavioural disorder impulse control that behavioural counseling therapies have being considered necessary in this research work.

(Akinboye in Nduka Ozo 2015), observed that behavioural counseling therapies are focused on human behaviour and looks to eradicate unwanted or maladaptive behaviour. Typically, this type of therapy is used applies the learning principles to change maladaptive behaviours Corey in Edeh (2007) the therapies do not focus on individuals achieving insights into their behaviour rather the focus is just on changing the behaviour. For example, if a behaviour therapist is working with an individual or client that has an alcohol problem, the behavioral therapist will design a programme to eliminate the behaviour of drinking-but there would be no focus on the issues or pathological symptoms causing the alcohol problem (Bateson 2020)

## **CONCLUSION**

This paper examined the concept of prevention of fear and anxiety as emotional impulse control among secondary school adolescents and need to control it by the parents to avoid leading to catastrophic situations like stealing etc both in the school and at home.

## **RECOMMENDATIONS**

1. Students should be protected against embarrassment in the society to ensure proper management of impulse control disorder by the parents and counselors.
2. Government should make educational policy for effective implementation of guidance and counselling in schools at all levels guide against impulse control disorder.
3. Teachers and relevant educational managers should be retrained on educational programme involving impulsivity.



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**Abstract**

The level of development of a country is affected by many factors. Economists tend to emphasize the impact of economic variables, but socio-political and religious factors can also be very important determinant of national development. This paper therefore examined the influence of religion on the development of Nigeria. Theories such as 'the philosophical theory of religion as a theory of terrorism' and 'protestant ethic and the spirit of capitalism' were used to clearly explain the influence of religion on national development. In sum, it was noted that the relationship between religion and development is likely to be complementary as long as religious beliefs and practices promote 'moderation' rather than 'extremes'.

**Key words:**

Religion, Development, National Development.

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**Introduction**

Religion is a system of social coherence commonly understood as a group of beliefs or attitudes concerning an object, person, unseen or imaginary being, or system of thought considered to be supernatural, sacred, divine or highest truth, and the moral codes, practices, values, institutions, and rituals associated with such belief or system of thought. It is a framework within which specific theological doctrines and practices are advocated and pursued; usually among a community of like-minded believers (Johnston, and Sampson, 1994).

**Conceptual Clarification**

**Religion**

Religion' (religio) has two distinctive etymological roots (Derrida, 1998). Firstly, the Latin word *relegere*, from *legere*, means to bring together, to harvest or to gather. Secondly, *religare*, from *ligare*, means to tie or to bind together (Benveniste, 1973). The first meaning recognizes the religious foundations of any social group that is gathered together. The second indicates the disciplines or morality that is necessary for controlling and regulating human beings. Kirkpatrick (2005) sees religion as psychological attachment, a powerful emotional relationship to things. Taylor