

The Influence of Gender and Family Background on the Effectiveness of Client Centered and Rational Emotive Behaviour Counselling Therapies in Enhancing the Self-Concept of Adolescents

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Abstract

Among the Counselling approaches adopted to assist adolescents to solve their problems are the Client-Centred Therapy (CCT) and the Rational Emotive Behaviour Therapy (REBT). Counsellors in Nigeria adopt any of the two approaches whenever a client presents a problem, without regard to the relative effectiveness of the approaches. The client-centered therapy belongs to the existential humanistic school of thought while the rational emotive behaviour therapy belongs to the cognitive behaviour school. The two therapies were selected for comparison in this study because of their link with self as a concept and because of a dearth of empirical data regarding their relative effectiveness in enhancing the self-concept of Nigerian youths. The purpose of the study was to determine if CCT and REBT are effective in enhancing the self-concept of adolescents, which of the two therapies is more effective in solving the problem and whether or not the effectiveness is influenced by family background and gender.

The design of the study consisted of two experimental groups and one control group of 50 subjects each. The subjects were 150 adolescents drawn by means of stratified random sampling from three high schools in the city of Ado-Ekiti in Nigeria. The subjects were screened out from an original pool of a large number of adolescents in the high schools as having self-concept problem based on their scores on a self-concept scale designed by the researchers. Fifty students from each of two of the schools formed experimental groups while the third group from the third school formed the control group. The three groups were pre-tested with a 35-item self-concept inventory designed to measure family characteristics and five dimensions of self-concept namely physical self, mental self, personal self, social self and global self. One experimental group was exposed to REBT and the other to CCT while the control group received no therapy. Both therapies consisted of three counselling sessions held on separate days each lasting for 40 minutes for a period of eight weeks. The three groups were finally post tested with the self-concept inventory.

Analysis of data using analysis of covariance indicated that while both REBT and CCT were significantly effective in solving self-concept problems of adolescents, the REBT was significantly more effective. The effect of the therapy on self-concept was significantly influenced by gender but not by family background of the subjects.

1. Introduction

In the midst of pubertal changes, adolescents may encounter a number of problems. One of the problems may be the search for self or integration of selves. Some important factors in the search for self may be the adolescents' gender and family background. Psychologists like Freud and Maslow believe that recognizing one's gender, that is being boy or a girl, is part of self-concept. Consequently adolescents identify more easily with same sex parents than other sex parents. The differential development between girls and boys such as in stature, height, physical attractiveness and special abilities could produce differential effect on the formation of self-concept. Retarded physical development for example could make the individual feel inferior and thus be limited in peer relationship.

Parental separation may affect the lives of children in many ways including self-concept. The impact of divorce on the lives of adolescent may depend on a host of conditions such as the family situation prior to the divorce, the adolescents coping ability and the degree of family conflict [7].

The impact of marital instability on self-concept may arise from the disappointment adolescents feel about the concept of an ideal home which is different from what they experience in their separated homes. Myers [15] has observed that since the bond between the parents and the child is an essential ingredient for the upbringing and proper socialization of the child, any deprivation may lead to self-concept problem. Another possible threat to self-concept development arising from broken home according to Myers are lack of parental care, love and supervision

which could lead to antisocial and immoral behaviour by the young ones. On the contrary, the loving and caring attitude of parents in intact homes may help to build a favourable self-concept.

A search for adequate answers to the question of self-concept may bring the adolescent in contact with a counsellor. Among the counselling approaches that have been adopted to assist adolescents to solve their problems are the Client-Centered Therapy (CCT) and the Rational Emotive Behaviour Therapy (REBT). The client-centered therapy developed by Carl Roger [19] belongs to the cognitive behaviour school. When adolescents are confronted with difficult situations, it is the awareness of what they are that may help them to solve the problems.

Rogers [20] believes that individuals have their own definition of who they are, based on their personal experiences, needs, feelings and impressions. It is this perceived concept of the individual, according to him, that determines behaviour. The client-centered therapy of Rogers assumes that human beings are affected by their attitudes towards themselves. It emphasizes on the therapists' characteristics in the counselling situation. The approach requires the counsellor to be seen by the client as having empathy, genuineness, understanding, acceptance and unconditional positive regard.

The rational emotive behaviour therapy is based on the belief that human beings are endowed with irrational beliefs. Human interpretation of situations, according to the theory, depends on these beliefs, thought and ideas. Adolescents like individuals of other age groups have acquired and grown up with some irrational beliefs in the course of their interaction with members of the society.

As adolescents grow and interact with their peers, parents and other members of the society, they imbibe ideas and beliefs which may affect their self-concept, or the way they view themselves. A major assumption of the theory is that irrational thoughts are the root cause of some emotional and self-concept problems. The rational emotive behaviour therapy examines some irrational beliefs and attempts to foster self-concept by dealing with them.

The two therapies are selected for comparison in this study because of their link with self as a concept, and because of a dearth of empirical data regarding their relative effectiveness in enhancing the self-concept of Nigerian youths. Counsellors in Nigeria adopt any of the two approaches, whenever a client presents a problem without regard to the relative effectiveness of the approaches. The question that arises is, which of the two, client-centered and rational emotive behaviour therapy is more effective in solving the self-concept problems of Nigerian adolescents.

Studies by Hagga and Davidson [11] have demonstrated the effectiveness of rational emotive behaviour therapy in the treatment of psychiatric conditions while Wellington [24] has shown the therapy to alter anxiety associated with speech, examination and

interpersonal encounter. Similarly, Mausby, Knipping and Carpenter [13] have shown that rational emotive behaviour therapy can be effective in prevention of psychopathology. Achebe [2] has demonstrated that combined with behaviour counselling, REBT was effective in dealing with depression and suicidal thoughts. Rational emotive behaviour therapy has been found to be effective in the treatment of test anxious students (Yoloye, [25], Warreh, [23], Abosi's [1] experiment has revealed that students counseled with REBT achieved significantly better in academic achievement motivation than those in the control group. Olusakin [17] found that there was a significant difference in the level of general anxiety as well as examination anxiety of subjects exposed to REBT when compared with the control group. Specifically, studies have demonstrated that self-concept can be improved using therapies like modeling, cognitive disputing and a combination of the [3].

The conditions embodied in Roger's CCT such as empathy and unconditional positive regard have been tested in a number of studies to determine their effectiveness (Aspy and Roebuck, [4], Gurman, [10]. The results overwhelmingly agree that those conditions are necessary for effective therapy. However, other studies by Sexton and Whiston [21] suggest that these conditions are not efficient for effective therapy.

Indenyi [12] has shown that REBT and CCT were effective in solving the motivational problems of Nigerian workers by promoting higher productivity and in fostering adjustment to work. Client-centered therapy has equally been demonstrated to be effective for behaviour disorder such as suicide tendency by Vincent and Gerald [22], conversation difficulty by Beleyeke [6] and self-concept difficult by Owoola [18].

In spite of enormous research evidence regarding effectiveness of REBT and CCT bringing about positive changes in individuals, there is a dearth of empirical evidence on their comparative effectiveness in solving self concept problem. This is in spite of the fact that the two therapies have a link with self-concept and are obviously similar in seeing "conflicts" as the main source of human problem. REBT sees these conflicts to be between real desires and likings on the one hand and irrational perceptions of "must" and "should" on the other, while CCT sees the conflicts to be between real and ideal selves. However, a relatively few studies comparing the effectiveness of CCT and REBT have come up with inconsistent results. In a study of 54 ex-convicts, who were hostile and offensive, Mikky [15] found that clients changed after treatment. In a similar study, Balogun [5] found that CCT was more effective than other therapies in improving self-concept. On the other hand, Nanka [16] reported that several experiments showed that REBT was more effective in behaviour adjustment.

The present study therefore sets out to determine if REBT and CCT would be effective in enhancing the self concept of adolescent and to determine which of the two

is more effective and whether the effectiveness would be affected by adolescents' gender and family background.

2. Research Method

The design of the study consisted of two experimental groups and one control group of 50 subjects each. The subjects were 150 adolescents drawn by means of stratified random sampling from three high schools in the city of Ado-Ekiti, Nigeria. The subjects were screened from an original pool of a large number of adolescents in the high schools as having self-concept problem based on their scores on a self-concept scale designed by the researchers. Fifty students from each of two of the schools formed the experimental groups while the third group from the third school formed the control group. The three groups were pre-tested with a 35 item self-concept inventory. The inventory was designed to obtain information on gender and family background and to measure five dimensions of self-concept namely, physical self, personal self, social self and global self. One experimental group was exposed to REBT and the other to CCT, while the control group received no therapy. Both therapies consisted of three counselling sessions held on separate days, each lasting 40 minutes for a period of eight weeks.

3. Treatment Procedure

The treatment approach adopted for each therapy is summarized below while the full package is available in the counsellor's clinic. Since poor self-concept was a problem common to all subjects, the researchers opted for group counselling.

Therefore, subjects were given time and date to meet the counsellor. The two treatment groups were given separate days for their counselling sessions.

3.1 Rational Emotive Behaviour Therapy (REBT)

In this session, the following strategies were used. Before the counselling session, the subjects were given the opportunity to introduce themselves. The counsellors took record of the subjects' activities throughout the counselling sessions. After this, the counsellor introduced the counselling goals and the treatment programme.

Goal Setting: By the end of the counselling sessions, the subjects should be able to challenge their irrational beliefs, which may have been the cause of their self-concept problems.

Session One-Aim: To examine some irrational beliefs of the subjects and their environment.

Step 1: Subjects were asked to list some of the irrational beliefs that were common in their environment, after

which the counsellor introduced them to the 12 irrational beliefs identified by Albert Ellis.

Step 2: Subjects were encouraged to believe in themselves as they believe in others. The counsellor through questioning tried to find out some of real life problems of the subjects for example, low self-concept, low level of confidence, fear of failure, fear of ridicule and others.

The counsellor applied REBT by:

- i. showing the subjects how their thoughts can affect them in real life situations.
- ii. demonstrating how such thoughts cause self-concept problems.
- iii. revealing to the subjects the illogical links in their statements.

Step 3: The counsellor showed how the subjects would be taught on how to dispute irrational beliefs and to replace them with rational ones.

Step 4: Take home assignment was given to the subjects such as, think of what you have been afraid of doing in your class, for example, asking the teacher questions. Try to ask the teacher some questions. Summarize what happened.

Session Two: The aim of this session was to introduce ABC model (one of REBT's techniques) to the subjects.

Step 1: Counsellor reviewed the last session's activities and the homework assignment.

Step 2: Counsellor assessed the real cause of the subjects' self-concept problems by giving some examples.

Step 3: The counsellor introduced ABC model by:

- explaining the meaning of ABC
- differentiating between A, B and C.
- showing the interaction between the letters A, B and C

Step 4: Homework assignment was given.

Session Three: The aim was to go over the homework assignments with the subjects and also to discuss the areas in which ABC model is generally misapplied.

Step 1: Homework assignments were reviewed

Step 2: Areas in which people were misapplying ABC model such as shifting blame to whom or what they should not do was discussed. The counsellor applied REBT by:

- i. demonstrating to the subjects that psychological disturbance is largely a matter of personal choice in the sense that individuals consciously or unconsciously select both rational beliefs and irrational beliefs at (B).
- ii. showing the subjects that past history and present life conditions may not necessarily affect them but their responses disturb them and it is also a matter of individual choice.

Step 3: Cognitive restructuring of thinking in specific situations.

Step 4: Behaviour rehearsal of ABC model in specific situations.

Step 5: Homework assignment and end of therapy.

The time and venue for the administration of post-test was agreed upon.

3.2. Client-Centered Therapy (CCT)

Before the counselling sessions, the counsellor and the clients introduced themselves followed by the introduction of the treatment programme and the counselling goals of the programme.

Goal Setting

By the end of the counselling process, clients should be able to balance their ideal self with the real self in order to reduce discrepancies that lead to self-concept problems as a result of depression caused by the disagreement.

Session One: Aim: To understand the client's internal frame of reference.

Step 1: Subjects were told that each person was unique and that he alone could work out his own individuality.

Step 2: The counsellor concentrated upon trying to understand the client as the client saw himself when explaining his or her problems.

Step 3: The counsellor listened and tried to understand how things were from the client's point of view. The research applied CCT by

1. Providing a suitable psychological atmosphere that facilitates effective counselling.
2. Providing therapeutic attitudes in her encounter with the clients and expressing the clients through empathic understanding responses.
3. Trying to grasp, as she listened to the client's perspective or viewpoint with the meanings and feelings that were the client's at that time.

Session Two: Aim: To respect and protect the autonomy and self-direction of the client.

Step 1: The counsellor viewed the client as an expert about himself in narrating his or her problems.

Step 2: The counsellor viewed herself as expert only in maintaining the attitudinal conditions in the relationship with the client.

Step 3: The counsellor allowed the clients to discuss some personal problems with her.

Step 4: The counsellor through questioning found out the clients' unrecognized or grossly underestimated potentials for example, "Do you believe that all people truly have a creative potential in them"?

Session Three: To differentiate between the client's real self and ideal self.

Step 1: The counsellor explained the meaning of real self to the clients.

Step 2: The counsellor explained the meaning of ideal self to the clients.

Step 3: The counsellor explained to the clients how the discrepancies between the real self and ideal self could lead to self-concept problems.

Step 4: The counsellor gave several examples of how one could experience incongruence between the real and the ideal self.

Step 5: Clients were encouraged to share those areas of their lives where they had been experiencing incongruence.

Step 6: Summarizing all the discussions of the counselling sessions and end of the therapy. The time and venue for the administration of the post-test was agreed upon.

The subjects in the control group were told to be present during the last week of the exercise. Date and time were announced. The three groups were finally post-tested with the self-concept inventory.

4. Results and Discussion

A comparison of the mean scores of subjects in the two therapies before and after treatment showed increase in self-concept scores in each of the therapies after treatment indicating that both therapies improved the self-concept of adolescents with self-concept problem. The result is presented in Table 1.

Table 1. The Mean Scores and Standard Deviation of Subjects' Self-Concept

Client Centered Therapy				Rational Emotive Behaviour Therapy			
Pre-test		Post-test		Pre-test		Post-test	
Mean	SD	Mean	SD	Mean	SD	Mean	SD
61.02	10.33	76.38	12.87	77.80	9.53	80.52	6.30

There was a higher mean self-concept score for subjects exposed to REBT (Mean = 80.52, SD = 6.30) than those exposed to CCT (mean = 76.38, SD = 12.87). It was also found that the calculated t-value of 2.02 was significant at 0.05 level of significance indicating that adolescents exposed to REBT had a significantly higher self-concept than those exposed to CCT. This implies that REBT was more effective in enhancing the self-concept of adolescents. The result is presented in Table 2.

Table 2. A t-test Comparison of the Self-Concept of Adolescents Exposed to REBT and CCT

Groups	N	Mean	SD	Df	t-calculated
REBT	50	80.52	6.30	98	2.02
CCT	50	76.38	12.87		

* 0.05 level of significance

Analysis of covariance of the mean self concept scores of adolescents exposed to the two treatments and those in the control group showed a significant difference. The main effect of treatment on adolescents self-concept is 3.84 (FC 1, 146) at 0.05 significant level. This indicates an overall significant difference in the self-concept of adolescents in the three groups. The result is presented in Table 3.

Table 3. Analysis of Covariance (ANCOVA) Self-Concept among Treatment Groups with Pretest as Covariate

Sources	SS	df	MS	F-cal	F-table
Corrected model	15383.6	3	51278.6	64.6*	2.60
Covariates	100.7	1	100.6	1.3	3.84
Groups	9454.4		4726.7	59.6	3.84
Error	11582.8	146	79.3		
Corrected Total	26966.4	149			
Total	791946.0	150			

P <0.05

The findings revealed that the self-concept of subjects exposed to REBT, CCT and the Control group differed significantly. Furthermore, the results showed that the two treatments REBT and CCT enhanced the self-concept of the subjects. The significant difference in the self-concept of adolescents exposed to the two therapies could be attributed to the differential effectiveness of the therapies. REBT as expounded by Ellis [8] teaches disputing your “must”. Therefore, when subjects are exposed to the technique, they may be able to learn that they need to accept reality. It is when the client has discovered the “must” that he can go on effectively to reduce his distress. The therapist can lead the client to ask himself or herself the evidence for his “must”. If there is no evidence then the client needs to make his view “must” free and his emotions could be healed. Such training (“disputing your must”) could have accounted for the superior effectiveness recorded in REBT results.

It was found that the CCT group had better self-concept than the control group. The superiority of the training received in differentiating between the real self and the ideal self as expounded by Rogers [19] and the conditions that facilitate therapeutic personality change put up by the counsellor and used in the CCT group might have accounted for the significant difference recorded in the CCT results.

The self-concept mean scores of male and female subjects before and after treatment were compared to

determine if the effectiveness of the therapies was dependent on sex (Table 4).

Table 4. The Post-Test Self-Concept Scores of Subjects by Sex and Treatment

Group	Sex	N	Mean Score	S.D
REBT	Male	24	78.33	5.92
	Female	26	82.52	6.06
CCT	Male	26	75.19	12.72
	Female	24	77.66	13.17
Control	Male	23	55.78	7.10
	Female	27	48.67	3.99

For both sexes the posttest self-concept mean scores in the two treatments were higher than the mean scores of both sexes in the control group. Analysis of covariance was used to determine if there was a significant difference in the self-concept of male and female subjects in both the experimental and the control groups.

Table 5. Analysis of Covariance (ANCOVA) Self-Concept among Treatment Groups with Pretest as Covariate

Source	SS	df	MS	F _{cal}	F _{table}	P
Corrected model	15774.27	6	2629.045	33.591	2.10	.000
Covariates	90.77	1	90.977	1.162	3.84	.000
Main effect						
Sex Group	377.655 9602.638	1 2	3.77.655 4801.317	4.825 61.346	3.84 3.00	.030 .000
Interaction Effect						
Group X Sex	13.045	2	6.522	.083	3.00	.920
Error	11192.103	143	78.266			
Corrected Total	26966.373	149				
Total	791946.000	150				

P>0.05

Table 5 reveals that $f_{cal}(4.825)$ is greater than $F_{table}(3.84)$ at 0.05 level of significance. This implies that the self-concept of male and female adolescents exposed to different therapies differed significantly. Among the groups, it was revealed that $F_{cal}(61.346)$ was greater than $f_{tab}(3.00)$ at 0.05 level of significance meaning that there was a significant difference among the three groups. The interaction of group and sex also shows that $f_{cal}(0.83)$ is less than $f_{table}(3.00)$. This implies that there was no influence of sex on treatment. Male and female adolescents are affected by different types of irrational beliefs related to different life situations.

Table 6. The Post Test Self-concept Scores of Subjects by Family Background and Treatment

Group	Sex	N	Mean Score	S.D
REBT	Broken Home	19	81.89	5.67
	Intact Home	31	79.68	6.60
CCT	Broken Home	11	75.18	13.14
	Intact Home	39	80.63	11.37
Control	Broken Home	6	56.50	7.23
	Intact Home	44	57.45	5.63

Comparison of the self-concept mean scores of subjects from both the broken and intact homes shows that the mean scores of those exposed to REBT and CCT were higher than that of those in the control group (Table 6). To determine if there was a significant difference in self-concept of subjects from broken and intact homes in both the experimental and the control groups, analysis of covariance was used.

Table 7. Analysis of Covariance (ANCOVA) Self-Concept among Treatment Groups with Pretest as Covariate

Source	SS	df	MS	F _{cal}	F _{table}	P
Corrected model Covariates	15754.683	6	2625.780	2.10	33.491	.000
	153.571	1	153.571	3.84	1.959	.164
Main effect Sex	144.852	1	144.852	3.84	1.848	.176
	3039.744	2	3039.744	3.00	38.771	.000
Interaction Effect Group X Sex	144.496	2	72.248	3.00	.921	.400
	11211.690	143	78.403			
Corrected Total	26966.373	149				
Total	791946.000	150				

Table 7 shows that F_{cal} (1.848) is less than F_{table} (3.84) at 0.04 level of significance. This implies that the self-concept of adolescents from broken and intact homes exposed to the therapies did not differ significantly. Among the three groups there was however a significant difference, F_{cal} (38.771) is greater than F_{table} (3.00). There was no significant interaction of group and family background since F_{cal} (.921) is less than F_{table} (3.00) at 0.05 level of significance. This implies that there was no significant influence of family background on treatment in spite of the higher mean score of subjects from broken homes in both pretest and posttest.

5. Conclusion

Self-concept problems of adolescents can be solved by applying client-centered or rational emotive behaviour therapy but more effectively by using rational emotive behaviour therapy. There is need, therefore, for counselling for proper understanding of self, gender significantly influenced the efficacy of REBT and CCT with female subjects responding better to both therapies than male subjects. The type of family adolescents come from whether broken or intact is not important in determining the type of therapy that could be applied to solve their self-concept problem.

6. References

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