ASUU JOURNAL OF SOCIAL SCIENCES
A Journal of Research and Development
Vol. 8, No. 1, March 2021; pp. 118 - 129

COMPARATIVE EFFECTIVENESS OF RATIONAL EMOTIVE BEHAVIOUR THERAPY AND SELF-REGULATION TRAINING ON SELF-CONCEPT AMONG UNDERGRADUATES LIVING WITH DISABILITIES

***Ositoye, 'Wale O. PhD** *** Osoba, A. O.**

Abstract

This paper examined the comparative effectiveness of rational emotive behaviour therapy and self-regulation training on self-concept among undergraduates living with disabilities. A sample of 150 undergraduates living with disabilities was selected from the University of Ibadan and the University of Ilorin through the stratified random sampling technique. Demographic Data Inventory (DDI) and Self-Description Questionnaire II (SDQ-II) were used for data collection. Analysis of covariance was used to analyze the two hypotheses formulated at the .05 level of significance. Results revealed a significant combined effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities ($F_{(2, 26)} = 13.574$, $p < .0005$, partial

***Ositoye, 'Wale O. PhD**
Department of Counselling Psychology & Educational Foundations, Tai Solarin University of Education, Ogun State.
***Osoba, A. O.**
National Open University, Nigeria

[] ^{2} = .51) and a significant relative effect of rational emotive behavioural therapy (mean = 32.116, p < .05) and self-regulation training (mean = 29.693, p < .05) on self-concept among undergraduates living with disabilities. It was subsequently recommended, among other things, that counsellors should aggressively utilize rational emotive behavioural therapy and self-regulation training in order to enhance self-concept among undergraduates living with disabilities.

Keywords: Rational Emotive Behaviour Therapy, Self-Regulation Training. Self Concept, Undergraduates, Disabilities

INTRODUCTION

Disability is a term that does not have a generally accepted definition but whose meaning varies from place to place. A disability is generally taken to mean a medical impairment or condition that makes it more challenging for an individual to function effectively in day-to-day physical and social activities. It can be manifested as physical, developmental or cognitive dysfunctions which may occur at birth or at any point during a person's lifetime. The United Nations Convention on the Rights of Persons with Disabilities defines the concept as a long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others (United Nations General Assembly, 2007). It has been reported that, globally, over 1 billion people (15% of the world population) have some form of disability; the number of persons with disability is increasing considerably, and virtually everyone is at risk of experiencing one or more forms of disability in the course of life (World Health Organization, 2020). Persons with disabilities are individuals who have significant limitations in their ability to see, hear, communicate, learn, walk, or take care of themselves.

Disability can be viewed from a medical or social perspective. The medical viewpoint defines disability as an impediment or impairment of a person resulting from a traumatic event or illness which consequently requires

medical interventions. The focus of the medical viewpoint is on medical care meant to surmount the disability. A disability may be visible or invisible. It is visible when it can readily be observed in the person with it (for instance, physical impairment or albinism), while it is invisible when it is not immediately apparent (such as hearing impairment or chronic health problems). The social viewpoint defines disability as a social problem that requires the full integration of individuals into society. In other words, disability is conceptualized in terms of social expectations and institutions rather than biological differences. It considers disability as a complex set of conditions created by the social environment. This viewpoint emphasizes the creation of a society in which limitations placed on persons with disability are at a minimum and where discriminations against persons with disabilities are considered an infringement on their human rights. Persons with disability are severely marginalized and excluded from the scheme of things in many societies (Hosseinpoor, Stewart-Williams, Gautam, Posarac, Officer, & Verdes, 2013; Mitra, Posarac, & Vick, 2013).

An individual's self-concept refers to how they view themselves (Chen, Hwang, Yeh, & Lin, 2012). It is a multi-dimensional construct involving an individual's perception of their skills across a range of different domains, or areas of competence, such as academic, social, and self-image (Marsh, 1990). Self-concept is determined, among others, by academic/ educational status (how well an individual perceives himself/herself to be performing compared with their peers, in terms of school achievement) and social acceptance (how well an individual feels he/she is accepted by, or popular among, their peers). According to Craven and Marsh (2008), self-concept should be viewed as having a reciprocal relationship with performance and that a person's self-concept evolves over time. Self-concept may be described as a combination of one's social and academic selves as perceived by the individual concerned. It develops and changes across the lifespan and is influenced by positive and negative experiences in one's life. In persons with disabilities, self-concept development is at risk due to the increased difficulties associated with having disabilities. The researcher is of the view that persons with disabilities may experience lower self-concept in comparison to their peers without disabilities for reasons of the disabilities.

Furthermore, it is expedient to determine and use the most effective psychotherapeutic techniques for increasing self-concept among persons with disabilities. To this end, this paper sought to determine the relative efficacy of two forms of therapy, namely, rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities. Rational emotive behavioural therapy was introduced by Albert Ellis; it focuses on disputing or challenging and questioning irrational and dysfunctional thoughts and beliefs and replacing them with more rational and functional ones with the aim of changing negative thought patterns in order to eliminate or reduce self--defeating responses and other problem behaviours. Self-regulation training refers to the exposure of individuals to a psychotherapeutic procedure aimed at increasing their capacity to control impulses, both to stop doing something if needed (even if one wants to continue doing it) and to start doing something, if needed (even if one does not want to do it). It is the development of the ability to act in a long-term best interest, consistent with one's deepest values (Hsieh & Chen, 2017). Self-regulation is an umbrella construct covering a broad range of micro-constructs (for instance, ego control, delay of gratification, and ego resiliency) that all involve altering one's responses to achieve desired goals (Hoerger, Quirk, & Weed, 2011).

It is noteworthy that studies relating to self-concept have been carried out using populations of individuals without disabilities (Chen, 2012; Gallagher, Galvin, Robinson, Murphy, Conway & Perry, 2020). Nigeria has only recently shown interest in disability studies which have focused almost entirely on people with special needs in primary and secondary schools (Mohammed, 2017). The population of undergraduates with disabilities has not attracted the interest of researchers, and, thus there are relatively few published studies about them. The aim of this study was to examine the comparative effectiveness of rational emotive behaviour therapy and self-regulation training on self-concept among undergraduates living with disabilities.

Hypotheses

The following hypotheses were formulated and addressed in this investigation:

Ho1: There is no significant combined effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities.

Ho2: There is no significant relative effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities.

Methods

Design and Participants

This study adopted the quasi-experimental research design. The population consisted of all undergraduates living with disabilities in selected public universities in Nigeria. A sample of 250 undergraduates was considered adequate and utilized for this study. The participants were selected through the snowball sampling technique from the study area.

Instruments

The instruments used for data collection in this study were the Demographic Data Inventory (DDI) and Self-Description Questionnaire II (SDQ-II). Treatment packages for 1. Rational Emotive Behaviour Therapy, and 2. Self-Regulation Training was also used. Further information on each of these instruments is given below.

Demographic Data Inventory (DDI)

The Demographic Data Inventory (DDI) contains four items which required respondents to supply their demographic data related to gender, age, and level of study.

Self-Description Questionnaire II (SDQ-II)

The Self-Description Questionnaire II (SDQ-II) was developed by Marsh (1992). It is a 102-item self-report measure of self-concept with six points developed along the following eleven dimensions of self-concept: Mathematics, physical appearance, general, honesty/trustworthiness, physical abilities, emotional stability, parent relations, school, same-sex relation-

ships, opposite-sex relationships, and verbal. The response format ranges from 1 = False, not like me at all to 6 = True, it describes me well. Sample items on the scale are: *I do badly in tests of mathematics* and *I get a lot of attention from members of the opposite sex.* Levina and Ivanova (2011) reported high internal consistency with Cronbach's alpha ranging from .82 to .91 and significant test-retest reliability coefficients spanning .43 to .64 for the SDQ-II. The content validity of the SDQ-II is strongly supported by the self-concept it uses. The results of confirmatory factor analysis supported the construct validity of the instrument.

Data Collection Procedure

Ninety copies of the instruments were administered on the participants. The researcher personally administered the instruments on the participants after explaining the nature and purpose of the study, assuring them of the confidentiality of information volunteered and obtaining their consent. This administration was made on two occasions: Pretest (before therapeutic interventions or treatments) and posttest (after therapeutic interventions or treatments). These interventions, using appropriate treatment packages, lasted for an interval of two weeks. This study was carried out in the following three phases:

Phase One: Pre-Test: The researcher administered the SDQ-II along with the DDI to all the 90 participants in the three treatment groups, namely, the two experimental groups and one control group. The administration of these instruments lasted for about 30 minutes and took place at the first contact with the participants.

Phase Two: Treatments

The Treatment Packages

Two treatment packages were administered on the participants through intensive training sessions spanning a period of two weeks. The first is the Rational Emotive Behaviour Therapy Treatment Package (REBTTP), while the second is the Self-Regulation Training Treatment Package (SRTTP).

Rational Emotive Behaviour Therapy Treatment Package (REBTTP)

The Rational Emotive Behaviour Therapy Treatment Package (REBTTP) is a stimulus instrument that was adopted by this researcher in which identification of irrational thought patterns and training in rational thinking was given to the 30 participants in the first experimental group. Rational emotive behaviour therapy is considered to be an effective therapeutic strategy for addressing various issues, including irrational thoughts and beliefs that can increase self-concept problems among undergraduates living with disabilities. Issues addressed include principles of rational emotive behaviour therapy (REBT) and uses and applications of REBT.

Self-Regulation Training Treatment Package (SRTTP)

Self-regulation training was given to the 30 participants in the second experimental group. Issues addressed include the meaning and importance of self-regulation, components of self-regulation (self-awareness, empathy, social skills, and intrinsic motivation), mindfulness exercise, cognitive reappraisal and emotional self-regulation skills and practicing with different self-regulation models.

Control Group 3: The 30 participants in this group were exposed to a placebo: Lesson on commercial bank accounts.

Phase Three: Post-Test

A week after the completion of treatments, the researcher administered a post-test to all the participants in the three groups through the administration of the SDQ-II on each participant in all the three groups.

Method of Data Analysis

The hypotheses formulated in this study were tested by means of analysis of covariance. Tests were carried out at the .05 level of significance.

Results

Hypothesis One

Ho1: There is no significant combined effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities.

Table 1: Analysis of Covariance for the Combined Effect of Rational Emotive Behavioural Therapy and Self-Regulation Training on Self-Concept

Dependent Variable: Self-Concept Posttest

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	858.473[a]	3	286.158	44.235	.000	.836
Intercept	102.036	1	102.036	15.773	.001	.378
Pretest	606.806	1	606.806	93.802	.000	.783
Group	175.616	2	87.808	13.574	.000	.511
Error	168.194	26	6.469			
Total	26840.000	30				
Corrected Total	1026.667	29				

a. R Squared = .836 (Adjusted R Squared = .817)

Table 1 revealed that after adjusting for pretest scores, there was a significant effect of the between-subjects factor Group ($F_{(2, 26)} = 13.574$, $p < .0005$, partial $\eta^2 = .51$). Thus, the null hypothesis was rejected in favour of the alternative hypothesis, leading to the conclusion that there is a significant combined effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities. Table 1 further revealed that rational emotive behavioural therapy and self-regulation training accounted for about 82% of the variance in self-concept (Adj $R^2 = .817$).

Hypothesis Two

Ho2: There is no significant relative effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities.

Table 2: Estimated Marginal Means

Dependent Variable: Self-Concept Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Rational Emotive Behaviour Therapy	32.116[a]	.805	30.461	33.771
Self-Regulation Training	29.693[a]	.805	28.038	31.347
Control	26.191[a]	.807	24.532	27.851

a. Covariates appearing in the model are evaluated at the following values: Self-Concept Pretest = 26.9000.

As could be seen in Table 2, 0 is not included between the lower bound and upper bound of the 95% confidence interval. This indicated significant results. Hence, there was a significant relative effect of rational emotive behavioural therapy and self-regulation training on self-concept among undergraduates living with disabilities. Table 2 also revealed that both rational emotive behavioural therapy (mean = 32.116) was more potent than self-regulation training (mean = 29.693) in its effect on self-concept.

Discussion

Studies that focus on the effectiveness of psychotherapies tend to be experimental and quantitative in nature. The current study sought to determine the comparative effectiveness of rational emotive behaviour therapy and self-regulation training on self-concept among undergraduates living with disabilities. Two hypotheses were subsequently formulated to guide this study. The non-randomized pre-test, post-test control group quasi-experimental research design was adopted, and the sample was chosen from three selected public universities in Nigeria which were randomly

assigned to study groups (rational emotive behaviour therapy experimental group, self-regulation training experimental group, and control group). Valid and reliable instruments were used for data collection; suitable treatment packages were used for the two interventions, and appropriate statistical tools were utilized for data analysis. The results of this study revealed that the use of rational emotive behaviour therapy and self-regulation training on undergraduates living with disabilities significantly reduced their tendencies to have low self-concept than those in the control group that were not exposed to the treatments. This result is in agreement with Chen *et al.*'s (2012) definition of an individual's self-concept as their view of themselves. The aim of REBT is to help an individual to have a positive and rational view of themselves; it is expected to increase self-concept. These findings were also in line with Hoerger *et al.* (2011) who averred that self-regulation increases the resiliency of the ego. This readily translates into a greater self-concept.

Conclusion and Recommendations

In summary, in the context of this study, rational emotive behavioural therapy and self-regulation training combined to significantly increase self-concept among undergraduates living with disabilities. Both therapies had a significant relative effect on self-concept, with rational emotive behavioural therapy having a stronger effect than self-regulation training. The following recommendations were subsequently made:

(i) Counsellors and psychologists dealing with persons with special needs should be made to acquire more skills and competence in relating with persons with disabilities.

(ii) Counsellors should resort to the aggressive utilization of rational emotive behavioural therapy where it is observed that irrational and neurotic thought patterns lie at the roots of the client's self-concept problems. This therapy should be supplemented with self-regulation training geared toward fostering positive self-concept among undergraduates with disabilities.

(iii) Deep-rooted societal discriminations of persons with disabilities should cease as these tend to reduce the self-concept of this class of people.

(iv) Researchers should conduct studies on the efficacy of other types of therapies on self-concept among undergraduates with disabilities.

References

Chen, S. K., Hwang, F. M., Yeh, Y. C., & Lin, S. S. (2012). Cognitive ability, academic achievement and academic self-concept: Extending the internal/external frame of reference model. *British Journal of Educational Psychology*, *82*(2), 308–326.

Craven, R. G., & Marsh, H. W. (2008). The centrality of the self-concept construct for psychological wellbeing and unlocking human potential: Implications for child and educational psychologists. *Educational and Child Psychology*, *25*(2), 104–118.

Gallagher, A. L., Galvin, R., Robinson, K., Murphy, C. A., Conway, P. F., & Perry, A. (2020). The characteristics, life circumstances and self-concept of 13 year olds with and without disabilities in Ireland: A secondary analysis of the Growing Up in Ireland (GUI) study. *PLoS ONE*, *15*(3), e0229599.

Hoerger, M., Quirk, S. W., & Weed, N. C. (2011). Development and validation of the Delaying Gratification Inventory. *Psychological Assessment*, *23*, 725–738.

Hosseinpoor, A. R., Stewart-Williams, J. A., Gautam, J., Posarac, A., Officer, A., & Verdes, E. (2013). Socio-economic inequality in disability among adults: A multicountry study using the World Health Survey. *American Journal of Public Health, 103*(7), 1278-1286.