



Effect of Rational-Emotive Therapy (RET) on the self-esteem of probating students

Kate A. Anwanwu¹, Amos Williams²

¹*Department of Educational Psychology, Federal College of Education, P.M.B. 2042, Yola, Nigeria.*

²*Learners Support Services, National Open University, Nigeria, (Yola Study Centre)*

Email: weture@yahoo.co.uk

Abstract

This study investigated the effect of Rational-Emotive Therapy on the Self-Esteem of Probating Students. The rationale behind this study was to develop an effective means of providing assistance to students with low self-esteem. The target population for this study was the probating students of the Federal College of education, Yola. The sample was drawn from the NCE II probating students' population 2006/2007 session, numbering 183 (79 males and 104 females). Stratified random sampling technique was used in sampling. The design of the study was the randomized control group pretest-posttest design. The study had two groups (an experimental and a control) made up of twenty students each (10 males and 10 females). Rational-Emotive Therapy was applied to each group, while a teaching on sexuality education was administered to the control group. The treatment lasted for ten weeks of one hour session each. A self-esteem questionnaire was administered to both groups before and after the treatment. The data collected were analyzed using t-test for both paired observation and independent observation. The results revealed that Rational-Emotive Therapy has significant effect on the self-esteem of the probating students. It also indicated that there was significant gender difference in self-esteem due to Rational-Emotive Therapy. The study indicated that low self-esteem was associated with poor academic performance. This condition can be improved by administering Rational-Emotive Therapy.

Keywords: Effect, Rational-Emotive Therapy, Self-Esteem, Probating Students, Nigeria.

Introduction

Mental health curriculum should be delivered in classroom settings to address and remediate the socio-emotional needs of students with and without disabilities and to support the need of creating safe learning environments for all students. Ellis & Wilde (as cited in Banks, 2012) asserted that Rational Emotive Therapy (RET) has been used with children and adolescents in schools and found to be an effective intervention with many commonly occurring difficulties. RET is a comprehensive, universal, and humanistic approach that focuses on the

emotional distress manifested by individuals. The basic proposition of RET is that people have the potential to be rational or irrational. RET views emotional disturbance as consequent of irrational thought and behaviors. RET has been implemented successfully with adults and children to address problems such as anxiety, depression, low frustration tolerance, perfectionism, obsessive compulsive disorders, post-traumatic stress disorders (Ellis, 2003), self-esteem, test-anxiety, locus of control and emotional disturbance (Banks, 2008, 2011), learning disabilities and

academic performance (Ellis & Wilde, 2002). Academic performance has been known to be influenced by several factors. One of such factors is the individual's Self-Esteem. Self-Esteem according to Coppersmith (as cited in Fradkin, 2019) is a personal judgment of worthiness that is expressed in the attitude the individual holds towards himself. It is a subjective experience, which the individual conveys to others by verbal reports and other overt expressive behaviours. From Coppersmith definition, Self-Esteem is a determinant of the psychological functioning, the mental health and the interpersonal behaviours of individuals.

Ferret (2000) reported that, people with a positive Self-Esteem have the confidence that allows them to be more open to new experiences and accepting of different people. They tend to be more optimistic. They are willing to tolerate differences in others. Because they have a sense of self-worth, they do not find it necessary to put down or discriminate against others. In contrast, people with negative Self-Esteem tend to mistrust others and reject people who are different. They lack self-confidence and fail to meet their goals. They are often more concerned with their rights than their responsibility to act with respect and integrity. Ferret (2000) suggested that if you want to change your outer world and experiences, you must begin by looking at your thoughts, feelings and beliefs about yourself. This implies that one's thoughts, feelings and beliefs about self are important to one's Self-Esteem.

Self-Esteem is motivational in nature. The higher the level of one's Self-Esteem, the better the individual's perception and judgment about himself and his ability. The lower the level of Self-Esteem, the poorer the individual's perception and judgment about himself and his ability to perform. Therefore, depicting Self-Esteem as a human need that

requires gratification for effective psychological functioning may worsen the perception of individuals. This was supported by Maslow's hierarchy of needs (McLeod, 2020). People with high Self-Esteem are less susceptible to social pressure, have fewer interpersonal problems, are happier with their lives, achieve at a higher and more persistent level and are more capable of forming satisfying love relationship (Baumeister, Reynolds, Winegard, & Vohs, 2017). In contrast, people with low Self-Esteem are more prone to psychological problems like anxiety, depression to physical illness and to poor social relationship and underachievement (Lee, 2001). This implies that for individual's performance and achievement to be raised, the individual's Self-Esteem needs should be gratified. Where Self-Esteem needs remain ungratified, the individual's performance and achievement remain low. Efficacy of RET on knowledge and risk perception (Ede, Igbo, Eseadi, Ede, Ezegbe, Ede, et al., (2019), burnout syndrome (Bakare et al., 2019), rational and irrational beliefs (Turner, 2016). This study was based on the Rational-Emotive Therapy. Rational-Emotive Therapy was propounded by Albert Ellis in (Rodman, Daughters, & Lejuez, 2009). The theory was based on the fact that thought and emotion are not different processes. These processes overlap to produce certain types of behavioural problems and these disorderly behaviours can be changed if the thinking of the client is changed. According to RET, emotion is referred to as mostly biased, prejudiced or strongly evaluative type of thinking, while thinking is relatively calm and detached evaluation of a given condition. Emotion and thinking are not distinctly different. Disorderly emotions can be changed through changing the thinking of the individual. Rodman, et al., (2009) asserted that every human being who gets disturbed is

really telling himself a chain of false sentences, which are internalized. There are a number of typical thinking error people engage in, including: -

1. Ignoring the positive i.e. giving more attention to the negative.
2. Exaggerating the negative i.e. magnifying the negative and
3. Over generalizing i.e. once something bad happens it will always happen.

This therapy directly challenges the logic of an individual's self-blaming, over generalizing, learned helplessness and irrational beliefs. It assumes that there is a thought or belief system for every behaviour; for maladaptive behaviours, these beliefs are irrational or illogical.

Some of the symptoms of such irrational and illogical beliefs are self-blame, overgeneralization, external locus of control and learned helplessness. The task of the Rational-Emotive Counselor in the initial interview is to show unhappy and trouble individuals that:

- a) Their difficulties largely results from distorted perceptions and thinking
- b) There is a relatively simple method of re-ordering their perceptions and reorganizing their thinking to remove the basic cause of their difficulties.

According to Rodman, et al., (2009) every human being who gets disturbed is telling himself a chain of false sentences which are internalized. The sample for this study are not only probating students but probating students who tested low on a Self-Esteem questionnaire. This study therefore presupposed that the sample used were experiencing disturbance in them as a result of what they were telling themselves in connection with their situation. The study assumed that the samples self-talk were made up of error thinking as was suggested by Rodman, et al., (2009). This error thinking include: ignoring the positive, exaggerating

the negative and overgeneralization. This form of thinking is irrational and illogical. Rational-Emotive Therapy was used to directly challenge the sample's irrational and illogical beliefs.

Several factors have been reported to affect academic performance among students. These include: students' background, motivation, interest, instruction, school climate and numerous other factors (Alexander, 2000). Sansgiry, Bhosle & Sail (2006) also reported that factors such as academic competence, test competence, time management, strategic studying and test anxiety also affect academic performance. Factors such as the individual, family, school and community were also reported to either promote or inhibit academic performance (Rodman, et al., (2009). This study was designed to ascertain the effect of Rational-Emotive Therapy on the Self-Esteem of probating students. Hence, the problem of this study can be stated thus: what is the effect of Rational-Emotive Therapy on the Self-Esteem of probating students?

1.2 Objectives

The following objectives were to determine: -

1. The effect of Rational-Emotive Therapy on the Self-Esteem of probating students
2. Significant gender difference in the Self-Esteem of probating students as a result of Rational-Emotive Therapy.

1.3 Hypothesis

The following null hypotheses were tested:

- HO₁:** Rational-Emotive Therapy has no significant effect on the Self-Esteem of the probating students
- HO₂:** There is no significant gender difference in Self-Esteem of the probating students as a result of Rational-Emotive Therapy.

2. Methodology



This study was an experimental study. The design of the study was the randomized control-group pretest-posttest design (Knapp, 2016). The study involved two groups (experimental and control groups) whose members were randomly assigned. Both the experimental and the control groups were tested before and after the treatments were given.

The target population for this study was the four hundred and three (403) probating students of the Federal College of Education Yola. However, the sample for this study was One Hundred and Eighty Three (183) NCE II probating students 2006/2007 academic session. The sample was drawn through stratified random sampling technique. There were two strata consisting of male and female probating NCE II students.

The group size for counseling groups according to Shertzer and Stone (as cited in Carter, 2003) is between six and twelve. However, for this study the group size was Twenty (20). The groups were that large in order to cater for subject mortality. The group was made up of Twenty (20) male students and twenty (20) female students i.e. Forty (40) probating NCE II students.

A self-Esteem questionnaire developed by the researchers was used for this study. In the course of developing the questionnaire, several Self-Esteem instruments were reviewed and items were drawn from them. Some of the items were used without modification while others were slightly modified. The questionnaire used three options as against the two or five used by the instruments reviewed. The questionnaire was validated using respondents from the Federal College of education Yola, Adamawa State Nigeria. The questionnaire has an alpha reliability of 0.63, which is moderate. The questionnaire is in two sections. The first section requires the respondents to indicate their course, sex and identification number.

The second section is made up of 42 statements with three options 'yes', 'not sure' and 'no'. Where the statement is positive, the option 'yes' carries two points, the option 'not sure' carries one point while the option 'no' carries no point. Where the statement is negative, the option 'yes' carries no point, the option 'not sure' carries one point while 'no' carries two points. When the statement describes how the respondents feels or thinks, he/she is expected to tick 'yes' and where the statement does not describe how the respondent feels or thinks, he/she is expected to tick 'no'. Where the respondent is not sure he/she is expected to tick 'not sure'. The maximum score was 82. Scores 27 and below were considered low Self-Esteem, scores 28 to 55 were considered moderate while scores 56 to 82 were considered high Self-Esteem. The pre-test and post-test administration of the Self-Esteem inventory provided data on subjects' Self-Esteem.

Procedure for Data Collection

The procedure for data collection is made up of pre-treatment phase and post treatment phase.

Pre-Treatment Phase: During the first semester preceding the commencement of the treatment the researchers collected the list of NCE II probating students (numbering 183) from the academic office of the College. All the NCE II 2007/2008 probating students were administered the Self-Esteem Questionnaire to determine the level of their Self-Esteem. After the administration, their responses were scored. Out of the 183 (79 males and 104 females) probating students, 125 scored 27 and below. The remaining 58 scored above 27 but below 50. Only respondents with low Self-Esteem were sampled for this study that is those who scored 27 and below on the Self-Esteem inventory. The low Self-Esteem probating NCE II students were stratified by separating

the list into two groups (43 males and 82 females). After the stratification, the sample was drawn through random sampling using the 'yes' and 'no' method. Those who picked 'yes' ('yes 1' form experimental group while 'yes 2' form control group) were part of the sample while those who picked 'no' were excluded. In the first stratum (male), there were twenty 'yes' (ten 'yes 1' and ten 'yes 2') and 23 'no'. In the second stratum (female), there were twenty 'yes' (ten 'yes 1' and ten 'yes 2') and sixty-two 'no'. Based on what the respondents picked, they were assigned to experimental and control groups. The study had two groups (one experimental and one control). The sampling exercise took place in the first semester 2007/2008 session.

Treatment Phase: The researchers collected the data for this study by serving as the facilitator of the two groups. The treatment was given in form of a group counseling. Group counseling was chosen to provide a relative basis for comparison of the effect of the therapy. The Rational-Emotive Therapy which is didactic in nature was adopted for the experimental group while the control group was taught sexuality education. The treatment lasted for ten weeks of one hour each.

Post Treatment Phase: - This is the third and the last phase. At the end of the treatment, the

Table 1: T-test summary of the Effect of Rational-Emotive Therapy on the Self-Esteem of the sample before treatment.

Variables	N	M	SD	Do	Cal.t	Crit.t	Decision
Exp.	20	21.15	3.845	38	-1.443	1.645	Accept
Cont.	20	22.55	2.012				

Table 1 revealed that the calculated t (-1.443) was less than the critical t (1.645) at degrees of freedom 38 under 0.05 level of significance. This is before the treatment was administered. The null hypothesis which states that Rational-Emotive Therapy has no significant effect on the Self-Esteem of

researchers administered the Self-Esteem questionnaire for the second time to both the experimental and the control groups.

Method of Data Analysis

The data generated for this study were analyzed using t-test for both paired and independent observations. T-test for paired observations was used to analyze the data generated to compare pre-test and post-test results in both hypotheses one and two. This is because it involves a comparison of means generated by the same sample on the variables Self-Esteem and academic performance. T-test for independent observations was used to analyze data generated to compare experimental and control groups for both hypotheses one, two, three and four. This statistics is suitable because the data involve means obtained from independent observations in order to determine the effect of Rational-Emotive Therapy on the sample.

3. Results

The first hypothesis tested states as: -

HO₁: Rational-Emotive Therapy has no significant effect on the Self-Esteem of the Experimental Group compared with the Control Group.

The results of the analysis to test this hypothesis are presented in Table 1.

experimental group compared with the control group was accepted.

The second hypothesis tested states: -

HO₂: There is no significant gender difference in Self-Esteem of the experimental and control groups as a result of Rational-Emotive Therapy.

The results of the analysis to test the above hypothesis are presented in Table 2.1 to 2.5.

Table 2.1: T-test summary of gender difference in Self-Esteem of the experimental group after treatment.

Variables	N	M	SD	Df	Cal.t	Crit.t	Decision
Male	7	59.00	5.000	14	2.867	1.761	Reject
Female	9	52.33	4.301				

Table 2.1 revealed that the calculated t (2.867) was by far greater than the critical t (1.761) at degrees of freedom 38 under 0.05 level of significance. This indicated that there was gender difference in the Self-Esteem of the experimental group after the treatment.

Hence, the hypothesis which stated that there was no significant gender difference in Self-Esteem of the experimental and the control groups as a result of Rational-Emotive Therapy was rejected.

Table 2.2: T-test summary of gender difference in Self-Esteem of the control group after treatment.

Variables	N	M	SD	Df	Cal.t	Crit.t	Decision
Male	6	24.83	3.430	11	.635	1.796	Accept
Female	7	23.71	2.928				

From the summary in table 2.2, the calculated t (.635) was by far less than the critical t (1.796) at degrees of freedom 11 under 0.05 level of significance. This implies that there was no gender difference in the Self-Esteem of the control group after treatment.

Therefore, the null hypothesis which stated that 'there is no significant gender difference in Self-Esteem of the experimental and control groups was accepted.

Table 2.3: T-test summary of the effect of Rational-Emotive Therapy on the Self-Esteem of the sample after treatment.

Variables	N	M	SD	Df	Cal.t	Crit.t	Decision
Exp.	16	55.25	5.615	27	17.812	1.703	Reject
Cont.	13	24.23	3.086				

Table 2.3 revealed that the calculated t (17.812) was by far greater than the critical t (1.703) at degrees of freedom 27 under 0.05 level of significance. The result of the analysis before treatment shows that the calculated t was - 1.297. After the treatment, the t value appreciated to 17.812. The results indicated that the effect of Rational-Emotive

Therapy on the Self-Esteem of the experimental group was significant. Therefore, the hypothesis which states that 'Rational-Emotive Therapy has no significant effect on the Self-Esteem of the experimental group compared with the control group was rejected and the alternative hypothesis accepted.

Table 2.4: T-test summary of the gain in Self-Esteem of the experimental group after treatment.

Variables	N	M	SD	Df	Cal.t	Crit.t	Decision
Pre-test	16	21	4.2	15	22.845	1.753	Reject
Post-test	16	55	5.6				

Table 2.4 revealed that the calculated t (22.845) was greater than the critical or table t (1.753) at degrees of freedom 15 under 0.05 level of significance. The result indicates that there was gain in the Self-Esteem of the experimental group which could be attributed to the effect of Rational-Emotive therapy on

the experimental group. Before the treatment, the mean score of the experimental group was 21 while the mean score after the treatment was 55. The mean score after treatment is considered significant because it exceeded the cut off mark for low Self-Esteem on the Self-Esteem questionnaire.

Table 2.5: T-test summary of the gain in Self-Esteem of the control group after treatment.

Variables	N	M	SD	Df	Cal.t	Crit.t	Decision
Pre-test	13	23	2.3	12	3.005	1.782	Reject
Post-test	13	24	3.1				

Table 2.5 indicates that the calculated t (3.005) was slightly higher than the table or critical t (1.782) at degrees of freedom 22 under 0.05 level of significance. Though this implies that there was a gain in Self-Esteem, the gain was not statistically significant considering the mean of the subjects which was on the low side. The mean score of the control group before treatment was 23 and after the treatment the mean score was 24. The difference was only one. On the Self-Esteem scale, both 23 and 24 are considered low Self-Esteem. Hence, the gain was not statistically significant in comparison with that of the experimental group. From the above results, it was evident that the experimental group experienced more gain in Self-Esteem compared with the control group. The null hypothesis which stated that There was no significant gain in Self-Esteem of the experimental group compared with the control group after treatment was therefore rejected and the alternative hypothesis accepted.

4.2 Summary of the Findings

The results of this study revealed that: There was a significant gain in the Self-Esteem of the experimental group after the treatment

1. There was a gain in the Self-Esteem of the control group though statistically insignificant
2. Rational-Emotive Therapy has a significant effect on the Self –Esteem of

the experimental while the control group did not show any significant effect

3. Rational-Emotive Therapy has a significant effect on the academic performance of the experimental group, while the control group did not show any significant effect
4. There was a significant gender difference in the Self-Esteem of the experimental group after the treatment.
5. There was no significant gender difference in the Self-Esteem of the control group after the treatment.

4.3 Discussion

The first hypothesis of this study examined the effect of Rational-Emotive Therapy on the Self-Esteem of probating students. The result indicated that there was a significant gain in the Self-Esteem of the experimental group. This was attributed to the treatment given. The finding agrees with Brown (as cited in Fradkin, 2019).

On the other hand, the control group did not experience any significant gain in Self-Esteem. The findings revealed that Rational-Emotive Therapy had significant effect on the Self-Esteem of the experimental group while the control group did not show any significant effect. The hypothesis was therefore rejected. This was expected because the treatment procedure specifically confronted the irrational beliefs of students in

the experimental group that are assumed to be responsible for low Self-Esteem and subsequently poor academic performance among the probating students. This implies that Self-Esteem can be improved or enhanced by modifying specific irrational beliefs. It is in agreement with Nelson (as cited in Blackhart, Nelson, Knowles, and Baumeister, 2009). The result underscored the effect of Rational-Emotive Therapy in improving Self-Esteem of the students. The treatment procedure used for the experimental group specifically addressed participants' irrational beliefs and thinking which was believed to be behind their low Self-Esteem, thereby improving their Self-Esteem.

The control group on the other hand did not show any significant gain in Self-Esteem. This was expected since it was only exposed to a placebo. However, there was still some gain in the Self-Esteem of the control group but not when compared with the experimental group. This was expected since failure at this stage will mean withdrawal to the student, so every probating student tried his/her best to ensure that his/her GPA appreciates to one or above. The implication of this finding is that the treatment given had an effect on the Self-Esteem of the experimental group. The control group which received a placebo did not show any significant gain in Self-Esteem. This finding confirms the result of Nelson, et al (as cited in Baumeister, Reynolds, Winegard, & Vohs, 2017). The sample of this study were not only probating students but probating students who scored low on a Self-Esteem inventory. This implied that before the treatment, they were negative and irrational in their thinking. Their low academic performance and their low Self-Esteem were attributed to irrational beliefs and negative thinking. The treatment given to the experimental group in this study required that the irrational beliefs and

negative self-talk identified to be counteracted through the use of the opposite of the irrational or negative thinking. These identified irrational beliefs undermined Self-Esteem and by implication academic performance. Hence, the experimental group whose Self-Esteem was enhanced, experienced gain in Self-Esteem and academic performance. The null hypothesis that predicted that Rational-Emotive Therapy has no significant effect on the Self-Esteem was rejected and the alternative hypothesis accepted.

The second hypothesis examined gender difference in Self-Esteem of the experimental group compared with the control group as a result of Rational-Emotive Therapy. The result revealed that there is gender difference in the Self-Esteem of the experimental group while the control group did not show any significant gender difference. Gender difference in the Self-Esteem of the experimental group implies the effect of the treatment given on their Self-Esteem. The hypothesis which states that there is no significant gender difference in the Self-Esteem of probating students was therefore, rejected and the alternative form accepted. The mean scores of the sample revealed that the mean score of the male experimental after treatment is greater than the mean score of the female experimental after treatment ($59 > 52.33$). The mean score of the male control after treatment is also greater than the mean score of the female control after treatment ($24.83 > 23.71$). However, this is not significant compared with the mean score of the experimental group. Hence, there was a gender difference in the Self-Esteem of the experimental group as a result of the treatment given which was Rational-Emotive Therapy.

Gender difference in Self-Esteem is attributed to the effect of Rational-Emotive Therapy. This is because the analysis of the

data before the treatment was given shows that there was no significant gender difference in the Self-Esteem of the sample. Worthy of note is the fact that the major difference was recorded by the experimental group, thereby ascertaining the effect of Rational-Emotive Therapy on Self-Esteem. The implication of this study for counseling is that Self-Esteem can be effectively improved through the use of correct intervention procedures. The relationship between Self-Esteem and academic performance has been reported to be positive and bidirectional. This implies that a gain in one will invariably result in gain in the other. So also a drop in one will invariably result in drop in the other. In terms of gender difference, this study reported a significant gender difference in Self-Esteem. Although there is gender difference in Self-Esteem, both male and female participants in the experimental group showed remarkable gain in Self-Esteem.

This study like any other study is not without limitations. The first limitation is the fact that the study was conducted in one institution only. This could make generalization impossible though the study was an experimental one. The second limitation is that the sample was drawn from only NCE II probating students leaving all the other groups out. Another limitation is the fact that Self-Esteem assessment depended solely on the participants self report.

Future researcher in this area may consider using a different sample size and a different design. The use of Rational-Emotive Therapy may also be substituted by any other treatment procedure. Future researcher may also consider the use of much younger or much older participants for the study.

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