

Effects of Rational Emotive Behaviour Therapy and Client Centred on Age and Self-Concept of Adolescents

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Abstract

This study examined the comparative effectiveness of rational emotive behaviour therapy (REBT) and client centred therapy (CCT) in enhancing the self-concept of adolescents. It also examined the extent to which age of subjects could affect the efficacy of REBT and CCT in enhancing adolescents' self-concept. The sample for the study consisted of 150 adolescents randomly selected from three secondary schools in Ado-Ekiti, Nigeria. The study made use of 3×3 factorial design with two experimental groups exposed to REBT and CCT and one control group. The subjects were randomly assigned to each of the two treatment groups and control group with fifty subjects in each group. The experimental and the control groups were exposed to pretest and posttest of "self-scale" questionnaire measuring the different experiences adolescents in early, middle, late adolescence are exposed to. One of the experimental groups was exposed to treatment based on REBT while the other was exposed to treatment based on CCT. The treatment consisted of three sessions of 40 minutes each running through a period of eight weeks. The data were analysed using analysis of covariance. The results of the analyses showed that rational emotive behaviour therapy and client centred therapy were effective in significantly solving the self-concept problems of adolescents. It was equally found that the self-concept of adolescents exposed to the experimental groups was significantly different from one another with REBT being more effective than CCT. Also, the result showed that the effect of the therapy on the self-concept of adolescents in the experimental group did not vary with the age of the adolescents' self-concept. Based on the findings of the study, it is therefore recommended that counsellors could use rational emotive therapy more than client centred therapy in solving the self-concept problems of adolescents.

Keywords: Client Centred Therapy (CCT), Rational Emotive Behaviour Therapy (REBT), Age, Self-concept, Adolescence

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Adolescence is a period of transition from childhood to adulthood. According to Santrock (2005), the physical changes during puberty are all about hormonal secretions from the pituitary gland which lies at the base of the brain. These hormonal glands begin to stimulate the ovaries in female and testes in male and the adrenal glands in both sexes. In the midst of all the pubertal changes, the adolescent is also in search of self at the vocational, sexual and moral levels. The adolescents sometimes have series of questions in their minds, which require answers for one to understand them properly.

One of these is question of identity or sense of self. Adolescents typically 'try out' different roles without initially committing themselves to anyone, in order to arrive at a coherent sense of identity. Collins (1998) says that the inability of the adolescent to achieve a firm, comfortable and enduring answers results in role diffusion or a sense of confusion over what and who one is. According to Shakmonova (2010), adolescents who were brought up by an institution like the orphanage can develop low self-concept compared to those who are leaving with their parents. The counsellor needs to understand the nature of adolescents very well and know the reasons why they engage in certain behaviour before effective counselling can take place. Some of the problems could be anti-social in nature such as drug abuse, unwanted pregnancy, delinquency and crime.

According to Sharf (2002), age is a variable that could affect the self-concept of adolescents. There are various age factors that may affect adolescents' self-concept. These factors are broken home, maturity level, experience of life, cognitive ability and parental styles. The age of adolescent at the time of divorce is very crucial to the development of self-concept. One notices from observation that no matter their age, adolescents may report feelings of increased vulnerability and stress. Children in early adolescence period that is from (10-14) years may find it more difficult to cope than children in their middle or late adolescence (Cobb, 1988).

Adolescents in their early stage may seem to be less concerned because they do not understand what it means for parents to separate or be divorced. Those ones that are in their middle or late adolescence may feel ashamed in the midst of their friends, and their self-concept may be affected. The rate at which children mature differs from one child to another.

Psychologists like Freud, Maslow, Skinner and Piaget have observed that chronological age and maturity level differ from child to child. A girl of 18years may have a maturity level of a girl of 10years whereas; a girl of 10years old may exhibit maturity level of 18years old girl.

Therefore, in the formation of self-concept, maturity level may either foster or affect the self-concept of individuals (Dacey & Travers, 2004). The age at which individuals experience events of life also may determine their self-concept. For example, a girl or boy of 10years old who is not staying with the parents may have different experiences compared to another boy or girl who is not staying with the parents. Age also determines the cognitive ability of children. At the school level, the age of the adolescents determines their classes and challenges they face differ from class to class. According to Santrock(2005),adolescents are more like likely to use formal operationalthought in areas in which they have the most experience and knowledge.

Rational Emotive Behaviour Therapy (REBT) implies that behaviour emanates from the type of beliefs that individuals upheld and valued. Rational thinking, according to REBT, is empirically based, free of catastrophic ideas, free of the tyranny of the'shoulds, oughts and musts' reflecting low frustration tolerances, self-acceptance and self-understanding (Bernard & Joyce 1984), Ellis and Bernard (1998), Kassinove 1986). The ability to reason well depends upon the ages and maturity level of the individual. Most of the irrational beliefs identified by Albert Ellis's therapy are based on the inability of the individual to reason well. According to Ortese (2004), self-concept is one's mental image of oneself and acceptance of self. Therefore, the ability to reason well brings about favourable self-concept.

Many therapies like CCT, REBT and Psychoanalytic theories have been proposed on the self-concept of humans. Most of the theories suggest implications for other aspects of human functioning. It is important therefore, that a basic theoretical map be provided in this work, which would serve as foundation to understanding the basics of self-concept among adolescents.

The client-centred theory of Rogers and the rational emotive behaviour theory of Albert Ellis will form the theoretical framework for this study.

Carl Rogers developed the theory of Client-Centred Therapy (CCT) in the 40's and 50's. It is a non-directive approach to therapy. 'Directive' means any therapist behaviour that deliberately steers the client in some way. Directive behaviours include asking questions, offering treatments, and making interpretations and diagnoses. Client-centred therapy is a therapy based on attitudes. Unlike other therapies, its essence involves the implementation of therapeutic attitudes congruence, unconditional positive regard and emphatic understanding (Rogers 1957).

The central hypothesis of this approach can be briefly stated. It is that the individual has within himself or herself vast resources for self - understanding, for altering his or her self - concept, attitudes, and self-directed behaviour and that these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided. There are three conditions, which constitute this growth promoting climate, whether we are speaking of the relationship between therapists and clients, parents and children, leaders and groups, teachers and students, administrators and staff. The condition applies, in fact, in any situation in which the development of the person is a goal. The first element has to do with genuineness, realness or congruence. The more the therapist is himself or herself in the relationship, putting up no professional front or personal façade, the greater is the likelihood that the client will change and grow in a constructive manner. The second attitude of importance in creating a climate for change is acceptance, or caring or prizing..... unconditional positive regard.

The third facilitative aspect of the relationship is empathic understanding. This means that the therapist senses accurately the feelings and personal meanings that are being experienced by the client and communicates this acceptance understanding to the client. The theory of the client therapy is a practice in which the hypotheses of the inherent growth principle are put into action. It is also a therapy wherein the theory of therapeutic attitude as conditions for growth is taken as the basis for functioning with the client.

The theory of Rational Emotive Behaviour Therapy (REBT), which is the second theory considered in this work focuses on uncovering irrational belief, which may lead to unhealthy negative emotions and replacing them with more productive rational alternatives. Albert Ellis believes that many thoughts of human beings are irrational and that their emotions cloud over rational behaviour skies.

Some of the irrational beliefs of men and women, according to him have over the years caused a lot of problems. Here are the common, fairly obvious irrational ideas described by Albert Ellis (1957) which create unwanted irrational emotions:

1. Everyone should love and approve of me (If they don't, I feel awful and unlovable).
2. I should always be able, successful, and on top of things (If I'm not, I'm inadequate and incompetent person).
3. People who are evil and bad should be punished severely (and I have the right to get upset if they aren't stopped and made to 'pay the price') and so on.

Ellis suggests that the tendencies to have these irrational ideas are inborn. That is, obsessing about something we want badly evolves into absolute must demands. How does this happen? Human beings forget the probabilities and risks involved in their irrational self-talk. They over-look their lack of ability and determination. They deny that their strong feelings need help (when they are wrong). They fail to see that their strong emotions like anger, fears and weaknesses are frequently reinforced. They aren't aware of their defence mechanisms. They may acquire emotional responses without words for example via conditioning and modelling; they prefer to change the situation rather than their thinking (get a divorce rather than deal with their anger, flunk out of school rather than cope with their overwhelming need for fun). Human beings escape but don't solve their problems by drinking, socializing, involvement with activities and cults, client taking medication and so on. They convince themselves they can't really change (and, therefore, don't try very hard). Thus, irrational thinking becomes the easy way out.

The theory is about irrational ideas, which cause most of human beings long-lasting, unwanted emotional reactions. Rational Emotive Therapy tries to identify the patient's unreasonable thoughts and immediately confronts or challenges these problems –producing ideas so that the patient will think differently, see things in a different way and thus, feel differently.

Thus, this therapy involves ABC model persuasion, arguments, logic and education, and so on. The therapy is essential because it insists that the person be rational and scientific (Sharf, 2002).

After examining the topic critically, the researcher realized that there was the need to understand the relationship between the two theories by understanding the foundation of the theories. These theories that is the theory of Client-Centred Therapy and the theory of Rational Emotive Behaviour therapy form a framework for this study because most of the beliefs, assumptions and ideas of the theorists are linked with the self. Reading through the theoretical framework, it is very obvious that there are assumptions on which each theory was based.

The assumptions of Rogers were on the self as a construct while the assumptions of Ellis were on irrational beliefs which affect the emotions of individuals. Looking at the meaning of self from Rogerian theory, one realizes that the meaning individuals give to themselves depends on the inner vast resources for self-understanding, for altering their self-concept, attitudes and self-directed behaviour. He said this could be achieved only in a definable climate. Whereas, Ellis says what influences our behaviours either positively or negatively are our beliefs or thinking line or what we are telling ourselves often, that is our self-talk affects our attitudes and emotions which later give us a picture of ourselves that is our self-concept.

A close examination of theorists' views and assumptions shows that there is a link between them. Ellis said individual's behaviours are affected because of irrational beliefs, while Rogers said individuals have vast resources within themselves for self-understanding, for altering their self-concept, attitude and self-directed behaviour. In other words, perceptions are a major determinant of personal experience and behaviour. There appears to be a link between perception and belief, because perception requires understanding and thinking, whether irrational or rational, it comes from one's thought. So, the self-concept of an individual involves his perception of the environment as best to him, his thought life whether rational or not and the meanings given to these thoughts are important. The self-concept based on this relationship also involves how individuals see themselves, how they think about themselves regardless of what others see, think or say about them. Both theorists believe that it is the duty of the therapist to attempt to understand the individual's internal frame of reference whether rational or irrational under a definable climate.

The heart of this study is to find out how the techniques of client-centred therapy theory and rational emotive behaviour therapy theory could foster the self-concept of adolescents.

These techniques were utilised during the counselling sessions and the outcome was noticed. The researcher is of the view that the self-concept of an individual will depend on his or her reasoning faculty. The ability to reason well may help an individual to give the right meaning to their experiences and right interpretation to situation before it is put on as behaviour which will be obvious to outsiders. The researcher believes that logical reasoning; logical understanding of issues and events; logical understanding of one's characters and reasons for doing things will foster the self-concept of adolescents. Drawing ideas from the two theorists, the researcher wants her submission as rational self-knowledge.

Rational self –knowledge is the ability to judge accurately the beliefs that one holds about oneself and the understanding of one's own character and reasons one has for doing things. For instance, that one is the best student in one's class does not mean that one is the best student in the whole school. This type of belief will help the person not to be depressed if in an examination he was defeated by another student who performed better than him. On the other way round, if his belief is that he is very brilliant and that no other person can perform better than him, then when it happens that he was defeated by another student, the situation can affect him and he may be threatened and his self- concept may therefore be affected.

In addition to this, Boeree(2000) says Ellis emphasizes the importance of self-concept by accepting the self that is, self-acceptance. He believes that no one is damned no matter how awful his or her actions are and that individuals should accept themselves for what they are rather than for what they have achieved. In doing this, the counsellor is to convince the client of the intrinsic value of himself or herself as a human being. He said just being alive provides one with value. According to CWL (2003), adolescence is the period of physical, social, psychological, emotional and cognitive growth.

Adolescence is a time of great change for young people when physical changes are happening at an accelerated rate. But adolescence is not marked by physical changes – young people are also experiencing cognitive, social, emotional and interpersonal changes as well.

As they grow and develop, young people are influenced by outside factors, such as their environment, culture, religion, school and the media.

Characteristics of Early Adolescence

12-14 years as they move towards independence

- Struggle with sense of identity
- Moodiness
- Improved abilities to use speech to express oneself
- More likely to express feelings by action than by words
- Less attention shown to parents with occasional rudeness
- Realization that parents are not perfect identification of their faults
- Search for new people to love in addition to parents
- Tendency to return to childish behaviour
- Peer group influences interest and clothing styles

Middle (15-16)

- Self-involvement, alternating between unrealistically high expectation and poor self-concept
- Complaints that parents interfere with independence
- Extremely concerned with appearance and with one's own body
- Feeling of strangeness about one's self and body
- Efforts to make new friends
- Strong emphasis on the new peer group
- Examination of inner experience, which may include writing a diary

Late Adolescence (18-21)

- Firmer identity
- Ability to delay gratification
- Ability to think ideas through
- Ability to express ideas in words
- More developed sense of humour
- Stable interests
- Greater emotional stability

- Ability to make independent decision
- Ability to compromise
- Self-reliance
- Greater concern for others

Research Hypotheses

Two hypotheses were raised for the purpose of this study:

1. There is no significant difference in the self-concept of subject exposed to CCT and REBT.
2. There is no significant difference in the self-concept of early, middle and late age groups of adolescents in both experimental and the control groups.

Population and Sample Procedure

All adolescents in the secondary schools in Ekiti State, Nigeria consisted the population of the study. The sample was made up 150 adolescents sampled from adolescents in age range of early (11-13years), middle (14-16years), and late (17-20years) identified to have self-concept problems by means of Adolescent Self-Concept Questionnaire (ASCQ) in the three schools used. Fifty adolescents were assigned to Rational Emotive Behaviour Therapy (REBT); fifty adolescents were also assigned to Clients-Centred Therapy (CCT) in the second school, while fifty adolescents were assigned to the control group in the third school.

Adolescents who have self-concept problems in the different age range (early, middle and late adolescents) were randomly selected from each school. The subjects were stratified by their ages (early 11-13yrs), middle (14-16yrs) and late (17-20yrs). Subjects were proportionally sampled to each of the two experimental groups and the control group.

Research Instrument

The research instruments used in this study are two types. Age range self-concept questionnaire (ARSCQ) and "Self-scale". The one designed by the researcher was titled, Age range Self-concept Questionnaire (ARSCQ).

It contained 30 items. The questionnaire had two sections; section A and B. Section A required information concerning name, class, age, sex, birth order and parents' type of marriage. Section B consisted of 30 items, which were intended to find out adolescents' view about their self-concept. The response format was 3-point likert type: True of me, moderately true of me, not true of me. The function of this instrument was to select adolescents' having self-concept problems for the experiment. It was not used as pre-test or post-test instrument. The cut-off point was based on the average score. Score below the average were considered as having self-concept problems.

The second instrument was adapted from self-scale of Patwardhan (2003). The standardized instrument had 35 items which the adolescents' responded to on a 3-point likert type scale.

Validity and Reliability

Self –Scale, a validated instrument was also administered alongside with ARSCQ. Two scores were correlated using Pearson's product moment correlation analysis. A correlation coefficient of 0.78 was got which was high enough to determine the construct validity of the instrument. The reliability of the ARSCQ was carried out using test –retest method. The correlation was found to be 0.94. Also, the reliability of Self-Scale was established in the same way and correlation was found to be 0.79.

Rational Emotive Behaviour Therapy (REBT)

In the counselling session the following styles were used. Before the counselling, the researcher allowed the subjects to introduce themselves by mentioning their names, ages and schools. The counsellor had a register to keep all these information about the subjects. Also, the counsellor took the records of the subjects 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(e.g. low self- concept, low level of confidence, fear of failure and fear of ridicule e. t .c).

The researcher 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.

Client-Centred 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 and 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 individuality.

Step 2: The counsellor concentrated upon trying to understand the clients 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 researcher applied CCT by:

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

Control Group

The pretest was administered on the subjects in the control group during the first week of the programme. The group was not exposed to treatment. However, subjects were told to be present during the last week of the exercise.

Data Analysis

The data were computed for the purpose of analysis. The statistical method used was to test the analysis of covariance (ANCOVA). All the hypotheses were tested at 0.05 level of significance.

Results

Hypothesis 1: This states that there is no significant difference in the self-concept of the subjects exposed to CCT and REBT.

Table 1T-Test of Significant Difference between REBT and CCT on Adolescents' Self-Concept

| Variable | N | Mean | S.D | Df | t-cal | t-tab |
|----------|----|-------|-------|----|-------|-------|
| REBT | 50 | 80.52 | 6.30 | 98 | 2.02 | 1.98 |
| CCT | 50 | 76.38 | 12.87 | | | |

0.05 level of significance

Table 1 showed that the mean and the S.D of the REBT on the self-concept of the adolescents were 80.52 and 6.30 respectively, while the mean and S.D of CCT were 76.38 and 12.81 respectively. The table showed that the t-calculated value was 2.02 while at df of 98, with 0.05 level of significance, the table value was 1.98. Since the t-cal value is greater than the t-critical value, the hypothesis of no significant difference was therefore not accepted. This implies that there was significant difference between the two therapies.

Hypothesis two: This states that there is no significant difference in the self-concept of early, middle and late age groups of adolescents in both the experimental and the control groups.

Table 2: Analysis of Covariance (ANCOVA) Self-Concept among Treatment Groups with Pretest as Covariate

| Source | SS | Df | Ms | Fcal | F table | P |
|--------------------|------------|-----|----------|--------|---------|------|
| Corrected model | 15601.986 | 9 | 1733.554 | 21.356 | 1.88 | .000 |
| Covariates | 84.110 | 1 | 84.110 | 1.036 | 3.84 | .310 |
| Main Effect | | | | | | |
| Age | 63.095 | 2 | 31.548 | .389 | 3.00 | .679 |
| Group | 7175.563 | 2 | 3587.752 | 44.199 | 3.00 | .000 |
| Interaction effect | | | | | | |
| Group/Age | 166.990 | 4 | 41.748 | .514 | 2.37 | .725 |
| Error | 11364.387 | 140 | 81.174 | 78.266 | | |
| Corrected total | 26966.373 | 149 | | | | |
| Total | 791946.000 | 150 | | | | |

Table 2 reveals that F_{cal} (0.389) is less than F_{table} (3.00) at 0.005 level of significance. The null hypothesis is accepted. This implies that the self-concept of adolescents of different age levels did not differ significantly. Also, among the groups, the table reveals that F_{cal} (44.199) is greater than the F_{table} (3.00). The null hypothesis is not accepted. This implies that there was significant difference among the three groups. The interaction effect of group and age shows that F_{cal} (.514) is less than F_{table} (2.37) at 0.05 level of significance. This implies that there was not influence of age on treatment.

Discussion

The null hypothesis one which states that there is no significant difference in the self-concept of subjects exposed to CCT and REBT is not accepted. This shows that there is a significant difference between the adolescents exposed to REBT and those exposed to CCT. This may be due to the type of therapy used during the counselling session which might have helped the adolescents in solving self-concept problems. REBT as expounded by Ellis (1987) teaches disputing your "must". Therefore, when subjects are exposed to the techniques, 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 the evidence for his "must"? If there is no evidence then, the client needs to make his view "must" free and his emotions will be healed. Such training (disputing your "must") could have accounted for the significant difference recorded in REBT results. Furthermore, clients can keep on getting upset if they have rejected most of the obvious irrational ideas but retained some of the subtle ones. Subjects who were never exposed to disputing your "must" may not know its usefulness and relevance in self-concept improvement.

When the control group was compared with the client-centred therapy, it was found that the experimental group, that is CCT had better self-concept than the control group. The superiority of the training received in differentiating between the real and the ideal self as expounded by Rogers (1951) 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 CCT results.

The study corroborates the findings of Sexton and Whiston (1994) that empathy, unconditional positive regard and genuineness are necessary for effective therapy to occur. The null hypothesis two, which states that there is no significant difference in the self-concept of the early, middle and late age groups of adolescents in both the experimental and the control is accepted. This implies that age has no significant effect on the self-concept of adolescents and it also has no influence on the treatment. Age was found to be significant in influencing the self-concept of adolescents in a normal setting. Subjects who are in their late adolescence that is 17-24 years are expected to think better than those in early and middle age level.

At about age 11, the shift from concrete operational to formal operational thought begins in some adolescents. The formal operational stage is characterized by an ability to use abstract concepts. They have developed the ability to reason abstractly but have little experience on which to base their abstract thoughts. Their thinking is sometimes distorted a bit by their limited experience. It could be inferred from this that age level would determine the type of experience adolescents would be exposed to in life.

Recommendations

Adolescents in the secondary schools are faced with lots of problems relating to their self-concept based on some irrational beliefs they uphold. The adolescents form the larger population in the secondary schools, which fall within middle and late adolescence. It is important therefore for them to be counselled properly using the right therapy to solve their self-concept problems. Based on the findings, counsellors could prefer the use of rational emotive behaviour therapy to CCT in solving adolescents' self-concept problems. In a case where the behaviour is irrational, REBT could be used.

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