Effects of Rational Emotive Behaviour Therapy on Self Concept of Physically Challenged Undergraduate Students in Rivers State

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ABSTRACT
The study investigated the effects of Rational Emotive Behaviour Therapy on self-concept of physically challenged undergraduate students in Rivers State owned Universities. The pre-test, post-test control group quasi-experimental design was adopted for the study. A population of 36 physically challenged undergraduate students were identified in the two state owned Universities. The census sampling technique was adopted to study the entire population. A standardized instrument developed and called Self-Concept Scale (SCS) by V.C.G Iwuji (996) was adopted for data collection. It was reported to have proper validation through the rational approach based on individual judgement made by four experts in psychology. The reliability was reported to have a range of .77 to.86 by applying the split half reliability coefficient on the various scales of the instrument and the Spearman Brown formula for the estimation of its full length. The face to face method of administration was used for the administration of the instrument while the mean, standard deviation and the Independent t-test was used for data analysis. Results shows that REBT had a tremendous effect on the self-concept of physically challenged undergraduate students when the experimental and control groups were compared. When the male and female students in the experimental group were compared no significant difference was noted. Based on this it was recommended amongst others that: Pre-test, Post-test quasi-experimental design should be adopted to appropriately pass a value judgement on the effectiveness of treatment.

Keywords: Physically challenged, Rational Emotive Behaviour Therapy, Self-Concept, Undergraduates, and Universities.

INTRODUCTION
Self-concept is the dependent variable of the study, it relates to ones perceptions about self in relation to one’s belief system. It represents what he perceives of his physical abilities, behavioural abilities and relationship with the environment and with others (Asodike 2009). This agrees with Woolfolk in Asodike (2009) when she defined self-concept as our attempts to explain ourselves to ourselves to build a scheme. Human beings tend to behave in terms of having an awareness and understanding of self; though this concept is quite difficult to quantify and define, Webster is of limited help. The self is a dynamic, flowing becoming force. Sidney Howard in Asodike (2009) emphasized the potential and tendency for change in the self-concept.

In Howard’s definition of the self-concept, it embraces all ones belief about his own nature, it includes his assumptions about his strengths and weaknesses and possibilities for growth. The self has influence on all the perception and schemes from the environment into the organism. A primary point
in the theorem of development of self-concept emphasizes that the action and attitudes of others towards the individual are incorporated into self-identity (Sidney Jourad in Asodike, 2009). In other words, what others view one as, one tends to become. Sidney in Asodike (2009) further explained self-concept through basic characteristics and tendencies such as follows:

1) Self-concept can change; underlining almost all other characteristics of self-concept is the potential for change. The self is a dynamic, slowing, becoming force. Jourard emphasized the potential and tendency for change in the self-concept. In his definition of self-concept, all beliefs about his own nature, includes his assumptions about his strength and weaknesses.

2) There is tendency for the self to change in positive direction. Carl Rogers’s has evolved his whole theoretical therapy in the assumption that self seeks ground and change in a positive direction.

3) The self is in constant and dynamic interaction with all that is non-functional. This implies that the self has influence on all the perception and behaviour from the environment onto the organism.

4) The self is self-evaluative; the self has potential to realistically access the overall strengths and weaknesses of the individual, but there may be unrealistic over-evaluation or under evaluation. All individuals can provide comments on what they like about themselves and what they feel are their basic strengths, and they can with a set of difficulty also provide comments on what they dislike about themselves.

Other character and tendencies include:
- The self has tendency towards self-disclosure.
- The self seeks consistency.
- The self is reluctantly at times self-responsible.
- The self is in part unique, but has knowledge of oneness.
- The self is mysterious.

All these characteristics and tendencies give clearer understanding of the self.

**Physically Challenged:** BBC dictionary described physically challenged as a severe physical or mental illness that restricts the way an individual lives his or her life. Psychologist like Fagan and Wilace, Deng in Victoria (2009) have referred to challenged children as those assessed as being deaf, blind, and hard of hearing, mentally retarded, emotionally disturbed, speech impaired and physically challenged.

Sometimes the presence of two or more disabilities in the same child gives rise to multiple challenges. Agatha and Gardne in Asodike (2009) stated that a challenged person is one with an interference or obstruction to normal growth development or education progress, hence he cannot do certain things by ordinary methods or in the ordinary time available. These mishaps make a few children and adults unable to cope with normal school or class organisation and routine. It is not uncommon as one moves along our street especially in the urban centres for the eyes to catch up with these set of people seeking for a livelihood from those they feel are better off than themselves.

There are vast number or physical characteristics that affect the individuals. These include such things as Clef Lips, Pectus deformities, burns and skin conditions such as Vitogo and port wine stains, Blindness, deafness, orthopaedic, spinal cord conditions and many others. The fact that many of these disabilities are congenital suggest that many children and adults are living with physical disabilities (Emery 2001).

Physical challenges have multiple effects on the individuals social and psychological functioning. Individuals who are physically challenged are at a greater risk for anxiety, depression, low self-concept and social withdrawal (Thompson and Kent 2001).

Furthermore the effect of physical challenge on self-concept of an individual has been examined through research from two different perspectives. The first approach has examined the way which others perceives an individual with disability while the second examines the thoughts, perception and technique of individuals with physical disability (Thompson and Kent 2001). The extent of literature from the first perception indicates that physical appearance plays important role in the way an individual is perceived by others. Attractive people are perceived as more competent, more intelligent and better adjusted (Hill Beat in Thompson and Kent 2001). In contrast individuals with a visible
physical disability are often met with uncertainty if not hostility in social situations (Clark in Asodike, 2009). Physical disability can have a particular significant effect on the social interaction of challenged individuals. Research has shown that appearance is the most common focus on interpersonal teasing in childhood. In early adolescent, appearance becomes particularly important to self-concept as bodies begin to change (Hill Beuf in Asodike, 2009). Appearing different is greatly feared by many adolescents as they begin to focus on clothing and other aspects of appearance as with individuals without physical disability. It is expected that children that grow with physical disability would experience a similar focus on appearance and a certain amount of social stigma as a result they experience heightened social anxiety, embarrassment and feeling of stigmatization, social withdrawal, depression and all these result to low self-concept.

Research has included mixed result on the role of the severity and visibility of physical disability in shaping the individuals response to their physical difference. It is generally agreed that severity is far less relevant to overall coping and adjustment than visibility (Kents, 2000). The more visible physical disability will result in an increase incidence of social stigma, however the daily confrontation will force the individual to adapt to their differences and develop responses to social reaction (Thompson and Kent 2001). Individuals with less visible disability will likely resort to camouflage methods of coping with these situations in which their disability is exposed.

Individual’s personal qualities also affects his ability to cope with the severity of physical condition. Those individuals with high self-concept who placed value in their personal strengths and talents were able to cope more effectively with the change in their appearances than those with a precisely low self-concept. Literature also indicates that those individuals who tend to attribute the negative work or actions of others to their disability will have much higher social anxiety than those shown to be a strong positive factor in enabling individuals to adjust to and cope with physical disability as they allow for positive social experience in spite of the individuals physical difference (Thompson and Kent 2001).

Rational Emotive Behaviour Therapy as a counselling modality on self-concept of physically challenged undergraduate. Yahaya (2002) stated that counselling is an important activity that is used basically to assist people to understand themselves and the environment they find themselves and help them to take effective decision necessary for their personal growth and development. From this definition one can rightfully say that counselling is a systematic process of helping people or individuals understand their environment and make maximum use of their potential to achieve profitable living. Let us see Rational Emotive Behaviour Therapy as a counselling modality that could be used to help physically challenged individuals enhance their self-concept and make maximum achievement in life.

Rational Emotive Behaviour Therapy as proposed by Albert Ellis is also known as the ABCDE model or psychological disturbance and change. This theory is a behavioural theory and one of the cognitively oriented approaches to counselling and psychotherapy. It is directive in nature and based on learning theory (Ebenzeer and Eremie 2019). Self-concept whether low or high stems from ones cognition and this affects ones way of thinking and behaviour either positively or negatively. Rational emotive behaviour therapy brings to the limelight and deals with those irrational thinking or self-defeating thoughts as acquired by the physically challenged persons which are responsible for their malfunctioning and help them become better adjusted. Jorn (2016) as sited in Ebenzeer and Eremie (2019) explained that in the ABCDEF system “A” refers to the activating or external event which can be an activity, action or event. “B” refers to the irrational beliefs about “A” that leads to “C”, “C” refers to the feeling/emotional and behaviours that results from “B”. For examples, a physically challenged person may not have performed well in a class exercise, this becomes “A”- the activating event. He begins to attribute his poor performance to the fact that the teacher scored him low due to his physical challenge. This becomes B- irrational thinking. He becomes moody in class and refuses to interact with other members of the class. This now becomes “C” which is the feelings/behaviour that results from B. in this approach A is not responsible for C rather B takes responsibility of C. D stands for disputes or arguments against irrational beliefs. “E”- stands for new effects. The result of holding healthier beliefs then “F” refers to the developed feelings of precisely either at point c or at point E. The therapist helps the client at point D to dispute his irrational thinking of failing the
examination due to his disability and “E”- stands for the new thinking pattern he has adopted to deal with his failure and then F stand for the adjustment or behaviour change he has achieved at point C or E. The philosophy behind this theory is that man is basically irrational and rational. When he is rational he is effective, happy and competent. However, when he is illogical or irrational, he becomes less effective, less competent and unhappy. Olayinka in Ebenezer and Eremie (2019) stated that Ellis believes that man acquires rational and irrational thinking and behaviour through child rearing process and the type of reinforcement given by the significant persons especially the parents. He further stated that if maladaptive and adaptive behaviour are learned they can be unlearned and desirable behaviours replaced by obsolete ones.

This approach if applied to a physically challenged student, with low self-concept, the therapy will help the student to unlearn or drop the self-defeating thoughts or maladaptive behaviours leading to low self-concept and pick up a rational thinking pattern and behaviour which will enhance his self-concept. This is achieved through a step by step means of discarding the “B” irrational beliefs which gave rise to “C” low self-concept. The student is assisted by the therapist to dispute or argue against irrational beliefs “D” and then adopt healthier beliefs that will bring about new effects which seem as an improved self-concept.

REBT counselling processes are geared towards helping the client drop irrational beliefs which have led to maladaptive behaviours and adopt rational thinking patterns which will bring about desirable behaviour. This can be achieved by the therapist unmasking the clients past and his illogical thinking or self-defeats using verbalizations by bringing them to his attention, showing the client how they are causing his disturbance, demonstrating his internalized illogical sentence and how to rethink and re-verbalize these sentences in a more logical, self-help way. The counsellor exposes them to the irrational thoughts that human beings are prone to so that at the expiration of the therapy, he does not fall victim to another set. (Ekanem 2016).

Asodike (2009) carried out research on the effects of REBT on physically challenged undergraduates in Rivers State, 20 students were exposed to REBT therapy. Results showed that experimental group had mean score of 20 and standard deviation of 2.3 before being exposed to counselling. This implies that the group had low self-concept after being exposed to counselling, the mean score for the post test showed 42.4, standard deviation of 4. The difference of 22.4 between the pre-test and post-test score shows tremendous improvement in their self-concept. This implies that REBT as a counselling modality is very effective in improving the self-concept of physically challenged undergraduate students in Rivers State. The counsellor achieve this by using the main techniques which correspond with the ABCDEF theory or psychotherapy (Cralium 2012).

A research carried out by Nasar and Ali (2014) on the comparison of the effects of REBT and PCT on self-concept and intimacy among divorce clients. This quasi experiment involved 22 divorced clients both male and female who were presented at the Sanadei Iran were sampled. These clients were placed into three categories- the experimental group REBT, experimental group PCT and control group. Each group contained 14 subject each. The dependent variables employed were on the subject of self-concept and intimacy which were measured twice before and after intervention of self-inventory, 2- (DSL-2) and intimacy that involved 8 one hour sessions and was held twice a week.

Results showed that, REBT and PCT were effective on self-concept scale and intimacy on both male and female. They also showed high influence on recovering self-concept.

The counsellor or therapist adopts problem solving techniques and skills, cognitive restructuring techniques, coping techniques at the different stages of the counselling process, He or She (counsellor) may use slightly different combination of techniques depending on the symptoms presented by the client. The counsellor’s major role is to help the client straightening his or her illogical thoughts so that self-talk becomes more logical and efficient. This will be achieved through active direct teaching.

**Statement of Problem**

The physically challenged undergraduate students are faced with multiple problems such as mobility. They find it difficult to move from one place to another unaided. This makes it difficult for them to benefit or participate effectively in class activities. They also find it difficult to make use of their motor skills (Gardner in Asodike, 2009). The physically challenged are emotionally unstable, they exhibit behaviour problems like anxiety, depression, low self-concept, embarrassment and feelings of
stigmatization and social withdrawal. These personality problems makes it difficult for them to be socially, morally and emotionally stable, therefore it becomes difficult for them to be well integrated into the society. Self-concept of an individual is an integral part of his/her psychological make-up for effective functioning, a thwarted self-concept is not healthy for an individual’s development. Based on this, the researchers decided to investigate the effects of REBT on self-concept of physically challenged undergraduate students in the two State owned Universities, this is the problem of the study.

**Purpose of Study**
The purpose of this study is to investigate the effects of Rational Emotive Behaviour Therapy on self-concept of physically challenged undergraduate students in Rivers State owned universities.

**Research Questions**
1. What are the effects of REBT on the self-concept of physically challenged undergraduates in the experimental group when their pre-test and post-test mean scores are compared?
2. What is the effect of REBT on the self-concept of physically challenged undergraduate students in Rivers State in the experimental group (REBT) when compared to those in the control group when their post-test mean scores are compared?
3. What is the differential effect of REBT on male and female physically challenged undergraduate students who are exposed to REBT when their post-test results are compared?

**Hypotheses**
The following null hypothesis were stated and tested at 0.05 level or significance to guide the study:
1. There is no significant difference in the effects of REBT on self-concept of physically challenged undergraduate students in the experimental group when their pre-test and post-test are compared.
2. There is no significant difference in the self-concept of physically challenged undergraduate students who are exposed to REBT and those in the control group.
3. There is no significant difference in the self-concept of male and female undergraduate physically challenged students who are exposed to REBT.

**METHODOLOGY**
The research design is the quasi experimental design. It adopted the pre-test, post-test control group quasi experimental design.

**Population:** The target population consist of all the physically challenged undergraduate students in the two state owned universities in Rivers State. A total number of (32) thirty-two physically challenged students were identified in the two universities. A breakdown of this figures shows; 16 in Ignatius Ajuru University of Education, Rumuolumeni and 16 in Rivers State University, Nkoplu, Oworukwo, Port Harcourt.

**Sample and Sampling Technique:** The census sampling technique was used to study the entire population because of the farness of the population and to avoid the problem of generalization. Census sampling involves the study of the entire population

**Instrument for data collection:** A standardized test, the self-concept scale developed by V.B.C Uwuji (1996) was used as instrument for data collection at pre-test and post-test. The instrument was validated by the developer (V.B.C Uwuji) through the rational approach in selecting scales and various scale selection was made based on individual judgment of four experts in psychology. The split half reliability co-efficient test was used for the different sub-scales while the Spearman Brown formula was used for estimation of the full length of the test. A reliability co-efficient of 0.77 to 0.86 was established so it was considered good enough for measuring scales that assess personality.

The face to face method was used at pre-test and post-test for the administration of the instrument for the purpose of clarification of issues that may not be clear to the respondents. Data was analysed using the mean scores and standard deviation for the research questions and the independent T-test for the 3 null hypotheses.

**Experimental procedure:** the experimental procedure adopted in this study was divided into three stages;

**Stage 1-** placement of subjects into experimental and control groups. The researchers randomly placed students into experimental and control group based on their respective institutions. Physically
challenged undergraduate students in the Rivers State University formed the experimental group while those from Ignatius Ajuru University formed the control group. The pre-test was administered on both experimental and control group to determine the baseline data for comparison after treatment.

**Stage 2- Administration of Treatment.**

The researchers used REBT counselling procedures/strategies on the experimental group. The researchers helped the clients to be rational and logical in their thinking. They were thought a simple way of reorganizing their perceptions, thinking and behaviour to achieve a better personality and enhanced self-concept. Treatment lasted for 8 weeks, once a week bringing it to a total of 8 sessions (one hour per session).

**Stage 3- Administration and scoring of post-test.**

The researchers administered the self-concept scale to physically challenged undergraduate students to determine the level of their self-concept after treatment. Responses of the subjects on SCS were scored and analysed with mean, standard deviation and independent t-test for comparison with the pre-test mean scores.

**RESULTS**

**Research Question 1: What is the effect of REBT on the self-concept of physically challenged undergraduate students in the experimental group when their pre-test and post-test mean scores are compared?**

**Hypothesis 1:** There is no significant difference in the self-concept of physically challenged undergraduate students who are exposed to REBT when their pre-test and post-test mean scores are compared.

Table 1: Summary of t-test comparison on the significant difference between Experimental group pre-test and post-test mean scores on self-concept.

<table>
<thead>
<tr>
<th>Experimental group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Mean diff.</th>
<th>df</th>
<th>P</th>
<th>t-cal</th>
<th>t-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test mean scores</td>
<td>16</td>
<td>22</td>
<td>2.4</td>
<td>13</td>
<td>30</td>
<td>0.05</td>
<td>13</td>
<td>2.043</td>
<td>Reject H01</td>
</tr>
<tr>
<td>Post-test mean scores</td>
<td>16</td>
<td>35</td>
<td>3.2</td>
<td>22</td>
<td>30</td>
<td>0.05</td>
<td>22</td>
<td>2.043</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows a pre-test mean score of 22 with a standard deviation of 2.4 and a post-test mean score of 35 and a standard deviation of 3.2 with a mean difference of 13 which shows the gains of counselling, this therefore implies that students had a low self-concept before exposure to REBT counselling strategies and this gives us a basis to answer research question one which is: REBT had tremendous effect on the self-concept of physically challenged undergraduate students when their pre-test and post-test mean scores are compared. To test the null hypothesis stated above the mean differences of the pre-test and post-test were further subjected to the t-test statistics and a significant difference was found between the pre-test and post-test mean scores on self-concept of the experimental group because the calculated t-test value of 13 is higher than the table value of t-test which is 2.043 with a degree of freedom of 30 at 0.05 level of significance, on this basis the null hypothesis was rejected and the alternate hypothesis retained which means: there is a significant difference in the self-concept of physically challenged undergraduate students exposed to REBT when their pre-test and post-test mean scores were compared.

**Research Question 2:** What is the effect of REBT on the self-concept of physically challenged undergraduate students in the experimental group when compared to those in the control group?

**Hypothesis 2:** There is no significant difference in the self-concept of physically challenged undergraduate students who are exposed to REBT and those in the control group.

The result of research question 2 and the tested corresponding null hypothesis 2 is shown on table 2.

Table 2: Summary of t-test comparison on the significant difference between Experimental and control group post-test scores on self-concept.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Mean diff.</th>
<th>df</th>
<th>P</th>
<th>t-cal</th>
<th>t-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>REBT experimental group</td>
<td>16</td>
<td>35</td>
<td>3.2</td>
<td>14.9</td>
<td>30</td>
<td>0.05</td>
<td>15.2</td>
<td>2.043</td>
<td>Reject H01</td>
</tr>
<tr>
<td>Control group</td>
<td>16</td>
<td>20.1</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2 above shows a mean score of 35 for the experimental group and a mean score of 20.1 for the control group with a mean difference of 14.9 which shows the gains of counselling. This therefore gives a basis for answering research question 2 which is: REBT had tremendous effects on the self-concept of physically challenged undergraduate students in Rivers State.

Furthermore, the observed mean difference was subjected to the t-test statistics and the results revealed that the calculated t-test value of 15.2 is much higher than the critical value of t-test which is 2.043 with a degree of freedom of 30 at 0.05 level of significance. This therefore, calls for the rejection of the null hypothesis 2 and the acceptance of the alternate hypothesis which states that: There is a significant difference in the self-concept of physically challenged undergraduate students who are exposed to REBT and those in the control group.

**Research Question 3:** What is the differential effect of self-concept on male and female physically challenged undergraduate students who are exposed to REBT?

**Hypothesis 3:** There is no significant differential effects in the self-concept of the male and female physically challenged undergraduate students who are exposed to REBT.

The result of research question 3 and the tested corresponding null hypothesis 3 is shown on table 3.

**Table 3:** Summary of t-test difference between the post-test mean scores of male and female physically challenged undergraduate students in the experimental group.

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>mean</th>
<th>Sd</th>
<th>Mean diff.</th>
<th>df</th>
<th>P</th>
<th>t-cal</th>
<th>t-crit</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>35.1</td>
<td>2.3</td>
<td>0.1</td>
<td>14</td>
<td>0.05</td>
<td>0.09</td>
<td>2.145</td>
<td>Accept H02</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>35.0</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows a mean score of 35.1 for male students in the experimental group and 35.0 for their female counterparts with a mean difference of 0.1 and this gives us a basis for answering research question 3 which is: there is no differential effect found on the self-concept of male and female physically challenged undergraduate students exposed to REBT counselling techniques. To test the corresponding null hypothesis 3 stated above, the mean difference was further subjected to the t-test statistics and no significant difference was found between the male and female physically challenged undergraduate students because the calculated t-test value of 0.09 was less than the critical value of 2.145 with a degree of freedom of 14 at 0.05% level of significance. This therefore implies that: there is no significant difference in the self-concept of male and female physically challenged undergraduate students in the experimental group, the hypothesis was retained.

**DISCUSSION ON FINDINGS**

The first finding of this study revealed that REBT had effects on the self-concept of physically challenged undergraduate students in the experimental group when the pre-test and post-test mean scores of the group were compared. The scores on table 1 revealed that self-concept of physically challenged undergraduate students was low before their exposure to treatment, after treatment self-concept improved. This is expected and not surprising because REBT tenants of counselling has shown so much promise on diverse issues of life. This assertion is in line with that of Kennedy (2008) who says that REBT counselling models has been proved to have high level of success in improving people’s lot socially, academically, psychologically and otherwise. This study also agrees with the findings of Asodike (2009) who used quasi-experimental design to investigate the effects of counselling modalities on self-concept of undergraduate physically challenged students in Rivers State. The results revealed that the self-concept of those counselled with REBT improved after treatment modalities at post-test as against the low self-concept recorded at pre-test. Again the second finding revealed that the self-concept of those exposed to REBT counselling strategies improved over that of those in the control group who were not exposed to any form of treatment. Comparing the self-concept of the experimental and control group at post-test shows a tremendous difference between the two groups in favour of the experimental group. The self-concept of the experimental group improved over that of those in the control group. This result is expected because they were exposed to a treatment and treatment is expected to bring about improvement. The findings of this study also agrees with that of Olta and Odoemelam in Kennedy (2008) who used REBT and CCT to improve self-concept among adolescents in secondary schools in Afikpo urban of
Afikpo North Local Government Area. The results show that the experimental group had an improved self-concept over the control group. In the same vein the study corroborates with the finding of Asodike (2009) who used REBT and CCT to improve self-concept of physically challenged undergraduate students in tertiary institutions in Rivers State. Results shows that subjects counselled with REBT had an improved self-concept over their counterparts in the control group.

The third finding of this study shows that REBT had no differential effects on both male and female physically challenged undergraduate students in the experimental group. REBT had effects on both male and female physically challenged undergraduate students, no gender was found to improve over the other after treatment with REBT. This result is also not surprising but expected as both male and female physically challenged undergraduate students were exposed to the same counselling modalities, as such the researchers expects same result from them. This result agrees with the findings of Nasar and Ali (2014) who studied the comparison of the effects of REBT and PCT on self-concept and intimacy among divorced clients in a quasi-experimental study. The results of the study show that REBT and PCT were effective on self-concept and intimacy of both male and female divorced clients.

CONCLUSION
Based on the findings of this study it was concluded as follows:
1. REBT counselling modalities had a tremendous effect on physically challenged undergraduate students when the pre-test and post-test mean scores of the experimental group were compared.
2. REBT counselling modalities had a tremendous effect on the self-concept of physically challenged undergraduate students when the post-test mean scores of the experimental group was compared to that of the control group.
3. No differential effect was found between male and female physically challenged undergraduate students who were exposed to REBT counselling modalities. No gender was more effective than the other with REBT counselling strategies with reference to self-concept.

RECOMMENDATIONS
In line with the findings of this study it was recommended as follows:
1. The pre-test post-test control group quasi-experimental design should be adopted in counselling to determine baseline data for value judgement.
2. REBT counselling strategies should be used by counsellors to tackle issues relating to psychological constructs such as self-concept in relation to physically challenged persons.
3. Male and female students who are physically challenged should be counselled with REBT counselling strategies for an improved self-concept, differential strategies should not be applied.

REFERENCES