

Effectiveness of Acceptance - Commitment and Rational Emotive Behaviour Therapies on Self-Esteem of Adolescents from Broken Homes in Ogun State, Nigeria

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Abstract

Broken home has damaging effects on adolescents. Studies have reported that broken home has an influence on the self-esteem of adolescents of such home. Thus, this study examined the effectiveness of two behaviour modification therapies namely: Acceptance-Commitment Therapy (ACT) and Rational Emotive Behaviour Therapy (REBT) on self-esteem of adolescents from broken homes in Ogun State, Nigeria. A sample of 71 adolescents consisting of 28 male and 43 female were selected for the study using multistage sampling process. The design used for the study was the quasi-experimental: pretest/posttest control group design. The study consisted of three groups: two treatment groups and one control group. The first group was exposed to Acceptance-Commitment therapy (ACT), second group was exposed to Rational Emotive Behaviour Therapy (REBT), while the control group had no treatment. The following instruments were used to collect relevant data for the study: Family Structure Questionnaire (FSQ), The Adjustment Inventory for School Students (AISS) and the Rosenberg Self-Esteem Scale (RSES). Two hypotheses were formulated to guide the study. Data collected for the study were analysed using Analysis of Covariance (ANCOVA). The hypotheses were tested at 0.05 level of significance. The results indicated significant differences in self-esteem among the adolescents as a result of the interventions. The REBT was observed to be more effective in the management of self-esteem than the ACT. Male and female adolescents were observed not to differ in self-esteem as a result of exposing them to ACT and REBT. In the light of the findings, it was recommended, among others, that ACT and REBT should be adopted in improving self-esteem of adolescents from broken homes.

Keywords: *Acceptance-Commitment Therapy, Broken Homes, Rational Emotive Behaviour Therapy, Self-esteem.*

Introduction

Human dignity begins in the home. The home is the immediate environment where a child acquires values and virtues of dealing with various situations in life. It is a strong foundation which lays the psychosocial, moral and spiritual foundations in the overall development of the child (Uwaifo, 2012). Therefore, the home is a determining factor in children's behaviour and wellbeing and thus influences their intellectual, emotional and social adjustments. Unfortunately, instability under physical, social and economic causes is present in many homes today which often times lead to separation and divorce with its adverse effects on the social, emotional and psychological wellbeing of the child.

There has been a significant increase in marital separation and divorce globally and particularly in Africa (Rosnati & Daniela, 2014). The rapidly increasing divorce rate and the changing face of family structures are undoubtedly affecting the children involved. Divorce brings an end to a family. When the family is broken, it brings a change and reorganisation in the home. Loneliness, anger, depressed feelings, pervasive guilt, as well as feeling of resentment accompanies such change. Since child and each family are obviously unique with different strengths and weaknesses, a variety of psychological outcomes are associated with parental

divorce which leads to vulnerability in some adolescents (Strohschein, 2005). For many, the family condition is known to significantly affect their self-esteem negatively. It was on this premise that Kelly & Emery (2003) concluded that adolescents who experience a broken family have higher risks of developing the symptoms of low self-esteem and aggression with adverse impact on their wellbeing and quality of life.

Amalu (2017) stated that the nature of adolescents' family environment has a very strong effect on their cognitive and behavioural development and it continues to be of a crucial importance throughout adolescence and adulthood. At adolescence, self-esteem is developed in many ways. Self-esteem is not formed solely from innate factors but also influenced by the environment or the system outside of self. Children develop a sense of self through interactions with the environment and others. According to Abdulkadir, et al., (2019) the amount of self-esteem an individual has depends on many factors including how the person was raised, his parental attitudes, and life experiences. That is why adolescents from broken homes can lose self-esteem and feel bad about themselves because of failures or disappointments as a result of witnessing the marital breakdown of their parents.

Self-esteem is considered an important factor in the developmental process of teens since the adolescence is a period in life with rapid changes which affect self-esteem, shifting expectation, changing roles and complex relationships (Block & Richard, 2011). Self-esteem is the appraisal of a person about his or her self-worth and encompasses belief about one's capacity and worthiness (Saha, et al., 2013), as well as emotional states such as triumph, despair, pride and shame (Hewitt, 2009). It is considered as one of the determinants of human behaviour and it is presumed to be the wheel of motivation and can inspire one to take new challenges. Self-esteem reflects the evaluation of personal competence. Having high self-esteem means having feelings of confidence, worthiness and positive regard for oneself. While those with low self-esteem can sometimes feel worthless and even dislike themselves. Low self-esteem is associated with mental health problems and serves as a criterion for several health issues (American Psychiatric Association, 2013)

Self-esteem appears vital to mental and physical wellbeing. Self-esteem improves performance in particular domains such as in education and more generally, positively impacts people's physical and psychological health and social acceptance (Jordan et al., 2017). A child's self-esteem can be affected by broken home because of the stress, tension, lack of motivation, frustration, depression and stigmatization from peers, which could also affect their academic, emotional, and social adjustment. Those stigmatized are discriminated against, giving rise to feelings of humiliation, lack of self-confidence, loss of enthusiasm for positive activities, and even withdrawal from social life. Discrimination led to decreased self-esteem (Major & O'Brien, 2005). With decreased self-esteem and self-worth, the adolescent may be isolated, withdrawn or aggressive or shows anti-social behaviour as well as increased anxiety, and depression with diminished memory capacity (Mackie & Smith, 2002).

In an intact home, the parent's act as the model to their children and play a key role in the development of self-esteem. Since parents play a key role in the development of self-esteem, it is not surprising that a disruption in the parental relationship would have an effect on that development. Studies affirmed that broken home would affect the self-esteem of a child and can demotivate goal achievement, since thought pattern influences self-esteem such that the child

struggles with confidence (Ferro & Boyle, 2014). According to Yonmin (2001) adolescents from broken homes exhibit more academic, psychological, behavioural and drug related problems than children whose families remained intact. These vices are related to low self-esteem. This is as a result of failure of the home and family existing as a place where a child can securely develop without fear and emotional harm, places children in an environment of conflict and uncertainty, which measurably affects development mentally and many other areas. Based on this, scholars like Amato, 2011; Spruijt and Duindam, 2005; Theobald, et al. 2013; Van der Valk, et al. 2005; Wallerstein and Lewis, 2004 concluded that parental divorce undermine children's wellbeing and development, with consequences lasting far into adulthood.

A study by Goodman and Pickens (2001) has shown that children of divorced parents are unlikely to return to normal state and that the effect of divorce and family break up has long lasting effect on their self-esteem. Due to low self-esteem, reactions on parents' divorce in adolescents tend to be different according to gender. Females and males have differences in terms of adapting behavioural problems, emotional stress, and how they cope from the said problems. On gender effect of divorce, Amato (2010) posits that young girls begin early sexual relations more often due to lack of self-confidence, while boys often react on a behaviour area by aggressive and delinquent behaviour. On the contrary, relevant research found that the prospective effects of poor self-esteem on depressive problems hold for both women and men in adolescence (Orth & Robins, 2014).

This study investigated the effectiveness of Acceptance-Commitment (ACT) and Rational Emotive Behaviour Therapies (REBT) in managing self-esteem of adolescents from broken homes in Ogun State. The choice of these two treatments is on the premise that they could effectively be used to manage self-esteem of adolescents from broken homes. ACT is a 'unique' empirically based psychological intervention based on modern behavioural psychology. ACT develops psychological flexibility and is a form of behavioural therapy that combines mindfulness skills with the practice of self-acceptance (Hayes, 2019). ACT is effective for a wide range of psychological disorders including; depression, self-esteem, substance abuse, eating disorder, anxiety disorder and psychosis, among others (Cullen, 2008) and it is also effective as a life-affirming and inspirational perspective of self-determination (Hayes, et al., 2012). The effectiveness of ACT is shown in Zarling, et al. (2015) who in a randomized controlled trail indicated the impact of ACT for decrease of aggressive behaviour among clients. In another study aimed to investigate the effectiveness of ACT and Family Psycho Education (FPE) on schizophrenic clients with aggressive behaviour by Buansari, et al. (2020), the findings showed decreased symptoms of aggressive behaviour in cognitive, affective, physiological, behavioural and social aspects and increased ability to control anger with ACT and FPE.

Rational Emotive Behaviour Therapy was formulated by Albert Ellis. It is a cognitive behavioural therapeutic approach aimed at resolving emotional and behavioural problems. REBT is governed by the belief that thoughts produce and control emotions such as anger, depression, and anxiety. REBT is an approach that helps individuals to identify irrational beliefs and negative thought patterns that may led to emotional and behavioural issues (Dryden, 2013). REBT is hypothesized to exceed the effectiveness of other cognitive behavioural treatments by virtue of promoting unconditional self-acceptance and reducing secondary problems such as self-criticism. The concept of REBT is that emotion results primarily from our belief and met with

events occurring in our lives. According to Dawood (2001), REBT reduces tension and improves logical thinking among students. Similarly, the efficacy of REBT was shown by Kamal (2015) in his investigation on impact of REBT on self-esteem and aggression among adolescent students. His study concluded that REBT is effective in increasing self-esteem and reducing aggression in adolescent students. The effectiveness of REBT was also revealed in Rieckert & Moller (2000) who reported the effectiveness of REBT in the treatment of adult victims of childhood sexual abuse, results indicated significant reduction in depression, anxiety, anger guilt and low self-esteem. It is against this backdrop that this study seeks to examine the effectiveness of ACT and REBT on self-esteem of adolescents from broken homes in Ogun State, Nigeria

Statement of the Problem

The rate at which homes are broken in recent times poses a great concern because of its massive hindrance on the emotional and mental wellbeing of the adolescents. Such homes are characterised with anxiety, stress, tension and frustration which can lead to severe emotional and psychological pain that may likely promote the development of personality pattern, with consequences lasting into adulthood.

Broken home possess severe threats to the wellbeing of adolescents. It has detrimental effects on their self-esteem. Young people from such families do not understand who they are, develop low self-esteem, succumbed to peer pressure and manipulation which endangers their lives. Adolescent from such families are vulnerable to crime, high rate of school dropout, high rate of early marriages in girls, drug abuse, unplanned pregnancies especially on the girl. This behavioural problem is strongly attributed to family failure. This reason being that a single parent has taken on the role of ensuring that children acquire appropriate and balanced social, psychological and moral development. This has become a source of concern to scholars, families, schools, government and the society at large and if not properly managed, may lead to more psychological problems among adolescents from such homes. Hence, the need to come up with interventions to effectively help these adolescents work through strong feelings relating to broken homes.

Purpose of the Study

This study sought to examine the effectiveness of Acceptance-Commitment (ACT) and Rational Emotive Behaviour Therapies (REBT) on the self-esteem of adolescents from broken homes in Ogun State. Specifically, the study aimed to:

1. determine the difference in the post- test mean scores of self-esteem of participants exposed to ACT, REBT and the control group
2. examine the difference in the self-esteem of participants exposed to ACT, REBT and the control group due to gender.

Research Questions

The following research questions guided the study:

- 1 Does any difference exist in the self-esteem of participant exposed to ACT, REBT and the control group?
- 2 What is the difference in the self-esteem of participants exposed to ACT, REBT and the control group due to gender?

Hypotheses

The following hypotheses were tested:

1. Self-esteem does not significantly differ among adolescents from broken homes as exposed to the three experimental treatments.
2. The experimental conditions do not have any significant effect on the post-test mean scores of self-esteem due to gender.

Research Design

The research design for the study was the quasi-experimental pre-test/post-test control group design. The quasi-experimental was considered appropriate for the study because human cannot be subjected to full randomization of participants into the experimental groups. There were three groups (two treatment groups and one control group). One treatment group was exposed to Acceptance-Commitment Therapy, while the second group was exposed to the Rational Emotive Behaviour Therapy. The third group (control group) was not exposed to any treatment rather they were given educational talks on how to improve their academic performance.

Population of the study

The target population for this study comprised all adolescent students from broken homes in public secondary schools in Ogun State metropolis, Nigeria. The senior secondary two (SS2) students were used because the students appeared to be the stable class when compared with their SS1 and 3 counterparts. Students in SS1 are new entrants into the Senior Secondary School who are trying to get familiar with activities at that category while their SS3 counterpart are preoccupied with the pressure and preparations for external examinations.

Sample and Sampling Techniques

A sample of 71 participants consisting of 28 male and 43 female were involved in the study. Multi-stage process was employed to select the sample for the study. The first stage of the multi-stage process was the selection of three Local Government Areas, out of the 20 Local Government Areas in Ogun State, using simple random sampling method through hat and draw technique. The second stage involved selection of one Senior Secondary School from each of the three selected Local Government Areas using simple random sampling technique. The third stage involved the identification of adolescents from broken homes in each of the Senior Secondary Schools Two (SS2) students selected from the three Local Government Areas, using the family structure questionnaire (FSQ). A total number of 104 students were identified as adolescents from broken homes from 942 Senior Secondary Two (SS2) students that participated. The Adjustment Inventory for School Students (AISS) was administered on the adolescents identified to be from broken homes to establish their level of their psychosocial adjustment. The distribution of the participants across groups during pre-assessment and experimental groups are presented in Table 1.

Table 1: Distribution of sample in pre-assessment selection of baseline data.

School	Preassessment Participants						Experimental Participants			
	Gender			Gender (FSQ)			Group	Gender		
	Male	Female	Total	Male	Female	Total		Male	Female	Total
A	66	67	133	15	10	25	A (ACT)	14	9	23
B	182	205	387	15	26	41	B (REBT)	7	19	26
C	217	205	422	18	20	38	C (CG)	7	15	22
Total	465	477	942	48	56	104		28	43	71

A total of 71 students scored above 22 indicating unsatisfactory adjustment. They were assigned to three groups using simple random method. 23 students, 14 male, 9 female for Acceptance Commitment therapy (ACT). 26 students comprising 7 male and 19 female were assigned to Rational Emotive Behaviour Therapy (REBT) and 22 students 7 male and 15 female were in control group who were not given any treatment during the study but were given educational talks.

Research Instruments and Administration

Three research instruments were employed. The family structure questionnaire (FSQ), the adjustment inventory for school students (AISS) and the Rosenberg self-esteem scale (RSES). The family structure questionnaire was a researcher made instrument. It consisted of two sections 'A' and 'B'. Section 'A' contained the demographic data such as gender, age and sex, while Section 'B' contained ten statements that measured the family structure. The respondents indicated the degree to which they agreed with the items along the level of No or Yes. The No = 1, Yes =2. The minimum score is ten while the maximum score is 20. The score of 14 and above indicates broken home. The adjustment inventory for school students (AISS) was employed to measure the level of psychosocial adjustment of the identified students from broken homes. It has 60 items in three subscales. Emotional, Social and Educational. Each area of adjustment has 20 items. Each item has an option of 'YES' or 'NO'. For each 'YES' response 1 score is to be given. When an individual's answer is 'YES', it indicates his or her difficulties. If he/she answers 'NO' score of zero is given indicating that the individual has no difficulties in that particular area. The scoring for the 60 items is in five category A to E. category A (5 and below) "Excellent", B (6-12) "Good", C (13-21) "Average", D (22-30) "Unsatisfactory". E (31 and above) "Very Unsatisfactory". The Rosenberg Self-esteem scale was employed to measure the self-esteem of the students that showed poor and unsatisfactory adjustment. It is ten-item Likert-type scale with items on four-point scale from strongly agree to strongly disagree. Cronbach Alpha reliability analysis was employed to determine the reliability coefficient of the research instruments. The alpha coefficient obtained for Adjustment inventory for school student (AISS) was 0.77 while the Rosenberg Self-esteem scale obtained 0.8, suggesting that the items have relatively high consistency and adjudged to be reliable. The corrected instruments were administered in three phases by the researcher and research assistants. The first phase was the pre-treatment phase, the second was the treatment phase and the third, the post treatment phase. The pre-treatment phase involved the administration of the research instrument (Rosenberg self-esteem scale (RSES) to the 71 participants identified to have poor and unsatisfactory adjustment which served as pre-test. The treatment phase involved two groups and one control group. The selected schools were randomly assigned to treatment and control group. Group one were exposed to Acceptance-commitment therapy (ACT), Group two to Rational emotive behaviour therapy (REBT), Group three, the control group did not receive any treatment but were kept busy with educational talks on improvement of academic performance. The post-test phase, research instrument earlier administered were re-administered to all the experimental groups as post-test. The data collected were analysed using mean and Analysis of Covariance (ANCOVA) at 0.05 level of significance.

Results

The results of data analysis for all tested hypotheses are presented in Tables 2 to 6
Test and interpretation of Hypotheses

Hypothesis 1: Self-esteem does not significantly differ among adolescents from broken homes exposed to Acceptance-Commitment Therapy, Rational Emotive Behaviour Therapy and the control group.

Table 2: Descriptive Analysis for Self-Esteem

Experimental Group	N	Pre-test		Post-test		Mean Difference
		Mean	Std. Dev.	Mean	Std. Dev.	
Acceptance-Commitment Therapy	23	21.35	3.28	26.91	3.94	5.57
Rational Emotive Behaviour Therapy	26	22.04	3.40	27.62	2.76	5.58
Control Group	22	24.32	3.82	25.09	5.15	0.77
Total	71	22.52	3.67	26.61	4.09	4.08

The outcome in Table 2 shows that at pre-test, mean value of self-esteem was 21.35, 22.04 and 24.32 for ACT, REBT and CG respectively. At post-test, the mean values increased to 26.91 for ACT, 27.62 for REBT and 25.09 for CG. This shows that REBT (5.58) had the highest increase followed by ACT (5.57) and CG (0.77). An Analysis of Covariance was computed to determine whether there is significant difference in the mean values. The outcome of the analysis is presented in Table 3.

Table 3: Inferential Analysis for Self-Esteem

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	150.896	3	50.299	3.310	.025
Intercept	634.054	1	634.054	41.728	.000
Covariate	71.736	1	71.736	4.721	.033
Group	122.477	2	61.239	4.030	.022
Error	1018.062	67	15.195		
Total	51427.000	71			
Corrected Total	1168.958	70			

Observations from Table 3 shows that a F-ratio of 4.030 was derived as the difference in self-esteem mean values as a result of the experimental conditions. The computed value was noted to be greater than the critical value of 3.13 given 2 and 67 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis was rejected and the alternative hypothesis accepted. It was concluded that there exists significant difference in the mean values of self-esteem as a result of exposing participants to the different experimental conditions. Further computation was carried out to identify the pair that was significant. The outcome of the computation is presented in Table 4.

Table 4: Multiple Comparison of Self-Esteem Experimental Groups

(I) Experimental Group	(J) Experimental Group	Mean Difference (I-J)	Sig. ^b
Acceptance-Commitment Therapy	Rational Emotive Behaviour Therapy	-.500	.657
	Control Group	2.694*	.032
Rational Emotive Behaviour Therapy	Acceptance-Commitment Therapy	.500	.657
	Control Group	3.193*	.008
Control Group	Acceptance-Commitment Therapy	-2.694*	.032
	Rational Emotive Behaviour Therapy	-3.193*	.008

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The pairwise comparison in Table 4 shows that only the pairs of ACT and CG ($t = 2.694$; $p < 0.05$); as well as REBT and CG ($t = 3.193$; $p < 0.05$) were significant.

Research Hypothesis 2: The experimental conditions do not have any significant effect on the post-test mean scores of self-esteem due to gender.

Table 5: Descriptive Analysis for Self-Esteem and Gender

Experimental Group	Gender	N	Pretest		Posttest		Mean Difference
			Mean	Std. Dev.	Mean	Std. Dev.	
Acceptance-Commitment Therapy	Male	14	21.29	3.81	25.43	2.38	4.14
	Female	9	21.44	2.46	29.22	4.87	7.78
	Total	23	21.35	3.28	26.91	3.94	5.57
Rational Emotive Behaviour Therapy	Male	7	20.57	4.08	26.43	2.82	5.86
	Female	19	22.58	3.06	28.05	2.68	5.47
	Total	26	22.04	3.40	27.62	2.76	5.58
Control Group	Male	7	25.71	4.54	24.43	3.36	-1.29
	Female	15	23.67	3.42	25.40	5.89	1.73
	Total	22	24.32	3.82	25.09	5.15	0.77
Total	Male	28	22.21	4.43	25.43	2.74	3.21
	Female	43	22.72	3.12	27.37	4.63	4.65
	Total	71	22.52	3.67	26.61	4.09	4.08

The computed descriptive values on self-esteem in Table 5 shows male participants in the REBT (5.86) had the highest increase follow by ACT (4.14). However, the CG had a marginal fall of -1.29. Similarly, female participants in the ACT had the highest increment of 7.78 followed by 5.47 and the CG with 1.73. Further computation was done to determine if there is any significant differences in mean value of self-esteem across the experimental conditions due to gender. The outcome of the analysis is presented in the Table 6.

Table 6: Inferential Analysis for Self-Esteem and Gender

Source	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	245.095	6	40.849	2.830	.017
Intercept	598.079	1	598.079	41.432	.000
Covariate	69.097	1	69.097	4.787	.032
Group	124.020	2	62.010	4.296	.018
Gender	68.715	1	68.715	4.760	.033
Group * Gender	21.913	2	10.956	.759	.472
Error	923.863	64	14.435		
Total	51427.000	71			
Corrected Total	1168.958	70			

Figures from Table 6 shows that a F-ratio of 0.759 was derived as difference in the mean values of self-esteem among adolescents from broken homes exposed to experimental conditions due to gender. The value was noted to be less than the critical value of 3.15 given 2 and 64 degrees of freedom at 0.05 level of significance. As a result, the null hypothesis was upheld and it was concluded that experimental conditions do not have any significant effect on the post-test mean scores of self-esteem due to gender.

Discussion of findings

The findings of the study revealed that self-esteem significantly differs among adolescents from broken homes exposed to Acceptance Commitment Therapy, Rational Emotive Behaviour Therapy and the control group. Participants exposed to REBT were marginally better than their counterparts in the ACT. Therefore, the hypothesis is rejected. The higher reduction showed by REBT in the management of self-esteem could be because the students were receptive to the treatment and change. The impact could also be attributed to the procedure of REBT addressing activating events, belief systems and consequences to achieve result. REBT, through its procedures, promotes unconditional self-acceptance and reduces secondary problems such as self-criticism in individuals. The findings were supported by Kamal (2015) who in a randomised controlled trail studied the impact of REBT on self-esteem and aggression among adolescent students. The result of the study indicated that REBT is effective in increasing self-esteem and decreasing aggression in adolescents. This result is also in line with Kelly & Emery (2003) who reiterated that adolescents who experience a broken family have higher risks of developing the symptoms of low self-esteem and aggression with adverse impact on wellbeing and quality of life. Accordingly, Abdulkadir, et al., (2019) opined that the amount of self-esteem an individual has depends on many factors including how the person was raised, his parental attitudes, and life experiences. They recognised that adolescents of broken home can lose self-esteem and feel bad about themselves because of failures or disappointments as a result of witnessing the marital breakdown of their parents, or the way peers treated them due to their family structure. The findings also corroborated with Rieckert & Moller (2000)'s report on the effectiveness of REBT in the treatment of adult victims of childhood sexual abuse, results indicated significant reduction in depression, anxiety, anger, guilt and low self-esteem. Also a study by Dawood (2001) concluded that REBT reduces tension and improves logical thinking among students. The concept of REBT is that emotion results primarily from our belief and met with events occurring in our lives. Self-esteem comprises individual's belief about self. When an individual considers

himself/herself as not good enough (illogical belief), the person's self-esteem (confidence) becomes affected. REBT helps to dislodge those illogical thinking which affects behaviour and replaces them with logical thinking.

The findings further revealed that the experimental conditions do not have any significant effect on self-esteem due to gender. This is supported by relevant research which found that the prospective effects of self-esteem on depressive problems hold for both women and men in adolescence (Guo, 2021), Orth & Robins, 2014). The result is not in line with the findings of Amato (2010) on gender effect of divorce. His research revealed that parental divorce has more adverse effect on self-esteem of young girls. The girls begin early sexual relations more often due to the lack of self-confidence (self-esteem), while boys often react on a behaviour area by aggressive and delinquent behaviour. He observed that the risk for drugs and alcohol abuse is present in both gender. However, he concluded that behaviour problems commonly seen in boys are more readily observed behaviours than the type of problems the girls have (self-esteem).

Conclusion

Broken home is an aspect of marital disorganisation that affects the self-esteem of children of such marriage with consequences lasting into adulthood. Both Acceptance- commitment (ACT) and Rational emotive behaviour therapies have shown to be significant in improving self-esteem among adolescent from broken homes, but REBT was marginally better. The findings further showed that gender composition do not have any significant effect on self-esteem among adolescents from broken homes.

Recommendations

Based on the findings of this study, it is recommended that Acceptance-Commitment and Rational Emotive Behaviour Therapies should be adopted as effective strategies for improving self-esteem among adolescents from broken homes especially in public schools. There should be massive enlightenment, workshop and campaigns towards reduction of rate of divorce among couples bearing in mind its adverse effect on the children of such marriage.

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