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EFFECTS OF DIALECTICAL BEHAVIOURAL AND REALITY THERAPIES IN ENHANCING UNCONDITIONAL SELF-ACCEPTANCE AMONG IN-SCHOOL EARLY ADOLESCENTS IN LAGOS STATE, NIGERIA

Olajumoke T. JIDE-OJO
olajumokejideojo@gmail.com;
(+2348037158397)
and

AWOYEMI, A. E.
drawoyemi@gmail.com
(+2348034086286)

Department of Counselling and Human Development Studies,
University of Ibadan, Nigeria

ABSTRACT
Unconditional self-acceptance (USA), self-accepting non-judgmentally/external validation, is critical to promoting psychological well-being and wholesomeness among early adolescents. Reports have revealed prevalence of low USA among in-school early adolescents, including those in Lagos State, Nigeria. This study, aimed at determining the effects of Dialectical Behaviour Therapy (DBT) and Reality Therapy (RT) in enhancing USA among in-school early adolescents in Lagos State, Nigeria. This study adopted pretest-posttest, control group quasi-experimental design of 3x2x3 factorial matrix. Three local government areas (LGAs) were selected from the twenty LGAs in the state and 3 schools were selected from the chosen LGAs.132 in-school early adolescents were screened using the USA Questionnaire- Short Form (α=0.82) and 71 in-school early adolescents that scored 0-20 in the screening participated in the study. The schools were assigned to treatments: DBT (25), RT (21) and Control (25) groups. USA Questionnaire (α=0.87), Peer Influence Scale (α=0.89) and intervention guide were used. The treatment lasted eight (8) weeks. Data were analysed using descriptive statistics, Analysis of Covariance (ANCOVA at 0.05 alpha. Results revealed significant main effects of treatments in enhancing USA among in-school early adolescents. DBT participants performed best followed by RT and control group participants. There weren't significant main effects of gender and peer influence; interaction effects of treatment and gender, treatment and peer influence and gender on USA; three-way interaction effect of treatment, gender and peer influence on USA among the participants. Counselling psychologists and school management should incorporate these interventions into their treatments to improve USA among in-school early adolescents.

Keywords: Dialectical behaviour therapy, In-school early adolescents in Lagos state, Peer influence, Reality therapy, Unconditional Self-acceptance,

INTRODUCTION
Self-acceptance can be defined as the ability to accept oneself without judgment or external validation. It is acknowledging and accepting one's limits, values, strengths, and faults without passing judgment. This is shown by the way it supports human homeostasis, which guarantees psychological stability and mental well-being. Self-acceptance is crucial in influencing one's reaction and final results when life throws obstacles at one. Individuals who engage in self-acceptance are more likely to overcome obstacles, but those who do not may experience self-doubt and self-worth issues, making it harder for them to navigate the situation and give a solution. Self-acceptance strengthens the mind for psychological and overall well-being. As a result, it is essential throughout the human lifetime.

Humans are prone to self-deprecation, particularly teenagers, who are thought to be the most sensitive group due to their unique characteristics. Among the traits of adolescence are comparison, validation, praise, the need to fit in, be liked or loved, and attention-seeking. According to Qu, Fulgini, Galvan, and Telzer (2015), behavioural health is an essential component of mental health, therefore the absence of any of these, for whatever reason, may easily damage their behavioural and psychological functioning. According to Qu et al., (2015), adolescence is

marked by puberty and the resulting physical, cognitive, and emotional problems. It is a period of abrupt changes in physiological, behavioural, psychological, and physical functioning.

There are two types of self-acceptance: conditional self-acceptance and unconditional self-acceptance. Conditional self-acceptance depends on certain circumstances or standards in order to be successful. For example, an obese teenager with conditional self-acceptance may find it difficult to accept self if he or she is surrounded by others who have different views on their body type. This could result in anorexia, where the young person will constantly diet in an attempt to lose weight in order to gain approval from their peers. This could put their health at risk because they lack self-validation, which is a key component of unconditional self-acceptance. Conversely, a teenager who has unconditional self-acceptance won't struggle with those who have different views about their body type. The ideas and viewpoints of others are unlikely to have a negative impact on him or her. He or she is aware that everyone has the right to have their own beliefs. They could even be the first to strike up a discussion without hesitation or fear. His or her validity is established inwardly rather than by the opinions of others. His or her acceptance of self is thus unconditional.

Scholars have examined unconditional self-acceptance from a variety of perspectives. According to Ellis (1977), it is the complete acceptance of oneself without reservation, independent of one's behaviour or the judgments of others. In accordance with Ellis (1977), Chamberlain and Haaga (2001) define unconditional self-acceptance as people's conviction in their ideals and strengths as well as their complete and unconditional acceptance of who they really are, regardless of the love, respect, or approval of others. Unconditional self-acceptance, according to Popov, Radanović, and Biro (2016), is fully embracing oneself regardless of anything else or what other people think of one. Unconditional self-acceptance, according to Jibeen (2017) and others, is embracing oneself without reservation or limitation in spite of opposing conditions, circumstances, or other people's opinions while being aware of one's own deeds or inactions.

In agreement with other academics, the Jide-Ojo (2026) defines unconditional self-acceptance as the complete and unrestricted recognition of oneself without losing sight of one's strengths and ideals, regardless of opposing intra or inter conditions or situations. Jide-Ojo (2026) further reiterates that it is a condition of mental health that permits constant pursuit of greatness free from any kind of pressure. By avoiding negative self-criticism, self-blame, self-doubt, and other traits associated with conditional self-acceptance, unconditional self-acceptance promotes a greater sense of self-awareness and inner peace while encouraging one to appreciate all of one's strengths, shortcomings, and limits.

Unconditional self-acceptance aims to address the issues brought about by conditional self-acceptance by embracing oneself completely and without reservation. Additionally, it is intended to rectify the self-esteem abnormality. According to Seki Takagi, Koiwa1, Nihonmatsul and Wakashima, (2023), unconditional self-acceptance is consequently shown to be essential for one's best mental health since it offers balanced psychological well-being. Because of this, it is essential to improve it as soon as possible in the lives of early adolescents in order to prepare them for this stage of growth and ensure that they have great overall health.

Ellis (1977) proposed the idea of unconditional self-acceptance, which he used to replace the high self-esteem rating which Cucu-Ciuhan and Dumitru (2017) state had detrimental effects. Lee-Falcon (2014) states that Ellis (1977) suggests unconditional self-acceptance as a psychologically healthier substitute for self-esteem because, in the words of Cho, Lee, Lee, Bae, and Jeong (2014), it is a personality trait that allows people to be self-tolerant while working on oneself.

According to Ilma and Muslimin (2020), unconditional self-acceptance allows one to rationally evaluate any unpleasant situation in order to offer the necessary solution or solutions and find the way forward without feeling inferior or experiencing any of the typical reactions that follow unpleasant situations, such as shame, inferiority, or self-condemnation. Unconditional self-

acceptance also provides motivation to take suitable and sufficient measures towards one's desired self-improvement, allowing for on-going advancement. Therefore, unconditional self-acceptance does not allow for complacency.

Why is unconditional self-acceptance crucial for early adolescents to embrace themselves without reservation? Like other social animals, young people have a relational nature and a want to be liked and appreciated. According to Pramanik and Khuntia (2023), social acceptance is a fundamental aspect of human nature, and as such, its absence can result in blaming oneself and others instead of looking inward to recognise and value one's own special qualities and many other positive traits. Anxiety and more serious chronic conditions like depression are likely to develop soon, which may result in self-harm and, if untreated, suicidal thoughts or actual acts. According to Brooks, Madubata, Jewel, Ortiz, and Walker (2023), suicidal thoughts are a major problem for teenagers and young people. Developing unconditional self-acceptance in early adolescence will provide a barrier against the situation described above.

It is really important to comprehend the elements that are likely to play important moderating functions in unreservedly embracing oneself. For instance, gender may be a significant factor in unconditional self-acceptance. Ilma and Muslimin (2020) assert that gender is one of the uncontrollable family dynamic difficulties that might affect unconditional self-acceptance. Males are valued more than females in Africa (including Nigeria) and various other continents. The female kid already has a propensity to feel inferior to the boy child as a result of this duality, which lowers her self-esteem. Therefore, there is a propensity for gender to moderate teenagers' unconditional self-acceptance. As such, it is crucial to recognise this fact in the early stages of adolescence in order to have a healthy adolescent period. Gender might thus be a moderating factor in this research.

Adolescents are also at a developmental period when identity is crucial. According to Erikson (1963), it is the stage of identity creation. During this time, kids attempt to define their own identities and separate themselves from their families (Busari, 2018). According to Wang and Abdulahi (2023), these young people have a stronger sense of belonging in their peer groups than in their families, which is said to be extremely beneficial because it lowers behavioural issues and encourages higher pro-social behaviours among them.

There are many ways that a lack of or low level of self-acceptance manifests. Internalised behaviours that show up as social retreat, denial, comparison, anxiety, a feeling of guilt, despair, self-blame, self-deprivation, self-harm, suicidal thoughts, or, in extreme cases, actual suicide are examples of severe intra-level behaviours. This may also show up in interpersonal interactions or externalised behaviours such as struggle to accept other people or any unfavourable circumstances.

Unfortunately, there was a dearth of information regarding the use of Dialectal Behaviour Therapy (DBT and Reality Therapy (RT) to improve unconditional self-acceptance in Nigeria, where Lagos State plays a significant role in the country's overall development.

Basically, study investigated the effects of Dialectical Behaviour Therapy (DBT) and Reality Therapy (RT) in enhancing unconditional self-acceptance among in-school early adolescents in Lagos State, Nigeria.

Specific objectives of this study were to:

1. investigate the main effects of treatments, (DBT) and (RT), in enhancing unconditional self-acceptance
2. examine the main effects of gender in enhancing unconditional self-acceptance
3. explore the main effects of peer influence in enhancing unconditional self-acceptance analyse the interaction effects of treatments and gender in enhancing unconditional self-acceptance
4. investigate the interaction effects of treatments and peer influence in enhancing unconditional self-acceptance

5. look into the interaction effects of gender and peer influence in enhancing unconditional self-acceptance
6. scrutinise the three-way interaction effects of treatments, gender and peer influence in enhancing unconditional self-acceptance

The following seven hypotheses were tested in this study at 0.05 level of significance:

1. There would be no significant main effect of treatments (DBT and RT) in enhancing unconditional self-acceptance.
2. There would be no significant main effect of gender in enhancing unconditional self-acceptance.
3. There would be no significant main effect of peer influence in enhancing unconditional self-acceptance
4. There would be no significant interaction effect of treatments (DBT and RT) and gender in enhancing unconditional self-acceptance
5. There would be no significant interaction effect of treatments (DBT and RT) and peer influence in enhancing unconditional self-acceptance
6. There would be no significant interaction effect of gender and peer influence in enhancing unconditional self-acceptance
7. There would be no significant three-way interaction effect of treatments, (DBT and RT), gender and peer influence in enhancing unconditional self-acceptance

METHODOLOGY

THIS study adopted 3x2x3 quasi-experimental method. The population for this study comprised all in-school early adolescents (ages 10-13) in Lagos State. Multi-stage sampling procedure was adopted in this study. Three (3) Local Government Areas (LGAs) were randomly selected from the twenty (20) LGAs in the state. One (1) school was also randomly selected from each chosen LGA. A total of 132 in-school early adolescents were screened using the Unconditional Self-Acceptance Questionnaire- Short Form. 71 in-school early adolescents that scored 20 or below in the screening participated in the study. The schools were randomly assigned to treatments: DBT (25), RT (21) and Control (25) groups. The instruments used were: Unconditional Self-acceptance Questionnaire, Peer Influence Scale and intervention guide. The treatment lasted eight (8) weeks. Data was analysed using descriptive statistics, Analysis of Covariance (ANCOVA), and Bonferroni pairwise post-hoc tests at a 0.05 significance level.

Result: Testing of hypotheses

To hypothesis one: to find significant main effect of treatments (DBT and RT) in enhancing unconditional self-acceptance among participants, Analysis of Covariance (ANCOVA) was used to access the difference among the three groups of participants. The post-test scores of the participants were compared, while the pre-test served as the covariate. Table 1 below contains the summary of the ANCOVA:

Table 1: Summary of 3x2x3 Analysis of Covariance (ANCOVA) of treatment on Unconditional self-acceptance

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	8413.471[a]	12	701.123	39.300	.000	.860
Intercept	296.386	1	296.386	16.614	.000	.177
Pre-test	544.685	1	544.685	30.532	.000	.284
Treatment	2995.733	2	1497.866	83.961	.000	.686
Gender	26.565	1	26.565	1.489	.226	.019
Peer influence	44.666	2	22.333	1.252	.292	.031
treatment * gender	40.778	2	20.389	1.143	.324	.029
treatment * peer influence	27.266	1	27.266	1.528	.220	.019
gender * peer influence	8.040	2	4.020	.225	.799	.006
treatment * gender * peer influence	28.186	1	28.186	1.580	.213	.020
Error	1373.685	59	17.840			
Total	249624.000	71				
Corrected Total	9787.156	70				

Based on estimated marginal means

Table 1 showed a significant main effect of treatment on unconditional self-acceptance of participants ($F_{2, 77}$=83.961, P<0.05, n^2=0.686). This suggests that hypothesis one which proposed no significant mean group difference is invalid and stand rejected. Also, the partial eta square of 0.686 shows that treatment accounted for 68.6% variance in unconditional self-acceptance. Therefore DBT and RT were efficacious in enhancing unconditional self-acceptance among participants. Hence Pairwise post-hoc analysis was conducted to help showcase the direction of difference. The result of this analysis is presented in Table 1.2

Table 2: Significant Differences in the Treatment Groups

(I) Treatment	(J) Treatment	Mean Difference (I-J)	Std. Error	Sig.[d]	95% Confidence Interval for Difference[d] Lower Bound	Upper Bound
DBT 59.159[a,b]	RT	.318[a,b]	1.394	.820	-2.457	3.094
	Control	20.735[a,b,*]	1.317	.000	18.112	23.358
RT 58.840[a,b]	DBT	-.318[a,b]	1.394	.820	-3.094	2.457
	Control	20.417[a,b,*]	1.308	.000	17.813	23.020
Control 38.424[a,b]	DBT	-20.735[a,b,*]	1.317	.000	-23.358	-18.112
	RT	-20.417[a,b,*]	1.308	.000	-23.020	-17.813

Based on estimated marginal means

Table 2 showed that participants in the treatment group 1 (DBT) had the highest unconditional self-acceptance after intervention (Mean = 59.159), followed by those participants in treatment group 2 (RT, Mean = 58.840). Participants in the control group had the least on unconditional self-acceptance (Mean = 38.424). By implication, Dialectical Behavioural Therapy (DBT) is more potent in enhancing unconditional self-acceptance than Reality Therapy (RT).

Hypotheses 2 to 7 confirmed no significant effects of gender on unconditional self-acceptance (F1, 77 =1.489, p > 0.05, partial n2 = .019)., peer influence on unconditional self-acceptance (F2, 77 = 1.252, p > 0.05, partial n2 = .031) as well as no significant interaction effects of treatment and gender on unconditional self-acceptance, treatment and (F2, 77 = 1.143, p > 0.05, partial n2 = .029), peer influence on unconditional self-acceptance (F1, 77 = 1.528, p > 0.05, partial n2 = .019), gender and peer influence on unconditional self-acceptance (F2, 77 = .225, p > 0.05, partial

n2 = .006) and three-way interaction effects of treatment, gender and peer influence on unconditional self-acceptance (F1, 77 = 1.580, p > 0.05, partial n2 = .020) among participants as shown in table 1, thereby suggesting that the null hypotheses 2-7 be accepted.

.DISCUSSION OF FINDINGS

Main effects of treatments, (DBT) and (RT), in enhancing unconditional self-acceptance among in-school early adolescents in Lagos State Nigeria

The finding of hypothesis one implies that the degree of unconditional self-acceptance shown by participants in all groups was significantly impacted by the therapies used. In other words, the teenagers' perspectives and acceptance of themselves were greatly impacted by the kind of assistance they got. The comparative efficacy of the therapies was better understood by further analysis utilising the Bonferroni pairwise post-hoc test. According to the findings, individuals in Experimental Group I who received DBT had the highest mean score on the post-test measuring unconditional self-acceptance. The Control Group, which did not receive any organised psychological intervention, had the lowest mean score, followed by Experimental Group II, which underwent RT.

These results suggest that DBT was the more successful of the two treatment modalities examined in improving the teenagers' unconditional self-acceptance. Although i not as effective as DBT, RT also had a beneficial effect. This implies that DBT could provide more comprehensive cognitive-emotional skills and techniques for assisting teenagers in creating a more positive and healthy self-image, which is essential throughout the early stages of identity formation. Therefore, from a practical standpoint, DBT is seen as a better intervention for fostering unconditional self-acceptance in school-based mental/behavioural health programmes aimed at early adolescents in Lagos State.

The results of this study aligned with those of Kells, Joyce, and Flynn (2020), who found that DBT greatly enhances teenagers' capacity for self-regulation, emotional awareness, and unconditional self-acceptance. The structured nature of DBT, especially its emphasis on mindfulness and distress tolerance, effectively enhances self-acceptance by assisting adolescents to acknowledge and manage their emotion without judgment, according to their study, among secondary school students experiencing emotional and behavioural difficulties. The results of Thompson and Walker (2021), which demonstrated that RT fosters a feeling of personal accountability, internal control, and self-worth, are consistent with the impact of RT on unconditional self-acceptance. RT was shown to be beneficial in helping teenagers assess their actions and accept themselves by making more responsible life choices, hence encouraging higher psychological functioning, even if its impact on emotion regulation was not as strong as DBT's.

The second hypothesis reported that there was no discernible major influence of gender on unconditional self-acceptance. ANCOVA was used to test the hypothesis at the significance level of 0.05 alpha. This implies that both male and female individuals showed very equal levels of unconditional self-acceptance. This study suggests that other psychological or environmental factors, such as exposure to emotional support systems, may have a greater impact on unconditional self-acceptance than gender differences alone. The results of this research contradict those of a number of other studies that found substantial gender disparities in teenage self-acceptance. Chukwu and Eze (2020) found that teenage females showed reduced self-acceptance as a result of increased exposure to social expectations related to physical attractiveness, academic success, and social conformity. Changing socio-cultural circumstances, especially in urbanised educational settings like Lagos State, may account for the discrepancy

between the present research and previous results. Adolescents of all gender identities may now be getting more balanced emotional support and opportunity for self-development due to growing awareness of gender equality, mental health advocacy, and emotional literacy in Nigerian schools.

Third hypothesis reported no discernible major impact of peer influence on unconditional self-acceptance among the participants. The results provide credence to the notion that while peers may have an impact on social conduct, more intimate and long-lasting connections may have a greater internal effect on the formation of deeply held personal views such as unconditional self-acceptance. This result is consistent with the findings of Adeoye and Alabi (2022), who found that among teenagers in urban secondary schools in southwest Nigeria, peer influence did not substantially predict levels of self-acceptance.

According to the fourth hypothesis, there was no discernible interaction between treatments and gender on unconditional self-acceptance among the participants. This suggests that the efficacy of the psychotherapies such as DBT and RT on participants' levels of unconditional self-acceptance was not substantially influenced or moderated by the students' gender. This result supports the notion that psychological therapies like DBT and RT may be utilised globally without the requirement for gender-specific modifications. The results of this study support the conclusions of some studies who found that gender did not substantially affect the efficacy of psychological therapies meant to increase teenagers' self-acceptance. For example, the research by Thompson and Walker (2022) confirmed that there was no significant difference in treatment results and that RT enhanced teenagers' self-concept regardless of gender. In a similar vein, Olaoye and Okonkwo (2022) examined how DBT affected teenage self-perception and found no meaningful connection between therapy and gender.

According to the fifth hypothesis, there was no discernible interaction between therapy and peer impact on unconditional self-acceptance. This suggests that the efficacy of the therapeutic modalities used in the study DBT and RT was not substantially affected by the degree of peer influence, whether it was low, moderate, or high. Essentially, these treatments were successful in increasing unconditional self-acceptance at every level of peer influence. This study's results contradict other studies that found peer influence to be a key mediator in the efficacy of psychological therapies for teenagers. For instance, Nwachukwu and Oyeleke (2021) discovered that among secondary school students in South-West Nigeria, peer influence considerably reduced the results of a self-concept building programme the internalisation of therapeutic objectives like self-acceptance.

According to the sixth hypothesis, there was no discernible interaction between gender and peer impact on unconditional self-acceptance. ANCOVA was used to test the hypothesis at the significance level of 0.05 alpha. Data supports the notion that, as a result of societal shifts, more knowledge of mental health issues, and inclusive teaching methods, teenage encounters with peer influence and the emotional consequences that follow are becoming more uniform. This outcome contradicts the results of a number of other research that found a strong interaction impact between peer influence and gender on the emotional development and self-perception of teenagers. In contrast to their male counterparts, Okoro and Adegbite (2021) discovered that female adolescents were more vulnerable to peer influence in forming their self-acceptance and self-esteem in mixed-gender schools in Ogun State, Nigeria.

According to the seventh hypothesis, there was no discernible three-way interaction impact of treatment, gender, and peer influence on unconditional self-acceptance. ANCOVA was used to test the hypothesis at the significance level of 0.05 alpha. The lack of a three-way interaction effect may suggest that elements like treatment content, mode of delivery, and participant

participation are more important than social or demographic factors in improving self-acceptance. This is especially crucial for mental health professionals working in schools because it shows that structured therapies like DBT and RT may be used anywhere without needing to be tailored according to peer influence or gender.

The results of this study contradict some earlier studies who found that teenagers' emotional and psychological outcomes, especially their self-perception and self-acceptance, are strongly impacted by the interplay of therapy, gender, and peer influence. In order to predict the growth of self-esteem among secondary school pupils in Northern Nigeria, Chukwu and Ibrahim (2021) discovered a substantial three-way interaction between therapeutic intervention, gender, and peer group impact. Gender and social dynamics mutually impacted the efficacy of the intervention, as shown by the fact that female students under significant peer influence reacted more favourably to emotion management therapy than their male counterparts. The present research found no significant three-way interaction effect, in contrast to this pattern of unequal treatment response based on the interaction of gender and peer dynamics.

Conclusion

The results showed a substantial main impact of treatment, with participants in the intervention showing better levels of unconditional self-acceptance than those in the control group. This suggests that organised psychological therapies may be beneficial for early adolescents in school. Initial theories are refuted by the lack of substantial effects for gender and peer influence, suggesting that these factors do not independently affect unconditional self-acceptance in this sample. Additionally, in terms of unconditional self-acceptance, no significant interaction effects between treatment and gender, treatment and peer influence, or gender and peer influence were found. These findings have significant ramifications for educational development, allowing institutional administrators and education officials to include psychological support programs into frameworks for professional growth.

Recommendations

The following recommendations were based on the findings of this study.

Educational authorities and school administrators should incorporate evidence-based psychological interventions such as DBT and RT into school counselling programmes through trained school counsellors and mental health professionals as part of a comprehensive psychosocial support system.

There is a need for government agencies, non-governmental organisations, and educational institutions to provide regular training and workshops for school counsellors and psychologists focussing on the practical application of DBT and RT techniques to ensure effective delivery of therapy sessions targeted at improving self-acceptance and emotion regulation among adolescents.

Parents and guardians should be sensitised on the importance of emotional support and therapeutic interventions for adolescents. Schools and counsellors should organise regular parental engagement sessions to educate caregivers on how to reinforce the values of self-acceptance, emotional resilience, and positive identity formation at home.

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