

Disputing Irrational Beliefs Technique to Develop Female Adolescent Self-Esteem

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ABSTRACT

This research was aimed at examining the effectiveness of disputing irrational beliefs technique in developing self-esteem of female adolescents. It was a single case study conducted on 13 year old children. Using State Self-Esteem Scale for descriptive analysis while verbatim transcript, observation and irrational belief technique were utilised to identify the symptoms of low self-esteem. The result showed healthier self-esteem based on belief, behaviours, emotions and body state.

Keywords: Female adolescent, irrational beliefs technique, self-esteem

INTRODUCTION

During adolescence, self-esteem is greatly challenged and this can hinder identity formation process (Baumeister, 1998; Santrock, 2011). The study by Robins, Trzesniewski, Tracy, Gosling, and Potter (2002) found that the level of self-esteem was at the lowest during adolescence.

Overall, self-esteem is at its highest in childhood. However, it declines sharply after that, namely from adolescence to college period and plateaus later on. Among Malaysian adolescents (13 to 16 year olds), 61.2% of the participants reported to have low self-esteem (Uba, Siti, Rumaya, & Mansor, 2010). The results thus indicate a need for intervention among adolescents, especially during this transition period.

Empirical studies showed a more worrying sign among female adolescents, their self-esteem is lower than their male counterpart during the transition from childhood to adolescence (Sherina et al., 2008; Mahfar, Amat, Sidek, & Wan Marzuki, 2014). This is very alarming especially since the facts are long known

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but limited interventions were provided to female adolescents. Research also shows various negative impacts of low self-esteem during adolescence that could last a lifetime (Hamidi & Zeinab, 2010; Moksnes & Espnes, 2013). Despite these alarming effects, there is still lack of concrete and empirical data to verify effective technique to overcome low self-esteem among adolescents in Malaysia (Siti, Rumaya, Mansor & Uba, 2009; Mahfar, Amat, Sidek, & Wan Marzuki, 2014). Steps have to be taken to overcome low self-esteem especially among female adolescents to ensure they are not psychologically damaged.

Disputing irrational beliefs technique was devised by Albert Ellis who was also the founder of Rational Emotive Behavioral Theory (REBT). Disputing irrational beliefs technique is based on the assumption that emotions and behaviours result from cognitive processes (belief system). The belief system becomes irrational when thoughts are distorted, causing emotional discomfort. Irrational thinking derived from cognitive processes control the feelings and also their responses. It is highly possible for one to modify such thought processing

to achieve desired feeling and behaviour. How an individual think is determined by what he or she feels. Hence, the emotional disturbance (consequences) is not caused by what has happened (activating event) but it is the belief system that one has. The technique is highly structured, goal oriented and evidence-based to treat problems that might interfere with one's day to day functioning. The focus of the disputing irrational beliefs technique is to work on the cognitive processes which shape the belief system instead of changing the expression of behaviour and feelings (Santrock, 2011; Hamidi & Zeinab, 2010). Thus, irrational belief is the root cause of emotional disturbance which cause low self-esteem. In order to change the irrational belief to a rational one, disputing irrational belief technique is utilised. Disputing is a scientific method and involves a close examination of specific thoughts and beliefs of the individual to determine the extent to which they are true with factual evidence to support, logical and helpful leading to goal directed feelings and emotions (Figure 1). Prior researches have proven the effectiveness REBT towards various psychological problems (Obiageli, 2015;

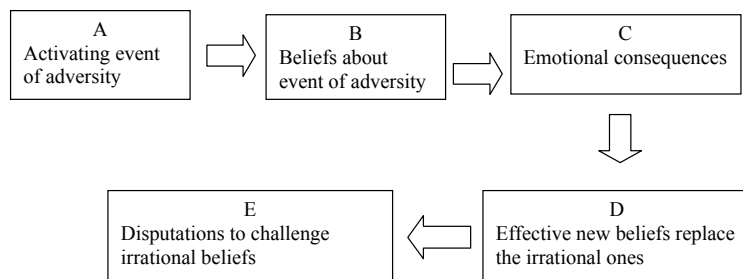


Figure 1. Disputing irrational beliefs process

Banks, 2011). Therefore, the aim of this study is to identify the effectiveness of disputing irrational beliefs technique towards low self-esteem in female adolescents.

METHODS

This is a single case study. Purposive sampling method was used to select the sample based on the secondary school administrators' recommendation of 10 female students suffering from low self-esteem (the administrators selected them based on their symptoms and behaviours displayed in school). The selected students were assessed using SSES (State Self-Esteem Scale) in a group setting and students with the lowest score was chosen as the research sample. Parental and sample consent to receive counselling were obtained. The respondents are females aged between 13 and 17 and studying in a secondary school and able to read English language. The respondents were neither under doctor's supervision for mental disorder nor under any therapy.

Data was obtained from SSES, transcripts and observation during counselling sessions. A 20-item like type scale was used to measure momentary changes of individual self-esteem at a given point in time based on: (1) Performance; (2) Social; and (3) Appearance.

The research design includes six counselling sessions using REBT as an intervention to develop self-esteem. Each of the counselling session with the sample was audio-taped with the consent of the sample. The counselling sessions were mainly in

Mandarin but were later translated into English using mobile application software named English Mandarin Dictionary (1.4.7.1) “英语词典 Yīnghàncídiǎn” (Copyharuki, 2015). Due to issue of confidentiality, sample's name was replaced with CC in the transcript.

The respondent's behaviour, emotions, and body state using mental status examination format were recorded after each counselling session. The mental status examination format consists of appearance, speech, mood and thought.

Case Conceptualisation

Background of Sample. The respondent is 13 year old female Chinese students currently studying in a public secondary school in Penang, Malaysia. Her mother tongue is Mandarin and she has a moderate understanding of English language. Hailing from low income family, her parents have been separated since she was 3 and at present she stays with her mother who works as a cook. Her mother works from 4pm to 11am. Therefore, the time spent with the mother is very limited. Prior to the study, sample did not report any recent medical condition.

Presenting Case. The client (used interchangeably with the term respondent and sample) had requested to stop schooling. Her teachers described her as slow, timid, and quiet. She was often almost invisible in class because of her petite size and silence. Always a loner, she talked only when necessary. Teachers complained that she was

a slow learner and took too much time to complete her homework. There were a few occasions where she had an outburst in class and started scolding other students. When she walked, she often avoided eye contact. Her tone of voice was extremely soft and slow and she sometimes stammered when speaking. Outwardly, she looked clean and neat though she had a strong body odour.

Before intervention, CC was very reluctant to attend school because her classmates were always teasing and bullying her, causing her sleepless nights and she often cried. The thought of being bullied again was too much for her to bear. In class, she could not concentrate on her lessons because she felt her move was being watched and made fun. Prior to intervention, the respondent's total self-esteem score using the SSES was 48/100 (Performance: 16/35, Social: 17/35 and Appearance: 15/30)

Actual Case. The reason the client was asked to attend a counselling session was because she had refused to come to school. Client mentioned that she had difficulty catching up with her computer lessons. She gave up learning because she did not understand her subject and her classmates were not helpful. She felt stupid aggravated by the fact that she could not afford a computer. She felt afraid, helpless and alone in the situation. Another issue was her mother smoking habits. She had an irrational expectation that her mother must not smoke. Due to such expectation, she was ashamed to let others know about her mother. In addition, she feared her mother passed away due to her smoking habit. She believed that she could not continue living without her mother. This caused her to feel very frightened and unhappy, thus, she would constantly check on her mother and nagged at her.

Table 1
Treatment procedure

Pretest – State Self-Esteem Scale (SESS)		
Session 1	Building rapport	Pre-test 1
Session 2	Explore Issue and goal setting	Post-test 1
Session 3	Intervention: Disputing Irrational Belief	Post-test 2
Session 4	Forming New Belief	Post-test 3
Session 5	Reevaluation of New Belief	Post-test 4
Session 6	Self reflection and termination	Post-test 5

RESULTS AND DISCUSSION

Descriptive analysis of SSES post-test result was collected six times after every counselling session. Post-test was

administered after every counselling session as SSES has the sensitivity to track the temporary self-esteem fluctuation through the respondent's self-evaluation.

Table 2
Comparison of pre-and post-test result of SSES total score

Test	Total SSES	Total Score Difference	Percentage Difference
Pre-test	48	-	-
Post-test 1	51	+3	+3%
Post-test 2	55	+4	+4%
Post-test 3	52	-3	-3%
Post-test 4	61	+9	+9%
Post-test 5	58	-3	-3%

*Total Score for SSES is 100

Table 2 and Figure 2 shows a comparison of pre-and post-test results. The raw score shows that client’s score of self-esteem during pre-test for SSES (score-48) and which indicated a steady increase from the post-test 1 (score-51) and post-test 2 (score-55). However, in post-test 3 after the counselling session where disputing irrational belief technique was emphasised,

there was a slight decrease in score to 52. One the other hand, post-test 4 score shows a sharp increase to 61. It was a 9% increase of total SSES compared with post-test 3. Post-test 4 recorded the highest total SSES the client achieved throughout the treatment. For post-test 5, the score decreased by 3%. The total score was 58. The score plateau remained the same in post-test 6.

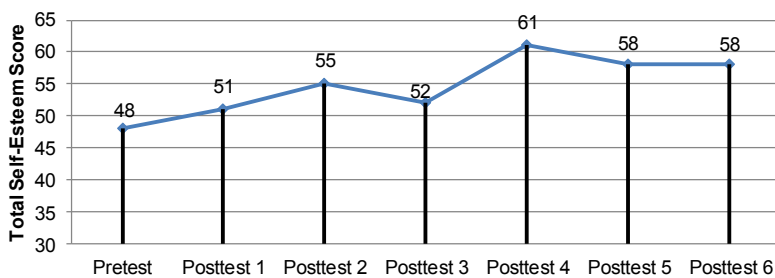


Figure 2. Pre-test and post-test score for self-esteem

Table 6 and Figure 5 show the score progression in the subcomponent and total score of the pre and post-test SSES result. In SSES, there are three subcomponents: performance, social and appearance self-esteem.

Table 6 and Figure 5 show the score progression in the sub-component (performance, social and appearance self-esteem) and total score of the pre and post-test SSES result. After the intervention, performance self-esteem score increased

from 16 to 22. Social self-esteem score increased from 17 to 19. Appearance self-esteem score increased from 15 to 17. The total pre-test self-esteem score was 48 and it increased to 58 after intervention.

Table 3
Comparison of pre & post-test result of SSES subcomponent and total score

SSES Subcomponent Score	Pre-test	Post-test 1	Post-test 2	Post-test 3	Post-test 4	Post-test 5	Post-test 6	Score Difference (Pre-test&Post-test 6)	% Score Difference (Pre-test & Post-test 6)
Performance	16	21	22	19	21	21	22	6	17.14
Social	17	16	17	15	20	19	19	2	5.71
Appearance	15	14	16	18	18	18	17	2	6.67
Total	48	51	55	52	61	58	58	10	10

Thus, performance self-esteem not only had the highest increase by 17.14% but also scored the highest which is 22, followed by appearance self-esteem (score 17) and social self-esteem (score 19) with an increase of 6.67% and 5.71% respectively. As for the total score for SSES, it was 48 in pre-test and 58 in post-test 6.

Figure 3 shows a clear development of each self-esteem subcomponent score according to the test conducted. Performance self-esteem score started with a steady increase form pre-test to post-test 2 but dropped 2 scores in post-test. Later, performance self-esteem begins to regain

momentum to progress from post-test 3 to 6 (score 19 to 22). For social self-esteem, the score is constantly fluctuating with a drastic leap from 15 to 20 at post-test 4. However, overall social SSES from pre-test to post-test 6 shows improvement of score 2. Performance self-esteem and social self-esteem score graph shows similar pattern and social self-esteem is consistently lower than performance self-esteem. Post-test 1 of appearance self-esteem score slightly decreased compared with pre-test score, but it steadily increased to post-test 3. From post-test 3 to post-test 5, appearance self-esteem score remained stagnant and finally decreased 1 score in post-test 6.

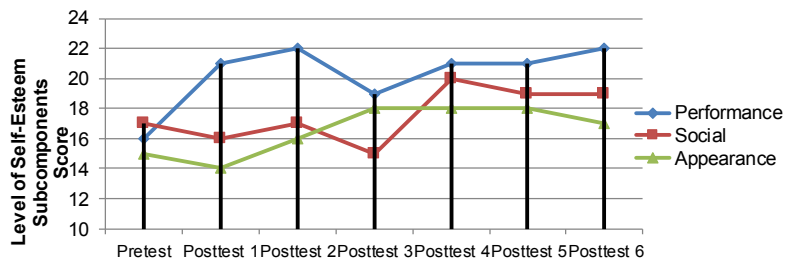


Figure 3. Pre-test & post-test for SSES sub-components score

Despite the fluctuation of line graphs presented in Figure 1 and Figure 2, the results showed an increasing trend for total and each subcomponent score of SSES between pre-test to post-test 6. It can be summarised that SSES was able to measure the differentiation in the level of self-esteem and also the effectiveness of disputing irrational belief technique. Although the descriptive analysis result of client was still below the average score of the female population, the SSES score shows progress in client's self-esteem. Thus, disputing irrational beliefs technique is effective to build client's self-esteem through descriptive measurement.

The content analysis of the effectiveness of disputing irrational beliefs technique is presented based on the issues mentioned by client, i.e. performance in computer class and mother's smoking habit. The effectiveness of disputing irrational beliefs technique is projected in the new belief, behaviour, emotions as well as body state of the client.

With regard to the issue of performance in computer class, client began to discover the joy of learning computer and see it in a more positive perceptive. Her belief system towards computer classes has changed and she believed computer lessons are fun and the client wished the lesson to be longer as mentioned in the transcript below:

CC: *Computer lessons are fun.* I can learn the different software such as Word... (Session 4, Reference line 1341)

CC: It felt good... Previously, I have always wanted to escape the lessons...But now... now... I thought to myself, *why the computer classes are so short?* (Session 4, Reference line 1315-1317)

The behaviour of the client during computer class has changed. She has become more courageous, confident and open during computer lessons where she could approach the teacher. In addition, she also acknowledged that some of her classmate were willing to help her. Even though she knows that some of her classmates refused to help her, she would ask them as well. These situations are stated in the transcripts below:

CC: During computer classes, *whatever that I do not understand, I would ask my teacher.* (Session 4, Reference line 1287-1288)

CC: It is very interesting. It's just that *sometimes when I ask*, some of them would tell me. ... if I want to ask them any questions, they would only do so depending on their mood. If they are in a good mood, they would tell you (Session 6, Reference line 2084-2086)

Client has no longer felt helpless but empowered to find a solution. The behaviour changed is stated in transcript below:

CC: I will return home and try to search for the answer on my mobile

phone. If unsuccessful, I would ask my friends on *WeChat* (Session 6, Reference line 2076 -2077)

After the disputing technique was emphasised in session 3, client was able to cope with computer homework and able to finish it quickly. Moreover, client showed motivation to complete her computer work and a sense of achievement through her work. The scenario was shared in the transcript below:

CC: *Yesterday I finished my computer homework quickly. When others have not yet completed theirs, I was done with mine already* (Session 4, Reference line 1329-1330)

With regard to the relationship with her classmates, she was able to relate to them better by seeing them as funny instead of being unhelpful. In addition, the respondent felt happier, more courageous, cheerful and looked forward to computer classes. Her tone of voice was much louder and was energetic. This is reflected in the transcripts below:

CC: It is *funnier* now... My classmates would use the computer to draw ridiculous things, it is very *funny*... (Session 6, Reference line 2081-2082)

CC: I became *happier* because I was *more courageous* to face (computer class). (Session 4, Reference line 1324)

CC: To be more cheerful and courageous, because previously, I disliked attending computer classes. But now, I can't wait to do so... I am excited for the teacher to give us work to do (Session 6, Reference line 2132-2134)

During session 5, client rated her self-confidence pre-test score in computer class between 30 to 40 whereas for the current state it ranged between 50 to 60. Client could sense an improvement in herself. This was recorded in the transcript below:

Counselor: If CC could rate your own confidence level in computer class, what score would you give?

CC: *About fifty to sixty ...*

Counselor: How about before the start of our counselling sessions?

CC: *Thirty to forty ...* (Session 5, Reference line 1646-1650)

In the last meeting, client requested for counselling session to be held after her computer classes. Instead of running away from the counselling session, client had shown her willingness to discuss her problems. She was relaxed and calm smiled occasionally instead of crying. The issue regarding computer lesson is most associated with performance self-esteem. It had the highest increase (17.14%) among the three subcomponents. Thus, it proved that disputing irrational beliefs technique is effective in developing client's self-esteem.

The second issue faced by the respondent is her mother's smoking habit. After the intervention, she was able to rationalise her mother's behaviour by accepting that it had become her mother's habit. Client had mellowed and accepted her mother's habit as shown in the transcripts below:

CC: Because it is her *habit* already (Session 3, Reference line 1192)

CC: Actually, I am not used to her not smoking a cigarette now. This is because she has been smoking since I was young (Session 4, Reference line 1405-1406)

Counselor: You do not scold your mother anymore?

CC: *I still do, but I do it quietly...* (Session 4, Reference line 1382-1388)

Client has also realised that to stop her mother from smoking is not in her hand. She began to understand that her mother's habit had been long cultivated and resistant to change. Her belief system towards that issue has become; "*I will be okay even if she continues smoke*". The new belief is portrayed in the transcript below:

CC: But the person who should change is not me... I cannot change her; she has been smoking for many years already. I will be okay (Session 6, Reference line 2251-2253)

To calm herself, client would listen to music to take her mind off and not focusing on

her mother's smoking habits. In fact, she had also stopped crying to sleep because of her mother smoking habits as shown in the transcripts below:

CC: With regards to my mother, I think I can be rest assured. I don't really care whether she smokes or not anymore. Besides, *I would take time to listen to music... mm... It takes my mind away as I will not be reminded of her smoking anymore* (Session 6, Reference line 2245-2248)

Counselor: Previously, CC mentioned that you will cry in bed during the night before you sleep. How about recently?

CC: *Not anymore* (Session 4, Reference line 1248-1250)

The respondent decided to become more optimistic and accepted her mother's smoking habit. She began to show gratitude towards her mother before the counselling session ended. She was thankful that her mother raised her well as evident in the quotes below:

CC: So, the person that should change is me. I learn to be more *optimistic and happier* (Session 6, Reference line 2255-2256)

CC: I hope that she will never leave me. I want to thank her for taking care of me, to bring me up to who I am today... (Session 6, Reference line 2263-2265)

From the observation, in terms of body state, there was a hint of sadness in her eyes when she was sharing her thoughts and feelings about her mother's habit. However, compared to the previous session, her body was less tense and there was continuation in her speech instead of hesitation. Client has adopted a more rational mind set towards her mother's smoking habit and showed less symptoms of low self-esteem.

The irrational belief system of the client was mainly a result of high expectation, demand for approval, problem avoidance, frustration reactivity and helplessness. The types of irrational belief held by the clients were similar to those reported by Mclenna (1987) and Daly and Burton (1983). According to Mclenna (1987), individuals with irrational beliefs and low self-esteem tend to process personally relevant information in a negative manner which includes having high self-expectations and demand for approval (Banks, 2011).

As for behaviour relating to low self-esteem symptoms, client demonstrated wide varieties of emotions such as avoidance, tendency to check on her mother repetitively, nagging, scolding, arguing, scratching her wrist repetitively, isolation and cold treatment by giving short responses. During the treatment, client was seen repetitively scratching her wrist. There was previous scratch marks on her wrist inflicted by sharp objects were used. The scratching tendency should be noted to prevent it from escalating into self-harm behaviour. Laye-Gindhu and Schonert-Reichl (2005) who examined

non-suicidal self-harm adolescents found that it was directly related to decreased self-esteem.

According to the verbatim transcript and observation, client expressed emotions such as fear, mistrust, shame in addition to being depressed, unhappy, neglected, inferior, hatred, jealousy, self-pity, frustrated, angry, alone, helpless, sad, furious and depressed. Her negative emotions were mostly bottled up inside but when it was expressed it was commonly projected to her mother and classmates. The emotions expressed by clients are consistent with those described in studies of this nature (Fennel, 1999; Steiger, Allemand, Robins, & Fend, 2014; Moksnes & Espnes, 2013).

Clients were generally well dressed. However, whenever she was anxious, she would perspire and have very bad body odour which she was not aware of. In the earlier session, client portrayed a closed posture with folded arms, crossed legs and downturned head. She avoided eye contact as much as possible. Her speech was very slow and limited. Her responses were hesitant and slurred. Her voice was extremely soft and inaudible in parts. She was low in energy. Client teared up and cried uncontrollably when she was sharing her experiences. She rubbed her eyes and also scratched her wrist repetitively. She was very tense and uncomfortable. These are the symptoms of low self-esteem (Fennel, 1999; Moksnes & Espnes, 2013). Maslow (Santrock, 2011) stated that preconditions for basic need satisfaction: freedom to speak

and behave. This is obviously true in the client's situation as she struggled to build relationships with her family and friends.

CONCLUSION

Self-esteem plays an important role in a teenager's life. High level of self-esteem produces a high level of confidence, problem solving abilities and assertiveness and thus, elevates the teenager's psychological stability. The results of this study are consistent with those of earlier studies relating to self-esteem and in accordance with human needs theory. The study provided empirical evidence of the effectiveness of disputing irrational beliefs technique in developing self-esteem in a female adolescent. Based on this promising result, further in-depth study to develop a manual based on disputing irrational beliefs technique is useful to maximise the potential and effectiveness of the technique.

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REFERENCES

- Banks, T. (2011). Helping students manage emotions: REBT as a mental health educational curriculum. *Educational Psychology in Practice*, 27(4), 383-394.
- Baumeister, R. F. (1998). Theself. In Gilbert, D. T., Fiske, S. T. & Lindzey G. (Eds.), *Handbook of social psychology* (pp. 680-740). New York: McGraw-Hill.
- Copyharuki. (2015). English Mandarin Dictionary “英语词典 yīng hán cí diǎn” (1.4.7.1)[Mobile application software]. Retrieved from <https://play.google.com/store/apps>
- Daly, M. J., & Burton, R. L. (1983). Self-Esteem and Irrational Beliefs: An Exploratory Investigation with Implications for Counseling. *Journal of Counseling Psychology*, 30(3), 361-366.
- Fennel, M. J. V. (1999). *Overcoming low self-esteem: a self-help guide using cognitive behavioural techniques*. London: Robinson Publishing Ltd.
- Gay, L., Mills, G., & Airasian, P. (2012). *Educational Research: Competencies for analysis and applications*. (10th ed.). US: Pearson Education, Inc.
- Hamidi, F., & Zeinab, M. H. (2010). The relationship between irrational beliefs and social, emotional and educational adjustment among junior students. *Procedia Social and Behavioral Sciences*, 5, 1531-1536.
- Heatherton, T. F., & Polivy, J. (1991). Development and validation of a scale for measuring state self-esteem. *Journal of Personality and Social Psychology*, 60, 895-910.
- Laye-Gindhu, A., & Schonert-Reichl, K. A. (2005). Nonsuicidal self-harm among community adolescents: understanding the “whats” and “whys” of self-harm. *Journal of Youth and Adolescence*, 34 (5), 447-457.
- Mahfar, M., Amat, S. A., Sidek, M. N., Jamaluddin, A., & Wan Marzuki, W. J. (2014). Effect of rational emotive education module on irrational beliefs and stress among fully residential school students in Malaysia. *Social and Behavioural Sciences*, 114, 239 -243.
- Mclenna, J. P. (1987). Irrational beliefs in relation to self-esteem and depression. *Journal of Clinical Psychology*, 43(1), 89-91.

- Moksnes, U. K., & Espnes, G. A. (2013). Self-esteem and life satisfaction in adolescents-gender and age as potential moderators. *Quality of Life Research, 22*, 2921-2928.
- Obiageli, J. F. (2015). Management of negative self-image using rational emotive and behavioural therapy and assertiveness training. *ASEAN Journal of Psychiatry, 12*(1),1-13.
- Robins, R. W., Trzesniewski, K. H., Tracy, J. L., Gosling, S. D., & Potter, J. (2002). Global self-esteem across the life span. *Journal of Psychology and Aging, 17*(3), 423-434.
- Santrock, J. W. (2011). *Life-Span Development*. (13th ed.). New York: McGraw-Hill
- Sherina, M. S., Rampal, L., Loh, J. W., Chan, C. L., Teh, P. C., & Tan, P. O. (2008). Self-esteem and its associated factors among secondary school students in Klang district, Selangor. *Medical Journal of Malaysia, 63*(1), 26-30.
- Siti, N. Y., Rumaya, J., Mansor, A. T., & Uba, I. (2009). Loneliness, Stress, Self Esteem and Depression among Malaysian Adolescents. *Jurnal Kemanusiaan, 14*, 85-95.
- Steiger, A. E., Allemand, M., Robins, R. W., & Fend, H. A. (2014). Low and decreasing self-esteem during adolescence predict adult depression two decades later. *Journal of Personality and Social Psychology, 106*(2), 235-338.
- Uba, I., Siti, N. Y., Rumaya, J., & Mansor, A. T. (2010). Effect of self-esteem on the relationship between depression and bullying among teenagers in Malaysia. *Asian Social Sciences, 6*(12), 77-85.