Increasing Positive Self-Concept of Adolescents With Physically Disabilities via Client-Centered Counseling

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INTRODUCTION

Guidance and counseling services at schools have general and specific objectives [1]. The general goal is to empower students and develop students’ potential optimally. Meanwhile, the specific objectives of developing students’ potential are in accordance with the basic competencies needed by developing the development tasks. It depends on the various participants’ needs, and adolescents with physically disabilities is one of the specific needs. Adolescents with physical disabilities belong to junior or senior high school students have a developmental task of self-regulation with physiological-psychological changes, learning to socialize as men or women and with adults [2].

The success of an individual in carrying out the developmental tasks will determine his personality. Adolescents with physical disabilities in junior high school or high school will face various challenges and problems in carrying out the process [3]. Therefore, any problems that arise must be addressed immediately. Problems that are left unchecked can inhibit these students from achieving their developmental tasks optimally. In addition, the purpose of guidance and counseling services will be difficult to be achieved. This is in accordance with the opinion that suggests there are many challenges faced by students in their development [4]. These challenges are related to the completion and continuation of studies, career preparation, social roles, and self-formation.

Adolescents with disabilities often face ridicule and insults from the surrounding environment [5]. These conditions affect the formation of self-concept in disabled adolescents. If it is not immediately handled, then the grown-up self-concept will lead to a negative self-concept and influence the achievement of its development tasks. Self-concept is a very important aspect in integrating personality, motivating behavior so that eventually mental
health will be achieved. Self-concept can be defined as a picture that exists in an individual that contains about how individuals see themselves as individuals called self-knowledge; how individuals feel about themselves which is self-assessment; and how individuals want themselves as expected human beings [6].

There are two types of self-concept, namely positive self-concept and negative self-concept [7]. Individuals who have a positive self-concept are characterized by having confidence in their abilities and feeling equal to others, having a realistic self-assessment, and being able to respect themselves and others. Meanwhile, individuals who have a negative self-concept tend to not accept themselves, anxious and afraid to fail, unable to evaluate themselves and get pessimistic. Individuals who have a negative self-concept can have feelings of being unstable and irregular.

Some studies show the impact of negative self-concept or low self-concept in adolescents with disabilities. Research by Childa (2009) of 50 disabled adolescents at the Surakarta Bina Daksaa Social Rehabilitation Center (BBRSBD), the showed that there was a significant positive relationship between self-concept and achievement motivation [8], where the results \( r = 0.720 \) at a significance level of 1% (\( p < 0.01 \)). That is, the more positive the self-concept possessed by the adolescents with physically disabilities, the higher motivation for achievement will be. Conversely, the more negative self-concept possessed by the adolescents with physically disabilities, the lower the motivation for achievement [8].

Furthermore, a study conducted by Putri on 115 adolescent in Surakarta showed that the results of the two predictor regression analysis calculations had a very significant relationship between self-concept and positive thinking with social adjustment with \( R = 0.691 \) with \( p < 0.01 \) and \( F = 14.638 \) with \( p < 0.01 \), then \( r_{x1y} = 0.293 \) with \( p < 0.05 \), which means that there was a significant relationship between self-concept and social adjustment [9]. That means the higher the self-concept, the higher the social adjustment of the subject and vice versa. The conclusion of this study is that there was a very significant relationship between self-concept and positive thinking with social adjustment in adolescents with physically disabilities. In this way, adolescent who have negative self-concept will experience difficulties with social adjustment.

Positive self-concept must be possessed by adolescents with physical disabilities to be able to behave positively and facilitate their daily activities [10]. The concept of self is positively influenced by family support. A research conducted in Yogyakarta on 5 adolescents with physical disabilities and 5 parents of adolescents with physical disabilities, found that most families, especially parents who have good family support for adolescents with physical disabilities at home, in social environment and at school, had successfully brought positive experience that is achieved in interacting and communicating with others, being able to play their roles at home, in the social environment and at school [11]. The family supports covered paying attention to the needs of adolescents, involving adolescents in every family activity and having a positive impact on most adolescents with physical disabilities, such as having self-concept and positive self-esteem.

Based on the earlier findings, the researchers selected client-centered counseling as one of the ways that had been proven effective in improving positive self-concept in adolescents with physical disabilities. A client-centered counseling is a counseling approach carried out by means of dialogue between counselors and counselees, in order to achieve a harmonious picture between the ideal self and the counselee in accordance with reality [12]. The client-centered counseling approach emphasizes the client's ability to determine issues that are important to him and his problem solving [13]. The underlying concept is something that concerns the concepts of self, self-actualization, personality theory, and the nature of anxiety.

The counseling process in the client-centered counseling model is initiated by individuals with their own willingness to come to the counselor, counselees have the willingness to help and solve the problem, counselors encourage counselees to express their feelings freely, counselors accept, recognize and understand negative and positive feelings from the counselee, the counselee is able to accept himself, the counselee determines the choice to solve the problem, then the counselee actualizes his choices [14].

It can be said that through the client-centered counseling model it is expected that adolescents with physical disabilities can enhance their positive self-concept, so that they can behave positively as well which can further support their success in life and facilitate their activities.

2. METHOD

The research method used in this study was quasi-experimental or pre-experimental design, with a one group pre-test and post-test design approach. The method was in accordance with the objectives to be achieved, that was to determine the difference in self-concept scores between before and after the treatment of client-centered counseling. That was also because of the number of subjects was limited and there was no comparison group.

2.1. Research Subject

The research engaged 5 students comprised into 1 student of VIII Junior High School and 4 students of X Senior High School in YPAC Jakarta, in the academic year of 2018/2019. The research subjects had ages ranging from 15 to 16 years old. All subjects, the 5 subjects were male that recommended by the principal, since they had a low score level in their self-concept.

2.2. Sampling Procedure

The research subjects to be examined in the study were 1 student from VIII Junior High School and 4 students from X Senior High School in YPAC Jakarta, in the academic year of 2018/2019 who had a low level of self-concept. The subjects were selected through the purposive
sampling technique. The technique selected samples by using certain considerations that were in accordance with the research objectives. The sample was selected based on the results of the answers on questionnaire. The sample resulted low scores on self-concept that had been measured through the self-concept scale.

2.3. Research Instrument

In the research, a questionnaire about the "self-concept scale" developed by Enadhor Nisita Childa (2009) [8] was applied as the research instrument. The self-concept scale was served to determine students’ scores in terms of self-concept that consisted of 48 items, comprised in 24 items for favorable and 24 items for unfavorable. Each statement consisted of four alternative answers, namely 'SS' (Strongly Agree), 'S' (Agree), 'TS' (Disagree), and 'STS' (Strongly Disagree). The favorable statements were scaled from 'SS' to 'STS' with ascending value from 4 to 1. Meanwhile, the statements for unfavorable were scaled similar to the favorable from ‘SS’ to ‘STS’ with opposite value from 1 to 4. This self-concept scale aimed at measuring how high the self-concept of subjects suffering from physical disabilities. The aspects or indicators of self-concept covered: 1) Physical self, included assessing the individual of everything owned by individuals such as the body, clothing, objects belonging to him, and so on; 2) Social self, included how the social role played by individuals and the extent of individual assessment of performance; 3) Moral self, included values and principles that giving meaning and direction to an individual's life; and 4) Psychological self, included thoughts, feelings and attitudes of individuals towards themselves.

2.4. Retrieving Data Procedure

The process of data collection was carried out in this study consisted of four stages, namely: 1) Conducting identification of research subjects on quadriplegic students at YPAC Jakarta; 2) Delivering a pre-test to the selected students who had a low score with applying the client-centered counseling treatment; 3) Implementing treatment that divided into two types of group activity and evaluation activity; and 4) Data analysis phase with a sign test to determine the increasing level of self-concept in disabled students at YPAC Jakarta. In the third phase, the provision of client-centered counseling was given in the format of group counseling carried out in four stages, namely: the opening activities that included forming relationships and melting the atmosphere in the group and explaining the purpose of counseling activities; continued to the core activities that implemented the client-centered concept to improve positive self-concept in students; and the last activity was in the form of evaluation stages and follow-up on the counseling activities that had been carried out.

The client-centered counseling process was carried out based on the following stages: 1) Counselor must be able to create a situation that is very free and permissive with the aim that the counselee feels comfortable doing counseling; 2) the counseling situation must be the responsibility of the counselee from the start, for that counselor aware of the counselee; 3) the counselor encourages the counselee so that he is able to express his feelings, which means the counselors must be friendly and accept counselees as they are; 4) the counselor accepts the counselee's feelings and understands them; 5) the counselor strives for the counselee to understand and accept her condition; 6) the counselee determines the choice of attitude and actions to be taken (planning); and 7) the counselee realizes his choice.

2.5. Data Analysis

Data analysis was one of the important steps in the research. To be able to deduce data, it must first be analyzed. The chosen statistical analysis was non-parametric statistics because the data in the study were ordinal data and statistical conclusions that were not based on parameter assumptions. That was in accordance with the opinion by K. Adi (2013) [10] that stated non-parametric statistics were a procedure of statistical conclusions that were not based on parameter assumptions, while the applied technique was a sign test for the samples in the study were correlated and the data was ordinal. That was also in accordance with the opinion by S. T. Meier and S. R. Davis [13] that suggested the sign test was administered to test the comparative hypothesis of two correlated samples, when the data was in the form of ordinal.

The steps taken in the sign test were as follows: 1) Make a difference between the two members of each pair, in this case determine the difference between the results of the pre-test and post-test; 2) Determine the score of N, namely the number of pairs whose difference showed a positive (+) or negative (-) sign; 3) Search for X, which was the number of fewer signs; 4) Find the ρ value that was the possibility of the emergence of a value below Ho, also known by looking for the intersection points of X and N in the table where X is the number of fewer signs and N is the number of subjects; and 5) Consult the ρ value with the rejection area for α = 0.05 that required the provisions resulting from the sign test have to be smaller than α which indicated Ho was rejected and Ha was accepted.

3. RESULT AND DISCUSSION

3.1. Result

From the results of the pre-test related to self-concept, obtained data of 5 students in the experimental group that no students had self-concept in the high or medium category. All students gained the score of self-concept in the low category distributed in score 118 for LS, score 117 for MF, score 117 for DH, score 115 for MN, and score 107 for PR. The categorization of self-concept is divided into three categories, namely high, medium, and low. The categories were classified to make it easier to classify the students 'self-concept categories, and to make it easier to find changes in the students' self-concept categories. The determination of categorization used the following formula: High scores: (Mean + 1 SD) and above, Medium
score: (Mean - 1 SD) to (Mean + 1 SD), Low score; (Mean - 1 SD) and below. Based on the formula on the results of filling the student's self-concept scale, a high score was obtained ≥ 145, moderate was 119 - 144, and low was ≤ 118. The detailed was performed in Table 1.

**Table 1.** percentage of self-concept of experimental groups (pre-test)

<table>
<thead>
<tr>
<th>Interval Score</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥145</td>
<td>High</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>119 - 144</td>
<td>Medium</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>≤ 118</td>
<td>Low</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Continue to the posttest results related to positive self-concept, obtained data from 5 students in the experimental group that no students had a positive self-concept in the high and low categories. All students had positive self-concept that fell into the moderate category. They were LS with score = 126, MF with score = 138, DH with score = 127, MN with score = 122), and PR with score = 130. The detailed data was performed in Table 2.

**Table 2.** Percentage of self-concept of experimental groups (post-test)

<table>
<thead>
<tr>
<th>Interval Score</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥145</td>
<td>High</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>119 - 144</td>
<td>Medium</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>≤ 118</td>
<td>Low</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the self-concept scoring in Table 1 and Table 2, it can be seen the difference between the results of pre-test and post-test. There were differences in the conditions of positive self-concept skills of the experimental group students between before and after treatment group counseling with the client-centered technique. In pre-test, students with positive self-concept skills were at a moderate level of 0%. After the treatment, they were changed and became to 100% of medium category. Meanwhile, the students with low level as much as 100% (5 people) in pre-test, after treatment group counseling with client-centered techniques decreased to 0% in post-test. The result was displayed in Table 3.

**Table 3.** pre-test and test results of self-concept of experimental groups

<table>
<thead>
<tr>
<th>Interval Score</th>
<th>Category</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>≥145</td>
<td>High</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>119 - 144</td>
<td>Medium</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>Low</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

Improvement of pre-test results to post-test results by 100% because students were very cooperative and enthusiastic when participating in counseling activities, so that the self-concept of 5 students could be improved.

The hypothesis proposed in this study, namely: "The use of group counseling with client-centered techniques can improve positive self-concept". To test the hypothesis a sign test was used with non-parametric analysis because the sample in this study was correlated and the data was in the form of ordinal. The data was provided in Table 4.

**Table 4.** Differences in pre-test and post-tests results of self-concept questionnaire

<table>
<thead>
<tr>
<th>Initial Names</th>
<th>Pre-Test Category</th>
<th>Post-Test Category</th>
<th>Direction of difference</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS</td>
<td>Low</td>
<td>Medium</td>
<td>Xb ≤ Xa</td>
<td>+</td>
</tr>
<tr>
<td>MF</td>
<td>Low</td>
<td>Medium</td>
<td>Xb ≤ Xa</td>
<td>+</td>
</tr>
<tr>
<td>DH</td>
<td>Low</td>
<td>Medium</td>
<td>Xb ≤ Xa</td>
<td>+</td>
</tr>
<tr>
<td>MN</td>
<td>Low</td>
<td>Medium</td>
<td>Xb ≤ Xa</td>
<td>+</td>
</tr>
<tr>
<td>LS</td>
<td>Low</td>
<td>Medium</td>
<td>Xb ≤ Xa</td>
<td>+</td>
</tr>
</tbody>
</table>

Based on the table above, it can be seen that after given a treatment in the form of client-centered counseling and also delivered a post-test, there was an increase in self-concept that means the applied client-centered technique experienced positive changes. In addition, the table also shows that X = 0 and N = 5, the binomial table shows that for N = 5, the rho price is 0.031, the price is smaller than α and is in the rejection area for α = 0.05. Thus, it can be concluded that Ho is rejected, and Ha is accepted which means that the proposed hypothesis is acceptable, or it can be said that the use of client-centered counseling can improve positive self-concept in adolescents with physically disabilities.

### 3.2. Discussion

The results showed that client-centered counseling can improve positive self-concept in adolescents with physically disabilities. Self-concept, especially the positive one, must be developed in adolescents with disabilities. It is because one of the benefits is to influence interpersonal communication skills in adolescents with disabilities. Self-concept is a very decisive factor in interpersonal communication and interaction, because each behaves as much as possible according to his concept [15]. This means that individuals will behave according to their own self-concept. In addition, self-concept also plays a role in maintaining inner harmony, interpreting experiences, and determining individual expectations. The concept of self has a role in maintaining inner harmony since the feeling or perception arises is not balanced or contradictory, then there will be an unpleasant psychological situation. To eliminate inconsistency, he will change his behavior until he feels a balance again and the situation becomes more pleasing [16]. Therefore, self-concept has an important role for disabled adolescents, especially in maintaining and determining hope, balancing...
conflict feelings and perceptions. Individuals will behave according to their concept. When a person's self-concept is negative, he will behave negatively; in contrary, when someone has a positive self-concept, he will behave positively.

The use of the client-centered approach can be used to change negative self-concept to the positive in adolescents with disabilities. This is because the client-centered approach is based on the basic concepts of self, where this approach emphasizes the ability of counselors to determine issues that are important to themselves and apply the problem solving by themselves. The approach allows individuals to understand themselves, both in terms of their weaknesses and strengths and to deal with problems about themselves. In this way, the counselor's function is passively reflecting.

School counselors, particularly for students with physical disabilities, can make the client-centered approach as a reference in enhancing positive self-concept. Many positive things will be gained by students if the positive self-concept can be improved. In addition, the principal can make policies by creating a client-centered counseling program that is combined with a care program, so that collaboration and synergy can be occured between the school, students, teachers, and also couples.

4. CONCLUSION

Based on the research data that had been carried out a statistical analysis and hypothesis testing, it can be concluded that the application of client-centered counseling services can improve positive self-concept in students with physically disabilities. This proves that the client-centered counseling service is very useful in an effort to improve positive self-concept in adolescents with physically disabilities. A positive self-concept is needed for adolescents with disabilities to be able to behave positively and achieve success in their lives.

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REFERENCES


