Group Reality Therapy to Increase Self-Esteem in Adolescents

Iswinarti & Yanuarty Paresma Wahyuningsih

Fakultas Psikologi, Universitas Muhammadiyah Malang
iswinarti.psi@gmail.com

Abstract. Self-esteem is an essential need for adolescents. The problem of low self-esteem might cause a failure during the identity search period and lack of attachment from the environment. Subjects of this study were five students of Junior High School (13-15 years-old) who were afraid to express their needs to their parents, feeling difficult to engage relationship with others, afraid to appear in public and lazy to do their homework. This study applied interviews, observations, SSCT test and giving Self-Esteem Rating Scale (SERS) comprising 40 statements to measure the degree of self-esteem of each subject. Group Reality Therapy Intervention was given in seven sessions. The purpose of the intervention is to help students increase their self-confidence in classroom or public and to increase their courage to tell the needs to parents. The results of this intervention were the increase of self-esteem indicated by positive behaviors such as the the acceptance of students' family condition, increasing enthusiasm of learning, courage in expressing their needs to parents, confidence for showing up in public, initiative for engaging relationship with new people and regular self-evaluation for their purpose achievement, and self appreciation.

Keywords: Group reality therapy, self-esteem, adolescent.

BACKGROUND

In adolescence, the period of identity search leads to the shaping of independent individuals accepted by communities as well as peer groups (Dishion, McCord & Poulin, 1999). Success, in the sense of identity shaping process, would result in basic needs fulfillment. Adolescents' basic needs are love and self-esteem. The adolescents lack of attention, love, and appreciation, either at house or school, would increase the opportunity of identity failure (Glasser in Corey, 2013). Such a situation forces them to believe or think they are bad, worthless, and irresponsible for their needs fulfillment or to dreams achievement. In addition, they would also perceive themselves as failed, easy-to-give-up, and easy to criticize individuals, as well as performing juvenile delinquency and social withdrawal. (Fuller & Fuller, 1983).

Love and appreciation are essential needs for youth. Self-esteem is one aspect of the self-concept construct that contains subjective evaluation of its value as individuals (Domellan, Trzeniewski, & Robins, 2011), who think they are of positive or negative, or whether they like themselves or not (Baumeister, 1998). Self esteem is also defined as an assessment on belief, capability, skill, and self-value expressed through one's attitude (Coopersmith, 1967; Rosenberg, 1965).

Adolescents would sometimes feel frustated with others' perception and on their mind realities. This would influence their perception and assessment process which subsequently determines the level of self-esteem. (Plummer, 2014). The level of self-esteem would impact on adolescents' success in the future. A high level of self-esteem turns out to be the protective factor that can predict adolescents' success in the aspect of interrelationship, profession, and health (Orth & Robins, 2014). Otherwise, a low level of self-esteem would bring about the issues of attitude and negative emotion at home and school. Adolescents with low self esteem would be prone to commiting crime, adaptation problems and may impact on health issues (Trzesniewski, Moffit, Poulton, Donnellan, Robins, & Caspi, 2006).

Adolescents with low self-esteem would also be prone to fail in identity search and social bond. They tend to be afraid of meeting new people, feeling insecure in their family relation, feeling lonely due to social refusal (Dhal, Bhatia, Sharma, & Gupta, 2007). Besides, the level of self-esteem would also influence adolescents' academic performance that includes self-confidence, attitudes toward classmate, motivation to learn, active initiative, and interest in classroom activities (Priyadharshini & Relton, 2014).

Adolescent with low self-esteem at school is often indicated by behaviors such as difficult adaptation to their peers, feeling ostracized, worthless, ignored, and discarded by the environment, social withdrawal, feeling failed and tend to avoid suppressing situation. Low self-esteem would also cause lack of confidence in expressing opinion and lack of initiative in learning process in the classroom. Therefore, these adolescents need to be given appropriate treatment to improve their self-esteem. One intervention that can be given is reality therapy.

Reality therapy is an approach to identify one's wishes and expectations, to fulfill their needs, to make self-evaluation and to find realistic alternative to solve the problem (Wubbolding, Brickell, Imhof, Kim, Lojk, & Al-Rashidi, 2004). Through this reality therapy, the subjects are expected to realize current realities and abilities to behave responsibly in order to fulfill the needs of love and appreciation for the success of identity shaping and self-esteem improvement.

Several studies showed that reality therapy can be applied to treat individuals in a group. A study conducted by Kim (2008) revealed this therapy can improve self-esteem of students addicted to internet. Another study conducted by Mi Hye (2001) also showed that reality therapy could improve internal control and self-esteem of female adolescents to prevent them from deviant acts. Other studies also approved that reality therapy is able to reduce depression, anxiety, and stress in the individuals addicted to certain substance (Massah, Farmani, Karimi, Karami, Hoseini, & Farhoudian, 2015) and increase students' happiness (Hakak, 2013).

Based on the description above, this study case aims to identify the development of adolescents with low self-esteem post-intervention of group reality therapy.

LITERATURE REVIEW

Self-esteem is an individual's personal assessment expreseed in the form of approval or disapproval in order to evaluate one's importance, success, capability, and value (Coopersmith, 1967). Self esteem, loving and being-loved are several important basic needs for adolescents for the success achievement in the identity shaping process either in family, school as well as community.

Low self-esteem would make adolescent irresponsible for their needs fulfillment. The low self-esteem on the five subjects are indicated by features proposed by Coopersmith

(1967) and Rosenberg (1965), which are: (1) to consider themselves as worthless and unattractive individuals, so are afraid of engaging in social relationship; (2) to reject and be unsatisfied with themselves; (3) afraid of expressing opinions and taking role as a leader; (3) difficult controlling their behavior toward others; (4) unable accepting criticism; (4) to dislike challenges and so difficult to adapt; (5) unsure of their ability to achieve academic achievement; (6) lack of self-expression; (7) tend to worry in overcoming problems; and (8) to underestimate their own capability despite the hardwork that has been done.

The dynamics of problem in which low self-esteem influences the five subjects can be explained by Choice Theory of Glasser. Based on the perspective of Choice Theory proposed by Glasser (2005), an individual behaves due to the internal motivation to fulfill the needs. There are approximately five essential needs for individuals, which are the needs for loving and being loved, power, freedom, survival, and pleasure (Wubbolding, 2008; Glasser, 2001). The most essential needs for adolescents are love and appreciation (Glasser in Corey, 2013).

Choice Theory suggests that every behavior is based on the attempts to control the surrounding which aims to meet the five basic needs. Individuals have their own way to meet the needs. They develop standards or qualities as expected by others and considered accurate to meet the needs. Individuals decide to behave based on the quality in order to control the life and to meet the needs by performing such a behavior (Glasser, 1998). Children able to meet their needs of love and appreciation would develop into success identity. Otherwise, children who fail to meet their needs would develop into failure identity (Glasser dalam Latipun, 2015). When individuals fail meeting one of their five needs, they would suffer. Aniety, depression, failure, and worthless feeling due to the unfulfilled needs, which may affect indiviuals' responsibility to meet their needs. Such individuals would eventually find difficulties to determine the proper acts for the problems (Corey, 1995).

Five adolescents in this case have high needs of love and appreciation. These needs are not in line with the reality faced by the people closest to the main source of fulfillment of these needs considered to tend to ignore, distinguish themselves with other children / relatives and less attention because parents spend more time to work than to hang out with children at home. This is why the five teenagers judged themselves to be ignored, not considered to be valuable by the environment and lacked something to be proud of which led to irresponsible behavior. From the perspective of choice theory, problematic behavior occurs because the individual is not responsible (Glasser, 2005). The gap between the needs and the reality causes individuals to reject reality and ignore the world around them (Glasser, 1998 in Gabriel & Matthews, 2011). Negative behaviors developed by the five subjects include frequent absence of homework accomplishment due to the lack of initiative to ask when finding difficulties, afraid of engaging relationship with new people, afraid to take the initiative to express opinions and avoid to perform in public.

RESEARCH METHOD

Research Design

This is a single case study. Creswell (2007) stated that case study is an empirical study investigating a phenomenon in-depth and in a real-life context.

Research Subject

The subject's characteristics can be seen in Table 1. Based on the assessment result, the five subjects experienced the same problem, which is having low-esteem indicated by

negative behaviors, for instance, not doing homework; afraid to engage relationship with new people; unwilling to take initiative to express opinions or to show in public; and afraid to explain their needs to parents.

Table 1. Subjects Identity

Name	Sex	Age
NIKS	Female	15 years old
LA	Female	13 years old
LVP	Male	14 years old
MR	Female	13 years old
NAW	Female	15 years old

Data Collection Method

The methods used in this study are interview, observation, SSCT test, and Self-Esteem Rating Scale. Interview is employed to obtain the data pertaining to the history of subjects' problem. Observation aims to determine the target of behavioral problems that would be modified from the pre-intervention stage to the follow-up. Meanwhile, SSCT test aims to reveal the function of subjects' relationship with family, surrounding, and self-esteem. Self-Esteem Rating Scale is employed to measure the component of subjects' self-esteem, such as negative behavior indicators before and after the intervention.

Research Procedure

This study was conducted with the following stages: Preparation Stage, which was by the assessment process. The assessment was done by using interview, observation, SSCT test, and Self-Esteem Rating Scale.

The intervention was done by conducting Group Reality Therapy proposed by Glasser (2001) that was divided into 7 sessions. The details of intervention activity are as follows: First Session, formation stage. At this stage, the therapist seeked to build rapport with the whole subject; then introducing the meaning and purpose of reality therapy; as well as explaining the principle of confidentiality and transparency that each member of the group must comply with. Second Session is the transitional stage, in which the therapist offered the members to voluntarily become the coordinator of the therapy group; then the therapist also explained the rules and what needs to be done by the coordinator and the members.

In the Third Session, the therapist invited the subjects to affirm their current behavior or what each of the subject did to the problem. The therapist also invited the subjects to make commitment and target to achieve. The Fourth Session is the activity stage in which the therapist initiated the group members to explain their problems. Then, the therapist and the subjects determined or chose the issues to be discussed – in which it was experienced by the entire subjects. In this session, the therapist brought up the issues of each subject by using Want technique, in which the therapist assisted the subjects to understand and to analyze their needs. The therapist asked the details of the subjects' needs as well as their perception toward them, directed the subjects to alter the perception into a more realistic one, and then helped the subjects to realize that there are still positive sides to develop in order to achieve their purposes. Subsequently, the therapist applied Doing technique, which is to explore the subjects' acts and thought to overcome their problems by questioning the acts and thought they had determined and carried out for their problems.

In the Fifth Session, the therapist continued the discussion by using Evaluation technique, which is to help the subjects evaluate their current behaviors. Then, the therapist started Planning stage, which is to help the subjects create an action plan to for their problems. In this session, the therapist and the subjects made an agreement to determine the advanced

positive plan that the subjects need to do. The therapist instructed the subjects to write down the stages of their plan to overcome the problems as well as to teach the subjects to be responsible for their choices. All subjects were given the task to create the action plans outside the therapy session.

In the sixth session, the therapist conducted an evaluation on the task carried out by the subjects. Then, the therapist gave the same task as in the last week to check the subjects' consistency in implementing their action plans. In the seventh or last session, the therapist evaluated all subjects' tasks, asked for difficulties faced, appreciated their success, and concluded the results achieved by the subjects. The therapist also instructed each subject to express their impression and development after participating in the whole series of therapy. After all sessions were performed, the therapist explained to all subjects that the therapy activities ended, extended gratitude, and re-measured the self-esteem level of each subject. Follow-up was done two weeks post-therapy by asking the behavior progress and re-measure the self-esteem level.

Data Analysis

Data analysis of this study was conducted in two techniques, qualitative and quantitative. The comparison of subjects' behavior in pre-therapy, therapy, and post-therapy was described in descriptive and qualitative ways (Creswell, 2007). The collected data through Self-Esteem Rating Scale would be processed in in the form of score comparison, which aims to obtain an overview of self-esteem score changes of each subject before and after the therapy (Martin & Pear, 2003).

Findings

Based on the data analysis, which compares the subjects' condition before and after the therapy, there was an increase of self-esteem, which was indicated by the appearance of positive behaviors performed by each subject. The score comparison of subjects' self-esteem can be seen in Table 2.

Table 2. Subject's Self-Esteem Score Before and After Intervention

No	Name	Pre-Intervention (X)	Post-Intervention (Y)
1	NIKS	113	165
2	LVP	117	197
3	LA	104	185
4	MR	111	187
5	NAW	111	187

The scoring category in Self-Esteem Rating Scale is as follows. The score below 120 means the subjects have low self-esteem while the score above 120 means the subjects have high self-esteem level. Based on the category, it indicates that the five subjects showed an increase in self-esteem score between pre-test and post-test.

The increase in self-esteem score can also be seen in subjects NIKS, LVP, LA, MR, and NAW during the therapy process and post-therapy. Through WDEP technique, the subjects were able to identify their current needs, namely love, attention, and appreciation from the family. The five subjects also began to realize that their perception was unrealistic, that their parents have less time for them and their parents gave less appreciation. Therefore, the five subjects attempted to accept their current family condition. They also began to understand that they need to change their irresponsible behaviors instead of questioning their parents'behavior. They also should stop considering themselves as ignored children. They began to realize that they still have potential or positive sides to develop, and when there were no supports from their surroundings, they would realize that the strongest motivation came out from themselves.

In Exploration stage by D technique or Doing, there was change of behavior, feeling, and thought of each subject. NIKS, LVP, LA, MR, and NAW realized that they were frustrated with their family condition, which was lack of attention and appreciation. They instead vent their frustration in negative behaviors. Therefore, the five subjects began to realize they must change their behavior into a more positive one in order to re-achieve their purposes.

In the Evaluation stage, the entire subjects realized and understood that the low self-esteem was reflected by their current negative behaviors. This was because the subjects were not responsible enough to make decision clearly to overcome their current issues.

After the Planning stage, each subject had determined the choices comprising a number of behaviors for which they committed to apply them in daily life since the therapist gave the task in Planning stage until the intervention ended. Meanwhile, the determined action plan was performed regularly by each subject in order to meet their needs.

Overall, NIKS, LVP, LA, MR, and NAW showed positive change, which was indicated by the attempts they determined and implemented. All subjects began to accept their family condition, finish and submit the homework, obey their parents, express complains and hopes to the parents, show up in public, engage relationship with new people, realize their positive sides to achieve their purposes, and appreciate themselves.

In the Follow-up stage, based on Self-Esteem Rating Scale, it showed that their self-esteem score was considered high. Based on teacher's report as well as all subjects' information, the change of behavior after the intervention was apparent during the Follow-up. All subjects stated that they had been able to adapt themselves to the parents' behavior, obey parents' advice, study more diligently, and show up in public. There was also change on their self-assessment, in which all subjects assumed that they have more abilities to practice, so their existence would be appreciated more by their surroundings.

DISCUSSION

Group Reality Therapy intervention, which comprises seven sessions, could help the five subjects achieve their target to increase their self-esteem. This result is supported by the information of each subject experiencing perception change on themselves. All subjects no longer feel they are the most suffered people simply due to the lack of appreciation or often discriminated by their family, especially parents. They also realized that their behaviors have been more harmful for themselves. They are committed to making a better change after realizing the positive sides of themselves.

Each subject could also be responsible to meet their needs or desire. This is in accordance with the choice theory which becomes the basis of reality therapy that every psychological issue could happen due to the irresponsibility to meet their needs. Therefore, in this reality therapy, all subjects were directed to meet their needs by determining the best choice (Kakia, 2010; Darabi, 2007).

During the therapy process, NIKS, LVP, LA, MR and NAW began to realize and understand what they need most at this time. They unsderstand that the low self-esteem they have was due to the unfulfilled needs of love and being loved. The perspective of theory states that love and appreciation are the essential needs for individuals due to its importance to engage relationship with social environment (Glasser, 1998 in Gabriel *et al*, 2011). They could also control their behavior and make several appropriate choices in order to meet the needs of attention and appreciation from their parents as well as other people.

Positive changes in the five subjects were also caused by the influence of self-evaluation process, perception, and behavior through WDEP techniue. WDEP technique significantly helps individuals achieve the recovery phase more quickly (Wubbolding, 2000; Corey, 1995). Through this technique, the five subjects could be aware of their unrealistic hope, that their parents could spend more time with them rather than spending time for work. It is due to the parents' responsibility to financially support their children. They could also be aware that the discriminating behavior of their parents did not merely indicate that they love their siblings more than the subjects. They realized that such characteristics had become their parents' behavior, and perhaps they had several reasons for their different treatment for each child. Therefore, all subjects should accept and adapt to their current family condition. This is important because the reality in the past is permanent while they can still change their present and future destiny (Corey, 1995).

Another factor influencing the success of therapy was the system of group in its treatment. A research shows that an individual involving in a therapy along with other individuals in a group will gain more positive impact and accelerate the process of change. Group-assisted therapy helps the subject to support each other through communication in order to change their attitudes and behavior (Abadi &Nasheri, 2011). The reality therapy in this group makes the individual feel they are not alone due to the similar problems (Wubbolding, 2004). The group's reality therapy is also effective in overcoming problems such as improving students' adaptation (Badrkhani, 2015), improving the classroom learning model (Mason, Palmer, Duba, & Jill, 2009), increasing self-esteem in students, and recovering internet and girl addicts (Moradi, Ghanbari, & Sh'erbaf, 2010; Kim, 2008; Townsend, 2013). This is reflected in the interpersonal relationships among the five subjects. The five of them agreed that during and after the therapeutic process, they would remind each other and give support in order to achieve what is needed in collective ways.

CONCLUSION

Group Reality Therapycan increase adolescents' self-esteem whose lack of love, attention, and appreciation from their family. Each subject showed self-esteem improvement, indicated by self-report score as well as several apparent behaviors such as accepting their current family condition, responsibly doing and submitting assignment, obeying parents, expressing complain and hope to parents, no longer afraid to show up in public, no longer afraid to engage relationship with new people, believing their positive sides to achieve higher purpose in life, and believing they are worth receiving appreciation. The weakness of the assessment process is the lack of data from the parents. Therefore, for further case studies, it is necessary to obtain a more intense data collection from the parents.

REFERENCES

Abadi, S.A., & Naseri. Gh.R. (2011). *Theories of counseling and psychotherapy.* Tehran: Arjomand Publication.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder fifth edition.* USA: American Psychiatric Publishing.

Badrkhani, M. (2015). The effectiveness of group counseling in increasing the degree of student's adjustment based on Glasser's choice theory. *Journal of Education and Management Studies, 5(1),* 34-40.

Corey, G. (1995). *Theory and practive of group counseling* (4th Edition). Pacific Group, CA: Brooks/Cole Publishing Company.

Corey. G. (2013). *Teori dan Praktek Konseling & Psikoterapi.* Bandung: Refika Aditama

Creswell, J. W. (2007). Qualitative research designers selective and implementations. *The Counseling Psychologist Journal, 35 (2),* 236-264.

Darabi, M. (2007). Study of efficiency of teaching choice theory and reality therapy courses on increasing of intimacy among irreconcilable wives. Tehran: University of Social Welfare and Rehabilitation Sciences.

Dhal, A., Bhatia, S., Sharma, V., & Gupta, P. (2007). Adolescent self-esteem, attachment and loneliness. *Journal Indian Association of Child Adolescence and Mental Health, 3(3),* 61-63.

Dishion, T J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *Journal of American Psychologist, 54,* 755-764.

Donnellan, M.B., Trzeniewski, K.H., & Robins, R.W. (2011). Self-esteem: Enduring issues and controversies. In T. Chammoro-Premuzic, S. Von Stumm, & A. Furnham (Eds.), *the Wiley-Blackwell handbook of individual differences* (pp. 718-746). Chicester, England: Wiley-Blackwell.

Fuller, G.B., & Fuller, D.L. (1983). Reality therapy approaches. In H.T. Prout & D.T. Brown (Eds.), *Counseling and psychotherapy with children and adolescents* (hal.165-222). Tamps, FL: Mariner.

Gabriel, E., & Matthews, L. (2011). Choice theory: An effective approach to classroom discipline and management. *Journal of Adventist Education,* 20-23.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom.* New York: Harper Collins.

Glasser, W. (2001). *Counseling with choice theory: The new reality therapy.* New York: Harper Collins.

Glasser, W. (2005). *Defining mental health as a public health issue: A new leadership role for the helping and teaching professions.* Chatsworth, CA: William Glasser Institute.

Hakak, N.M. (2013). Effectiveness of group reality therapy in increasing the student's happiness. *Life Science Journal, 10(1),* 1-4.

Kakia, L. (2010). Effect of group counseling based on reality therapy on identity crisis in students of guidance schools. *The Quarterly Journal of Fundamentals of Mental Health, 12(1),* 430-437.

Kim, Jong-Un. (2008). The effect of a reality therapy group counseling program on the internet addiction level and self-esteem of internet addiction university students. *International Journal of Reality Therapy, 18(2),* 4-12.

Latipun. (2015). *Psikologi Konseling.* Malang: UMM Press

Martin, G., & Pear, J. (2002). *Behavior modification: What it is and how to do it.* New Jersey: Pearson Prentice Hall.

Mason, D., Palmer, C., Duba, D., & Jill, D. (2009). Using reality therapy in schools: Its potential impact on the effectiveness of the ASCA National Model. *International Journal of Reality Therapy, 29(2),* 5-12.

Massah, O., Farmani, F., Karimi, R., Karami, H., Hoseini, F., & Farhoudian, A. (2015). Group reality therapy in addicts rehabilitation process to reduce depression, anxiety and stress. *Iranian Rehabilitation Journal, 13 (1),* 44-50.

Mi Hye, L. (2001). The effect of group reality therapy on internal control and self-esteem.*International Journal of Reality Therapy, 20(2),* 18.

Moradi, S., Ghanbari, B., & Sh'erbaf, H. (2010). Effectiveness od reality therapy group on enhancing the self-esteem of students at Ferdowski University of Mashhad. *Psychological and Educational Studies, 11(2),* 227-238.

Nugent, W.R., & Thomas, J.W. (1993). Validation of self-esteem rating scale. *Research on Social Work Practice, 3,* 191-207.

Orth, U., & Robins, R.W. (2014). The development of self-esteem. *Journal of Association for Psychological Science, 23(5),* 381-387.

Plummer, D.M. (2014). *Helping adolescents and adults to build self-esteem.* London & Philadelphia: Jessica Kingsley Publisher.

Priyadharshini, J., & Relton. (2014). Self-esteem and academic performance of freshmen at Karunya University. *IQSR Journal of Humanities and Social Science, 19(4),* 21-26.

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton, NJ: Princeton University Press.

Tirta, S., Atmowidirjo, E.T., & Soetikno, N. (2012). Reality therapy untuk meningkatkan self-esteem remaja penderita kanker pasca pengobatan medis. *ARRKHE Jurnal Ilmiah Psikologi, 17(2).*

Townsend, E. (2013). The effectiveness of group counseling on the self-esteem of adolescent girl. *Counselor Education Master's Theses.* Paper 142. The State University of New York. College at Brockport. Page 2-44.

Wubbolding, R. (2000). *Reality therapy for the 21st century.* Philadelphia, PA: Brunner-Routledge.

Wubbolding, R. (2004). A partial and tentative look at the future of choice theory, reality therapy and lead management. *International Journal for the advancement of counseling, 26 (3).*

Wubbolding, R. (2008). Reality therapy. In J. Frew & M. Spiegler (Eds.), *Contemporary psychotherapies for a diverse world* (pp.360-396). New York: Lahaska Press.

Wubbolding, R.E., Brickell, J., Imhof, L. Kim, R.I., Lojk, L., & Al-Rashidi, B. (2004). Reality therapy: A global perspective. *International Journal for Advancement of Counseling, 26(3),* 219-228