MANAGEMENT OF LOW SELF ESTEEM USING ASSERTIVENESS THERAPY

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Abstract

This study employed Assertiveness Therapy in the management of low self-esteem. A total of forty diagnosed low self-esteem undergraduates randomly selected from Alvan Ikoku College of Education and Imo State University, all in Owerri, Imo State were used. They comprised 20 males and 20 females with an age range of 20 to 35 years. Hare Self-esteem Scale was used in selecting the low self-esteem participants and also in testing their level of low self-esteem three days after the administration of Assertiveness Therapy. It was hypothesized that Assertiveness Therapy will improve participants' self-esteem and also, age and gender of participants would influence the effect of Assertiveness Therapy on their low self-esteem. Based on the data collected and analyzed with the z-test statistics, it was discovered that Assertiveness Therapy significantly reduced low self-esteem. However, age and gender variables did not determine the effects of Assertiveness Therapy in the management of low self-esteem. The implications of the findings were discussed based on literature and recommendations made accordingly.

INTRODUCTION

Self-esteem, which is the evaluative aspect of the self-concept, therefore the evaluation of a person's own competence is related to accepting and approving of one's own characteristics (Berk, 2003; Zyl, Cronje & Payze, 2006), and greatly impacts on individual's attitudes, emotional experiences, future behavior, and long-term psychological adjustment (Erez & Bono. 1998;Williams, 2001). Self-evaluation is the basic parameter on which a person acts and reacts, chooses his\her values, sets his\her goals, and meets his\her challenges of life. In Branden's (1994) view, self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. It consists of two major components:

(a) Self-efficacy: Confidence in one's ability to think, learn, choose, and make appropriate decisions, and, by extension, to master challenges and manage change, and

(b) Self-respect: Confidence in one's right to be happy, and, by extension, confidence that achievement, success, friendship, respect, love, and fulfilment are appropriate for oneself (Branden, 1994).

Hence self-efficacy and self-respect are two pillars of a healthy self-esteem. When one is absent or weak, self-esteem becomes impaired.

One's self-esteem at any measurable period or life transition can either be high or low. A high or positive self-esteem is a basic human need. It seeks the challenge and stimulation of

worthwhile and demanding goals, and achieving such goals, nurtures, strengthens and motivates healthier self-esteem. It contributes to healthy living, appropriate communication, nourishing relationships, proper development and sustenance of cherished values and life styles. Simply put, psychological growth is stunted in the absence of positive self-esteem, which keeps an individual going in the presence of life storms, waves, behaviora1 fractures, and interpersonal conflicts. Positive se1f¬esteem provides resistance, strength, and a capacity for regeneration (Branden, 1994) and empowers, energizes and motivates.

However, self- esteem can be low or resilient in the face of life's adversities sometimes .In this regard, pathology is sustained, and at the same times a favorable prognosis is prevented due to lack of inner strength. Low self-esteem prevents the patient from optimal interpersonal functioning, and impacts negatively on functioning in the work place (Zyl, Cronje & Payze, 2006). .

It may not be that such a patient will not relate with people or achieve desired goals. The real impact is that such a patient will be less effective and creative than his/her potentials could offer. Low self-esteem seeks the safety of the familiar and undemanding, which in turn further weakens self-esteem (Branden, 1994). The lower a client's self-esteem, the less he/she aspires to achieve his realistically set goal, exhibits realistic confidence in his/her mental strength and value and experiences the world as open and respond to its challenges and opportunities .Low self-esteem is self-limiting. A summary of literature review in this area indicates that with regards to information processing, the following were found in patients with low self-esteem; personalizing of negative events (Hillman, 1997; Taylor, 1989), the use of negative schemes (Rugel, 1995; Watts, Macleod & Matthew, 1988), rejection of positive information about the self (Traverse and Dryden, 1995), and the inability to see the perspective of another person (Berk, 2003; Selman, 1980). With regards to interpersonal factors low self-esteem patients show lack of assertiveness, including a misconception of inferiority towards others (Rakos, 1991), 'isolation; withdrawal from interpersonal relationships and social reservations (Jack and Dill, 1992) and fear of disapproval or anger (Baumeister, 1993) as well as dysfunctional marital and family systems (Symington, 1996).

The causes of low self-esteem are numerous. According to Fife and Wright (2000), labeling leads to stigmatizing, which in turn yields low self-esteem. In the opinion of Zyl, Cronfe & Payze (2006), it seems that labels regarded as negative unfortunately have a more powerful impact than the input of positive labels on the subconscious mind of individuals. Being called 'stupid', 'brainless', 'lazy', 'good for nothing lead to feelings of inadequacy and hence low self-esteem (Valas, 1999; Williams, 2001; Modise, 2000; Tibbs, 1996). Other contributing factors to low self-esteem include family background, specifically negative parental behavior (Berk, 2003; Modlin, 1979), a bad or negative relationship with the mother or father (Pollack, 1999) and traumatic incidents such as molestation (Jehu, 1992; Romans, Martin & Mullen, 1997).

Belonging to a minority ethnic community, particularly one that has experienced a history of persecution and discrimination by the majority population would seem to pose a threat to any individual's sense of self-worth. Gender is also only very moderately related to self-esteem. Females on average have slightly lower self-esteem than males; the gap being widest in the late teens (Better Self Esteem, 1999).

PSYCHOLOGICAL TREATMENT OF PATIENTS WITH LOW SELF ESTEEM

Hammond's (1990) review of literature showed a paucity of psychological interventions in the management of low self-esteem even though it is evident in all-available forms of psychopathology. However, Zyl et al (2006) employed hypnotherapeutic approach through the self-esteemed induction designed by Hadley and Staudacher (1996) and arrived at a successful treatment of low self-esteemed patients. Ellis' Rational Emotive Behaviour Therapy, which aims to empower patients with self-esteem problems by identifying and changing their irrational beliefs about themselves in order to think more positively about themselves, other people and their environments, has also been used extensively (Ellis 1989; Traverse and Dryden, 1995) and has shown success in the treatment of patients with low self-esteem. Marlatt (1985) has employed stress, role ply and drama techniques (drama therapy) to improve self efficacy and patient's ability to adjust, which in turn, improved self-esteem. Rugel (1985), while using psycho dynamic approaches to offer a corrective experience to patients with low self-esteem found out that psychotherapy works for low self-esteem patients. Braden (1994) has shown a considerable support for the efficacy of self-assertiveness therapy in the management oflow self-esteem patients. In this milieu. Mogbo and Ezeilo (i 995) specifically reported that assertiveness therapy is effective in the treatment of psychological disorders (low seIf-esteem. inclusive). Ezeilo (1995) has demonstrated the effectiveness of psychotherapy in the management of psychological disorders at the Psychology Clinic at the Enugu Center for Psychological Services and Research I. CESPER) Also, Uzoka (1986), in his management of psychosomatic symptoms employed assertive therapy and found it successful. Uwaoma (2006) employed assertive therapy in the management of depressives and indicated its usefulness.

Simply put, self-assertiveness is the virtue of appropriate self-expression of honouring one's needs, worth, values and convictions, and seeking rational forms of their expressions in reality. Healthy self-assertiveness entails one's willingness to confront rather than evade the challenges of life and to strive for mastery. It involves strategies for the client to expand the boundaries of his/ her ability to cope, expand his/ her efficacy and self-respect.

ASSERTIVENESS THERAPY

Assertiveness therapy, traceable to works of Salter (1949), Wolfe (1969), Lazarus (1968), ilnd Wolfe and Lazarus (1966), is a valuable behavioural intervention for modifying unadaptivc interpersonal behaviours (in this study, low self-esteem). It is a training programme that follows stages in which the desired assertive behaviours are first practiced in a therapy setting as guided by the therapists who encourages the clients to practice the new and more appropriate assertive behaviours in real life situations. Attention is centered on developing more effective and adjustive interpersonal skills.

STATEMENT OFTHE PROBLEM

Human problems are numerous and ever increasing with environmental changes and challenging life transitions. Self-esteem has significant influence on the way individuals experience their world, and react to situations and real or imagined life events.

When self-esteem is low, resilience in the face of life's adversities is diminished. Indeed, low self-esteem has been found a common denominator in most, if not all, of the varieties of personal distresses or psychological disorders. It is seen as both a predisposing causal factor of psychological problems as well as a consequence.

Since chemotherapy has not achieved much in its management, use of psychotherapy becomes a categorical imperative which is available, less expensive, productive, and with no side effects.

AIMS OF STUDY

To examine the effectiveness of assertive therapy in the management of low self-esteem.

To determine gender and age influences in the treatment of low self-esteem using assertive therapy.

HYPOTHESES

Assertive therapy will be significantly effective in the treatment of low self-esteem. Males will significantly benefit more from assertiveness therapy than females Older Persons will significantly benefit from the use of assertive therapy than younger ones.

METHOD

PARTICIPANTS

A total of forty diagnosed low self-esteem undergraduates randomly selected from an Ikoku college of Education and Imo State University, Owerri were used. They comprised twenty males and twenty females with an age range of 20 to 35 years.

INSTRUMENT

One instrument and a therapy were employed in the study:

a) Hare Self-Esteem Scale (Instrument) and,

b) Assertiveness Therapy. (Therapy)

Hare Self Esteem Scale is a thirty-item, four point scale developed by Hare (1975) and validated for Nigerian use by Okorie (1995). The scale was used for the separation of people into low and high self-esteem categories and further employed to ascertain the effectiveness of assertiveness therapy. A test-retest reliability coefficient of. 74 in an interval of three months was established.

PROCEDURE

The public relations officers of the Student Union Government of the institutions were eo-opted to help the researcher. Accordingly, they organized a meeting with all volunteers across the faculties.

Hare Self Esteem Scale was then administered to volunteers numbering two hundred. Forty students, out of sixty, who showed low self-esteem, were enlisted for the study while the high-esteem students were thanked and dismissed.

Participants were randomly assigned to two groups- control and treatment. Ten persons served in the control group and received no treatment (assertive therapy). Thirty persons were assigned to the treatment group that received assertiveness therapy.

Four sessions of therapy were delivered individually to each of the participants in the treatment group within three weeks. On the third day after therapy, both members of the treatment and control groups were again tested usmg the Hare Self-Esteem Scale.However, members of the control group were latter on given the same therapy.

DESIGN AND STATISTICS

An independent group design was used and a Z- test statistics employed for analyses of the hypothesis.

RESULTS

TABLE 1: Summary of Z-table showing the difference between the-control and experimental groups.

Variables	N	X	Df	Pr	Zc	Zt	Remarks
Treatment	30	31.6	38	0.05	2.5	2.21	
Non treatment	10	57.2					
Total	40						

Decision rule: Accept the hypothesis if Zc is less than or equal to Zt.

Zc=2.5: Zt =2.2,

Since Zc value is greater than the Zt value, the hypothesis is upheld.

This means that there is a statistically significant difference between the control group and the treatment group i.e. there is a statistical significant effect of assertiveness therapy on the management of low self-esteem among undergraduates.

TABLE 2: Summary of Z-table explaining the influence of age on the management of low self-esteem using assertiveness therapy.

Variables	N	X	Df	Pr	Zc	Zt	Remarks
20-27	15	31.8	28	0.05	0.04	1.70	
28-35	15	31.5					
Total							

Decision rule: Accept the hypothesis if Zc is less than or equal to Zt.

Zc=0.04;Zt= 1.70

Since Zc value is less than the Zt value, the hypothesis is therefore rejected. This means that there is no statistically significant difference between the younger and older participants i.e. there is no statistically significant age difference on the effect of assertiveness therapy on the management of low self-esteem among undergraduates.

TABLE 3: Summary of Z table showing the gender influence of managing self-esteem using assertiveness therapy.

Variables	N	*X*	Df	Pr	Zc	Zt	Remarks
Males	15	30.8	28	0.05	0.23	1.70	
Females	15	32.4					
Total							

Decision rule: Accept H_0 if Zc is less than or equal to Zt. Otherwise reject Ho and accept HA

Zc=0.23; Zt= 1.70

Since Zc value is less than the Zt value, the hypothesis is therefore rejected.

This means that there is no statistically significant difference between the male and the female participants i.e. there is no statistically significant gender difference on the effect of assertiveness therapy on the management of low self-esteem among undergraduates.

DISCUSSION

The results above therefore strongly suggest a significant difference between control and experimental group responses to assertiveness therapy indicating the latter's positive response to treatment. The results also indicate that both gender and age did not determine the effect of assertiveness therapy on the management of low self-esteem.

The results indicating an improvement in self-esteem after the administration of assertiveness therapy on low self-esteems persons is in agreement with Uzoka (1986), Braden (1994), Rugel (1995), Ezeilo (1995), Mogbo and Ezeilo (1995) and Uwaoma (2006). Also, the fact that both

gender and age do not have significantly positive effect on the management of low self-esteem using the assertiveness therapy is in line with the works of Uwaoma (2006).

Generally, the findings of this study indicate the relevance of psychotherapy in the management of low self-esteem. Assertiveness therapy offers lbw self-esteem persons the opportunity to live in the now by helping them to forget the regrets and worries of the past and the fear of the future; accept themselves as they are, and go through or receive warmth and an intimate relationship with the therapist which. invariably instils self-worth, confidence and acceptance on them, When one accepts him/ herself, and the present life conditions, there is a tendency for the person's self-esteem to improve. Assertiveness therapy affords self-disclosure, unconditional and positive interaction and acceptance of realities, which the client has been avoiding. These views are in line with Uzoka (1995), Mogbo & Ezeilo (1995), and Uwaoma (2006).

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