

“I am not scared of looking at myself in the mirror now”: Fostering Healthy Self-Esteem in Indian Female Adolescents

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ABSTRACT: *This study involved assessing the outcomes of a school-based, cost-effective, time-limited intervention directed at enhancing the self-esteem of Indian adolescent females. Adolescents between the ages of 14 and 16 years (n=71), identified as having low self-esteem, belonging to four government schools, took part in the intervention. The intervention consisted of three domain-specific sessions. The sessions were developed after interviews with some of the participants to elicit the factors shaping their sense of self-worth. Control group participants (n=54) received no inputs on self-esteem enhancement. A pre-post design was followed. The self-esteem mean for the intervention group rose significantly immediately after the workshops. The mean of the control group was also significantly higher at the time of the second assessment. However the increase in self-esteem was much greater for the intervention group. Limitations and future directions of the study are discussed.*

KEYWORDS: *self-esteem, adolescents, female, intervention, schools*

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I. INTRODUCTION

The concept of self-esteem has held an important place in psychological literature. One early definition can be traced back to William James who saw self-esteem as a ratio of one's successes and pretensions. By pretensions, James (1890) meant one's aspirations. James' view of self-esteem has come to be regarded as a 'competence-based' view by making self-esteem dependent on the successes experienced in life. Several decades later Rosenberg (1965) presented another widely accepted definition of the term. He defined self-esteem as a favorable or unfavorable attitude towards the self. Mruk (2013) suggests the distinguishing characteristic of this definition to be that it sees self-esteem as affective and based on a specific feeling, one of worthiness. More recent definitions include notions of competence and worthiness. For instance, Guindon (2002) considers self-esteem as the attitudinal and evaluative component of the self. It involves feelings of worth and acceptance which are developed as a result of the awareness of our competencies and feedback from the world around us.

Several theorists have explained the need to feel positively about one's self. Two well-known perspectives are the Terror Management Theory (TMT) and the Sociometer theory. TMT posits that humans on account of the realization that death is inevitable and can occur at any time, face debilitating terror (Greenberg, Pyszczynski & Solomon, 1986). Managing this sense of dread requires that people perceive themselves as persons of value. This is accomplished through social roles and the standards related to them. Self-esteem is the sense of personal importance that results from meeting such standards. Leary's (2012) Sociometer theory proposes that self-esteem is a psychological gauge of the degree to which people perceive that they are relationally valued and socially accepted. This theory differs from most others in suggesting that people neither need self-esteem nor are motivated to pursue it for its own sake. Rather when people do things that appear intended to protect or increase their self-esteem, their goal is usually to protect and enhance their chances of interpersonal acceptance.

Developmental studies have shown that self-esteem tends to drop in adolescence (Robins et al, 2002). Bos, Muris, Mulken and Schaalma (2006) present four major changes that may contribute to this decline: the development of secondary sexual characteristics, the acquisition of formative thought, difficulty in being accepted by peers and school transitions. When the need for self-worth is unmet, it may lead to several kinds of negative mental health outcomes including depression (Orth, Robins & Roberts, 2008), memberships in deviant groups, aggression towards peers (cited in Leary, Schreindorfer & Haupt, 1995) and eating disorders (Silverstone, 1992).

There are significant differences between girls' and boys' self-esteem during adolescence (Kling, Hyde, Showers & Buswell, 1999). Heaven and Ciarrochi (2008) report some fluctuation in boys' self-esteem and a steady deterioration in girls' self-esteem. Lower self-esteem among girls has been attributed to various factors including less favorable attitudes towards their gender role (Helgeson, 2016). In addition, self-confidence is a stereotypically masculine trait. Boys are expected to develop self-confidence, where as displays of self-confidence in girls are considered a violation of gender based expectations. Another factor possibly contributing to gender differences is stronger concerns about appearance among girls (Sherrow, 2001). Girls' attitudes about their appearance become more negative during adolescence (Harter, 1993). This decline in perceived physical appeal can have negative effects on self-esteem in the context of higher cultural pressures on females to look attractive.

Given the negative outcomes associated with low self-esteem, a number of strategies have been identified for enhancing the self-esteem of young people such as physical exercise (Ekeland, Heian & Hagen, 2005) and art therapy (Alavinezhad, Mousavi & Sohrabi, 2014). Multi-component interventions targeting self-esteem have been designed and implemented, with several of them demonstrating successful outcomes. For instance, Dalgas-Pelish (2006) designed a self-esteem enhancement intervention for girls and boys of the 5th and 6th grades recruited from six different elementary schools in the United States. The intervention focused on four lessons: an overview of self-esteem, media influences, hiding emotions and changes in self-esteem. Results indicated that girls, students of low socioeconomic status, and those with friends could benefit most from this group-based intervention. In other interventions, self-esteem has been targeted along with different constructs. Marques et al. (2009) conducted a 5 week long hope-based intervention with 31 middle-school students from a public school in Portugal. The intervention aimed to enhance self-worth, hope, life satisfaction, academic achievement and mental health, through processes of conceptualizing clear goals, reframing seemingly insurmountable hurdles, and providing a range of pathways to attainment. At post-test, the intervention group had significantly higher levels of hope, self-worth and life satisfaction than the control group, which were maintained over 18 months.

While several such programmes have been implemented in other countries, interventions for enhancing self-worth have not received much attention in India. Researchers have tended to focus mainly on measuring self-esteem among different groups (e.g., Tajeddini, 2014), identifying factors that effect self-esteem (e.g., Valsala, Devanathan & Kuttappan, 2018) and relating self-esteem with variables such as academic achievement (e.g., Bhagat, 2016). Intervention based work has recent and is limited in nature. Further, the interventions that have been implemented have been fairly varied in nature, target group, and duration. In one study Dani (2015) implemented a 15 session self-esteem enhancement intervention with boys and girls of the 8th and 9th grades. Students with low self-esteem were divided into experimental and control groups randomly. Significant differences were obtained between the pre-test and post-test means for the experimental group. No significant difference was observed between the pre-test and post-test means of the control group. In another study Sharma and Agarwala (2015) studied the effectiveness of a behavioural intervention program in enhancing self-esteem among persons aged 17-23 years. Participants low on self-esteem received a three month intervention that involved parents and teachers in the process. Researchers also met each subject at least twice a week and talked about his/her performance and achievements. They encouraged subjects to focus on solutions rather than on problems and convert negative thoughts to positive ones. The results showed a significant difference between pre-intervention and post-intervention self-esteem scores. Other researchers have also found music therapy, rational behavioral emotive therapy and life skills training to be useful in the enhancement of adolescent self-esteem (Sharma & Jagdev, 2012; Kamal & Kumar, 2015; Yadav & Iqbal, 2009).

The present study is an attempt to add to existing knowledge within this area. We attempted to create an efficacious, economical and time-limited intervention. These modules were designed to be impactful yet brief, given the busy schedules and high academic pressures students in India grapple with. We also aimed to create modules that teachers may be trained to implement, given the shortage of mental health professionals within school settings (Ramalingam & Nath, 2012). Further, past researches have established gender differences not only in levels of self-esteem but also in its sources (Schwalbe & Staples, 1991). The implications of low self-esteem may be different for males and females as well. For instance, Torchiana and Farrell (2010) found that, males with low self-esteem were significantly more likely to engage in illegal behaviors while females with low self-esteem were significantly more likely to commit suicide. Therefore we decided to develop an intervention specifically tailored to meet the requirement of girls given the unique challenges they face in adolescence.

Further, we hypothesized that:

H1: There will be a significant difference in the pre-intervention and post-intervention self esteem scores for the group receiving the intervention.

H1: There will be no significant difference in the self-esteem scores for the control group across two assessments.

II. METHODOLOGY

Participants

The intervention was conducted with 71 female adolescents (mean age 15.26 years) identified as having low self-esteem. The sample was drawn from four government schools. For comparison, a control group consisting of 54 female adolescents (mean age=15.38 years), having low self-esteem was selected from two other government schools. Both samples belonged to middle income group families. The intervention and control group participants were chosen from different schools to ensure that the components of the intervention would not be revealed to the control group (for example through casual conversations) while the intervention was being done. If the control group had learnt about the intervention, it could have increased the possibility of demand characteristics, resulting in contrived responses from the control group during the study.

Tools

The self-esteem of the participants in the study was measured using the Rosenberg Self-Esteem Questionnaire (RSQ). The RSQ is a ten-item Likert-type scale with items answered on a four-point scale (from strongly agree to strongly disagree). The scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and Cronbach's alpha for various samples are in the range of .77 to .88 (Blascovich & Tomaka, 1991, Rosenberg, 1986).

Procedure

In order to begin the process of developing the modules we felt it was necessary to collect first hand information on the factors shaping the self-esteem of urban Indian adolescent girls. Therefore in the initial phase of the study, the RSQ (Rosenberg, 1965) was administered to 358 females between the ages of 14 and 16 years studying in four government co-educational schools of Delhi. All questionnaires were scored and the mean for the entire sample was computed (mean= 18.15, SD= 4.12). Scores within 1 standard deviation of the mean were designated as average. Those below 1 standard deviation of the mean (14.02) were designated as lower than average while scores above 1 standard deviation of the mean (22.27) were designated as higher than average. Participants in these two groups were invited for interviews. Eventually in-depth interviews were conducted with 32 girls (17 girls identified as having high self-esteem and 15 girls identified as having low self-esteem). A semi-structured interview schedule was devised by the researchers to tap into factors effecting the self-esteem. The domains covered in the interview were identified through a review of studies conducted in the area of adolescent self-esteem. It was ensured that the questions were simple, direct and mostly open-ended. The schedule was created in English and Hindi. The language eventually used depended on the preference on the participant. Poor academic self-efficacy, teasing by peers, dissatisfaction with physical appearance, family conflict and gender discrimination in the family were found linked to low self-esteem. On the other hand, satisfaction with academic performance and lesser tendency for social comparison were found to be linked with high self-esteem. The interviews indicated that girls with high self-esteem used different strategies to maintain their self-worth. These included accepting and working on weakness, negating poor outcomes (for example by minimizing their significance in one's life), surrounding themselves with supportive people and ignoring criticism. They also reported re-framing the negative incidents or comments they faced. These strategies were found to be missing from the interviews of those with low self-esteem. The findings were used to develop a three module intervention described later in this article. The details of this initial phase of the study have been published separately (Dhillon, Dhawan, Akalamkam, Ahuja & Papneja, 2016).

The process of analyzing the interviews and developing the modules took three months. We then returned to the four schools assigned and invited 71 female adolescents identified as having low self-esteem, in the earlier part of the study, to participate in the workshops. All of them agreed. Their self-esteem levels were assessed once again before the commencement of the workshops and then immediately after they ended, involving a gap of 12 days. While a gap such as this, carried the possibility of carry-over effects, we had to re-schedule the post-testing immediately after the third workshop, in order to know the immediate effectiveness of the intervention.

The control group was drawn from two schools (n=54). Baselines assessments were also conducted here and students with low self-esteem were identified. The self-esteem of this group was measured once again after two weeks. During this period no inputs on self-esteem were provided. The participants were told at the time of the first assessment that they had been waitlisted for an interactive session and would be contacted later. Such a strategy has been successfully employed by previous researchers (Stice, Trost & Chase, 2003; Becker, Smith & Ciao, 2006; Stice, Marti, Shaw & O'Neil, 2008).

The intervention

	Themes
Workshop 1	<ul style="list-style-type: none"> • Developing rapport • Explaining the meaning and significance of self esteem • Understanding factors that influence self esteem • Establishing ground rules • Assuring confidentiality • Making a commitment to work on <u>one's</u> self. <p>For most participants, this was the first time they had heard the term 'self-esteem' and discussed it.</p>
Workshop 2	<p>Addressing psychological processes associated appearance anxiety and body dissatisfaction:</p> <ul style="list-style-type: none"> • Recognizing biased social comparisons • Challenging self critical thinking • Challenging faulty attributions for success and failure. • Working on self-acceptance <p>Participants were encouraged to apply these insights to other domains of life as well.</p>
Workshop 3	<ul style="list-style-type: none"> • Development of assertiveness skills for managing peer pressure, teasing and bullying • Managing parental relationships • Coping with academic pressures

The intervention developed for the study drew from the Cognitive Behavioral approach. Low self-esteem like many other cognitive constructs could result from cognitive biases and distortions and thus represent a critical target for CBT interventions. Moreover research has indicated its usefulness in enhancing self-esteem among depressed adolescents (Taylor & Montgomery, 2007). In the present study, three workshops were conducted in each school. There were gaps of 4- to 5 days between the workshops and each workshop was two hours long. No teachers or school personnel were present during the workshops. The workshops usually took place in the schools' libraries with participants seated in a circular arrangement to encourage group discussions. Participants were given homework assignments after the first two workshops to reinforce what was learnt. The themes covered in the workshops are presented in table 1.

After the second assessment had been completed, a workshop was also carried out with the control group participants, covering all major components of self-esteem enhancement discussed with the intervention group. This was done from an ethical perspective to ensure that the control group could also learn and benefit from the modules.

III. FINDINGS

The effectiveness of the intervention was assessed quantitatively by comparing the self-esteem scores obtained by participants immediately prior to the intervention and then immediately after it. Scores obtained by the control group on the two occasions were also compared. Comparisons were made using t-test for dependent samples.

Table 2 Means and Standard Deviations for the Control Group and Intervention Group

	Control group (n=54)		Intervention group (n=71)	
	First assessment	Second assessment	Pre-intervention	Post-intervention
Mean	12.46	13.62	12.91	18.95
Standard deviation	2.45	4.12	2.34	4.5
t-obtained	2.49*		11.91**	
p-value	0.015		0.00	
Cohen's d	0.378		1.572	

As seen in Table 2, there was a significant rise in the self-esteem scores of the intervention group after the workshops ($t=11.91$, $p=0.000$, Cohen's $d= 1.572$). Hypothesis 1 that "There will be a significant difference in the pre-intervention and post-intervention self-esteem scores for the group receiving the intervention" was accepted. There was also a significant rise in the mean obtained by the control group in the assessment conducted on the second occasion ($t=2.11$, $p=0.015$, Cohen's $d=0.378$). Hypothesis 2 that "There will be no significant difference in the self esteem scores for the control group across two assessments" was thus rejected. However while there was an increase in the self-esteem of both the groups, it was much greater for the intervention group.

IV. DISCUSSION

The results indicated the intervention to be effective. Early meta-analytic results supported the perspective that self-esteem may not be responsive to therapeutic intervention (Shirk, Burwell & Harter, 2003). However Haney and Durlak (1998) analyzed 116 studies that included self-esteem as an outcome variable and found substantially high treatment effects than reported earlier. This suggested that self-esteem could be improved through therapy. Furthermore treatments that specially targeted self-esteem produced significantly larger effects than those that merely included a measure of self-esteem but focused on another treatment target such as social skills. It appears that changes in self-esteem can be attained through improving adolescent skills and relationships, but treatment strategies that directly target self-esteem may yield additional benefits (Shirk, Burwell & Harter, 2003). The present intervention focused specifically on adolescent self-esteem. Further, it has been found that self-esteem interventions targeting specific domains invoke greater changes in those areas than interventions that are more global in scope (Marsh & Craven 2005). The three modules developed in the present study targeted particular areas and were tailored to meet the needs of the sample as identified from the interviews.

Certain CBT strategies were used across all workshops including developing more self-awareness, using active self-talk to refute negative thought patterns and learning about cognitive distortions. Facilitators emphasized the need to differentiate between thoughts and facts, which is a key technique in CBT interventions directed at improving self-esteem (Fennell, 2005). For instance, one activity involved asking participants to prefix negative thoughts about themselves with phrase "I am having the thought that..." instead of "I am..." Many participants reported having used this technique outside of and after the workshops and testified to its effectiveness in overcoming or attenuating self-critical thoughts. Participants were also encouraged to notice self-critical thoughts and challenge these in different ways. Emphasis was placed on identifying each participant's strengths by explaining cognitive biases such as discounting positive qualities and paying selective attention to criticism. One exercise for identifying strengths was the mirror activity. This activity required participants to stand in front of a full-length mirror and appreciate themselves. Expectedly, at first, a number of participants were hesitant. However support from the facilitators and peers enabled participants to become more comfortable with the process. Interactions with participants, after the workshops, revealed the positive impact of this activity. For instance one participant said "I am not scared of looking at myself in the mirror now...I feel fine."

The mirror exercise has been found to be more effective than non-directive therapy for increasing self-esteem and body satisfaction (Delinsky & Wilson, 2006). Key et al (2002) have suggested that mirror confrontation is effective in body image treatment because of the strong emotional response it elicits. Cognitive dissonance (Festinger, 1957) is also understood to play an important role in explaining the effectiveness of the activity. Stice, Stormer and Appel (2001) propose that when individuals stand in front of the mirror and appreciate themselves, it creates dissonance between their behavior and attitude, leading to distress. On repeating the task the person is likely to change his/her attitude towards a more positive self-appraisal. This dissonance and then resolution of the dissonance by changing attitudes is further aided by other activities where there is an open discussion of the 'thin ideal body' concept, facilitated by a trained professional. Such discussions were carried out in our workshops as well.

Activities based on appreciating the self were supplemented by tasks requiring the participants to compliment one another. Peer and social support are important catalysts for over-coming low self-worth. People with low self-esteem are resistant to feedback when the feedback is positive and the source is the self (Josephs, Bosson & Jacobs, 2003). They are however more accepting of negative feedback from themselves. This asymmetry may shed light on the stubborn nature of low self-regard. Unfortunately, the low self-esteem person's reluctance to accept positive self-generated feedback, combined with the rarity of externally generated positive feedback (e.g., Josephs, Larrick, Steele, & Nisbett 1992; Swann, Stein-Seroussi & McNulty, 1992), may result in a downward spiral. It was thus necessary that participants received positive feedback not only from themselves but from those around as well. Our aim was to generate awareness within the participants of their tendency to minimize compliments and magnify criticisms.

In order to encourage participants to develop more balanced views of themselves, perfectionism, social comparison and the need to select appropriate standards of comparison were discussed. An example taken in regard of making unrealistic upward comparisons was of selecting models and actresses as representing appearance standards to be met. A large number of studies have established the impact of media on self-esteem and body image (Hawkins, Richards, Granley & Stein, 2004; Grabe, Ward & Hyde, 2008). Participants were asked to compare 'before and after' pictures of famous Indian and Western actresses and explained how the 'after' images had been created using the techniques of air brushing, reimagining and photoshopping. The media literacy based discussion drove home the point that beauty seen in the media was often 'artificial' and constructed. The self-ideal discrepancy theory (Higgins, 1987) suggests that there are three domains of self. The 'actual' (or current) self, the 'ideal' self and the 'ought' self. The ideal selves that young people hold have become increasingly unrealistic and unattainable, partly due to representations in the media. The gap between the ideal and real has increased, resulting in greater body dissatisfaction. Understanding the doctored nature of the images makes the ideals appear less perfect. The gap between the two therefore reduces, enabling adolescents and young women to be more accepting of their own appearance. Grasping the artificiality of the images would also make the ideals seem inappropriate targets for emulation or comparison. We encouraged the participants to critically evaluate what they saw in the media and stressed the need for setting appropriate and healthy goals for themselves.

Assertiveness training was another important component of the workshops. Interviews conducted earlier had shown bullying and teasing to be a common experience among the low self-esteem students. Time was thus devoted to training participants in being assertive in the face of these situations as well as general peer pressure. Assertiveness training increases self-confidence and improves interpersonal relationships. Role plays, which have proven efficacy in increasing self esteem and feelings of control (Nyamathi, 1991) were conducted. These allowed participants to rehearse the skills and scripts they needed when facing such situations with age mates. Participants were first asked to identify situations in which they felt the need to be more assertive. Behavioral rehearsals were then based on these situations, followed by corrective feedback from the facilitators. Such assertiveness helps in avoiding self-esteem damaging situations and a refusal to accept negative treatment others (Mruk, 2006).

Further, the facilitators discussed skills that would enable the participants to deal with academic pressures. The Indian education system creates tremendous stress for students through highly competitive examinations. As stated earlier, many participants with low self esteem reported low academic self-efficacy. High parental expectations, anxiety about the indeterminate future, poor study habits (exacerbated by distractions such as cell phones and Facebook), faulty time management and interpersonal issues with parents including gender based discrimination at home, were some of the stressors identified by interviewees. We thus discussed academic skills such as prioritizing, scheduling and time management. However we also realized that dealing with academic pressures would require more intensive inputs and would be best done as a separate set of modules.

An unexpected finding was an increase in the control group's self-esteem means, although the change was much smaller than that found in the experimental group. One reason for this may be pre-test sensitization effects, also known as assessment effects. This refers to a phenomenon in which the outcome of interest is modified by merely assessing it (Song & Ward, 2015). According to Cole and Bambara (2000), merely the act of self-monitoring without any additional intervention can lead to changes in the targeted behavior. The exact mechanism by which assessments have an effect is not fully understood but is thought to occur by raising subjects' awareness of the phenomenon being measured (Song & Ward, 2015). Of course this also means that assessment effects could have impacted the experimental group's outcomes and the change seen in their scores could be due to the combined effect of the intervention and pre-test sensitization.

Limitations and future directions

Given the simplicity of these modules, they can be structured within the school syllabus and teachers can be trained to conduct them. This shall accomplish two goals- firstly, the sensitization of teachers and secondly, the dissemination of modules even in schools where counsellors are not available. This study thus represents a small but important step towards developing effective self-esteem enhancement programmes for female adolescents. But it has several limitations. The sample of the study was small and recruited through convenience sampling. This limits the generalizability of our results. The data was collected through self-report measures. It is possible that some participants were less than forthright in their self-assessments. It must also be considered that these workshops may not be equally effective with students belonging to income groups different from that of the sample or those facing specific challenges such as disability and high levels of social ostracism.

This field offers tremendous scope for further work. The interviews indicated parental pressure and expectations to be major contributors to young women's self-esteem. Interventions may be conducted with parents aimed at inculcating in them an understanding of their role in building the self-esteem of their children, particularly for the girl child. In the same vein, it is essential to conduct workshops for teachers in government schools to increase awareness of how teacher responses impact self-esteem. Although we chose to create time limited interventions for females, potential still remains to create interventions that are more extensive as well as those that specifically address the concerns of young men.

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