C H A P T E R I

INTRODUCTION

- Background and Significance of the Study
- Psychotherapy
- Important Features of the Study
- Meaning of Self-esteem
- Self-esteem Scale
- Other Measures used in the Study
- The Counsellor's Background
- Plan of the Investigation
- Summary

CHAPTER I

INTRODUCTION

Background and Significance of the Study

Thousands of students in India are confronted with problems and difficulties in a variety of social and educational situations. These problems can be remedied by a little counselling and sympathetic help from the teacher, but in the normal Indian situation such counselling and help have been conspicuous by their absence, since very little research work has been done in this field. As a matter of fact, Guidance and Counselling is a new discipline in India and its practical utility is appreciated only recently. There are thousands of schools and educational institutions where there is no counsellor, and teachers with no familiarity with the theory and techniques of counselling do very little to help their students solve their problems whether personal or educational.

It was against such a background that the present investigator realized the need for undertaking a research study that would be of great practical value to the practising teachers who always meet with cases of students, which they would otherwise fail to tackle. Many a student suffers from a feeling of low self-esteem about himself, his abilities and aptitudes generated by a variety of causes - social, economic or academic. Such a feeling of low self-esteem leads to an inferiority complex, poor performance in class, apathy to work, lack of interest in cocurricular activities and delinquent behaviour. It cannot be denied that some maladjusted children receive help through one form of treatment or another, but it is not known whether a particular treatment would bring about desired changes or not. Moreover, it is not known to what extent the changes in behaviour are attributable to a specific treatment. No information is available concerning the processes involved, while subjecting the individuals to a specific treatment.

The present study on self-esteem changes has been undertaken with a view to meeting a felt need and therefore its result will be full of immense possibilities. Its successful completion will go a long way in helping teachers solve problems of maladjusted children they have to deal with.

Thus, it will enable them to give counselling to their students who need it and also make it possible for students themselves to have an insight into their own problems and difficulties so as to overcome them and adjust themselves to their existing environments. The latter fact is extremely important in a vast country like India where it would take many many years to start counselling bureaus with scientific instruments to help maladjusted children.

The study on self-esteem changes will indicate to what extent counselling interviews succeed in modifying or altering the attitudes and behaviour of the subjects. The problem is of vital importance in this age of tremendous scientific and technological advancement, which has made it possible to use scientific knowledge in promoting healthy adjustment of an individual to his environments through the modification of his behaviour. At this stage it would be quite appropriate to present in a summary form some of the facts already established through the use of psychotherapy as it is one of the techniques of behaviour modification. Other techniques of behaviour modification are hyponosis, the use of drugs, sensory and social isolation, mystic practices etc.

Psychotherapy

The contribution of psychotherapy has not been limited to the personal help which could be gained by the educationally disturbed individuals, but it has also led to the development of new insight into the field of personality and behaviour. Although the behavioural sciences have not always kept pace with the natural sciences, it must be admitted that a significant amount of research work has been done during the last four or five decades in the area of behaviour modification through the administration of psychotherapy. There is, in fact, no area of human endeavour involving human relations which is not in some way influenced by the use of psychotherapy. This creates an impression that the area of behaviour modification must have been thoroughly explored through carefully planned researches under carefully controlled conditions and that the vast amount of factual or verified materials must be available. This is not the case for certain important reasons, one of them being that psychotherapy is an extremely complex process as it refers to a multiplicity of psychological techniques for the treatment of a wide range of problems involving the process of learning, cognitive functions, attitudes, physiological reactions, value judgments etc. Laboratory studies under strictly controlled conditions are

for this reason difficult, if not impossible, to carry out. Secondly, psychotherapy operates in a most subtle manner in the hands of a highly skilled and experienced counsellor, so that the subtle elements or the delicate degree of differences in meanings are sometimes more important than the most obvious elements. Some of the psychotherapists, therefore, think that well-planned laboratory studies involving strict controls are beyond the scope of psychotherapy. There is much truth in what is stated above owing to the difficulty of conducting laboratory research on a problem involving many subtle elements which cannot be recognized or measured. Equally important or perhaps the most important is, however, the fact that anything that could be recognized could also be measured if the thing to be measured is operationally defined.

Much of what we know to-day about psychotherapy is based on case studies, theoretical formulations and clinical reports. Psychotherapists convinced by their personal experiences maintain that psychotherapy is effective in bringing about changes in behaviour. This convinction is, however, open to challenge on the ground that whatever experimental evidence is available regarding the effectiveness of psychotherapy could be interpreted in many different ways. The study of the effectiveness of psychotherapy requires

that the results in the experimental group receiving treatment are better than in the control group which has not received any treatment. Moreover, the effectiveness of a particular therapeutic technique could be established only when it produces results which are better than those which could be attributed to any other technique bearing some superficial resemblance to the experimental technique. Studies of this type have indicated that the results in the experimental group, although slightly different from those in the control group, are not different, in comparison to those which are produced by 'Placebo'. It, therefore, remains to be worked out what sort of changes are being produced by administering a particular psychotherapeutic technique or 'Sham' technique bearing on superficial resemblance to psychotherapy. The arousal of hope or faith has been found to be of crucial importance in both psychotherapy and 'Placebo' effect as it tends to decrease depression, neurotic and anxiety symptoms.

Psychotherapy is an accepting, trusting, encouraging relationship between a counsellor and one or more clients. It is through this relationship that the patients learn to face, express and cope effectively with their feelings and thoughts. The therapist is an important variable in the treatment process. Effective use of specific techniques,

therefore, depends upon some of the important qualities that the counsellors possess and the ability of the counsellors to establish a kind of relationship with the patients, so that changes in behaviour could be effected. Three most essential qualities of highly successful counsellors are genuineness, non-possessive warmth and accurate empathy.

There are differing views regarding the role that the therapist can play in providing direction to the patients to overcome their difficulties. The psycho-analytic approach in contrast to the non-directive approach uses suggestion, advice and persuasion. In the client-centered approach the therapist patiently and sympathetically listens to whatever the patient narrates and attempts to encourage him to understand his difficulties through his own efforts and try to solve them without the assistance of the therapist. The fact that these two approaches have been claimed to be effective by their followers indicates that either both the approaches are not important in determining the outcome of the therapy or the difference between them is not evident due to the simultaneous operation of other processes, which are fairly common to both approaches. The latter possibility has led to the emergence

of two other approaches which are now known as behaviour therapy and insight therapy. The insight therapy lays stress on developing insight into the patient's mind so that he can deal effectively with his adjustment problems. The behaviour therapy, on the other hand, insists on the removal of habits or changing actions so that the difficulties could be surmounted. This, according to insight therapists, may lead the patient to substitute one symptom for another, thereby, failing to enable him to rid himself of the adjustment problems. Behaviour therapists maintain that the very act of removing the symptoms effects the cure. The processes involved in behaviour therapy are similar to those in learning and conditioning. Insight therapists give greater importance to the underlying psychodynamic factors which are responsible for pathalogical symptoms. According to them, developing insight into the nature of these psychodynamic factors will enable the patient to perceive his behaviour as more meaningful and more enjoyable. Behaviour therapists do not give any importance to psychodynamic factors underlying behaviour disorders. They try to remove the symptoms, thus keeping the therapy within their control. This has given rise to an approach in which the principles of conditioning, acquisition and extinction are applied in a clinical setting.

A huge body of experimental literature is now available, which shows that behaviour therapy proves to be superior to other approaches when the removal of symptoms is of greater importance than developing insight into the causes of these symptoms. In view of the limited applicability of behaviour therapy and the temporary cure that is being effected by its application, insight therapy is of far greater significance because it is applicable to a wide range of problems and effects more or less permanent cure.

The patient as a result of treatment through psychotherapy of some kind is able to get relief from pent-up emotions which are expressed through verbal conversation with the therapist. He becomes able to recognize the symptoms of behaviour of which he was largely unaware, is able to develop some objectivity about himself and his behaviour, understands and recognizes some of his difficulties, becomes more accepting of himself and others and learns to become more reality-oriented. It is true that treatment with therapy will result in behaviour changes like the ones mentioned above, but it remains to be worked out to what extent these changes are attributable to the influence of counselling interviews and to what extent they could be attributed to situations which do not bear any resemblance to the specific psychotherapy. The present investigation is an attempt in this direction.

Important Features of the Study

The main objective of the present investigation is to know to what extent the self-esteem changes and what type of changes occur under the influence of group counselling. Researches have shown that the changes in self-esteem would be more marked among subjects who need counselling in comparison to those who do not actively seek such help. From the definition of self-esteem it follows that low self-esteem subjects have more problems and are more dissatisfied than high self-esteem subjects. Hence another purpose of the present investigation is to examine specific changes in the behaviour of the subject at successive stages of counselling by making detailed case studies of a selected few cases with low self-esteem.

In the present investigation, no subject was asked, as it is done in many researches, to indicate whether or not he sought some kind of help in solving his problems and difficulties, but in the intake interviews it was ascertained by the investigator that low self-esteem subjects had greater need for counselling. It was assumed that high self-esteem subjects would show slight increase in the level of their self-esteem under the influence of counselling

interviews. In this investigation the self-esteem changes in the low self-esteem group would be compared not only with the changes in the high self-esteem group, but also with those in the control subjects not receiving any counselling treatment. Thus it would be possible in this investigation to know whether the resulting self-esteem changes in the low group are attributable to counselling treatment or not.

An attempt has also been made to compare the self-esteem changes with those in neurotic symptoms, anxiety and depression. It is assumed that the increase in the level of self-esteem would accompany a decrease in neurotic symptoms, anxiety and depression. Changes in these respects would be more marked in the group subjected to counselling treatment. Moreover, these changes would be of greater magnitude in the low self-esteem group than in the high self-esteem group.

Another important feature of the present investigation is that the self-esteem changes are studied by using group counselling which has certain distinct advantages over individual counselling. Group counselling is the most recent of psychotherapeutic procedures. It grew out of necessity, but has grown into a science of its own. At this stage it is

worth noting that group counselling differs from psychotherapy in certain respects. In counselling practices, clients are encouraged to seek advice and assistance from counsellors before they develop serious behaviour disorders. The counsellors are ordinarily not concerned with the repressed desires of the clients but they are immediately concerned with the present problems of the clients. They help the clients to learn normal developmental tasks. The term psychotherapy is generally applied to those persons who are disturbed emotionally and seek help for the treatment of psycho-pathological problems. Thus, psychotherapy differs from counselling in terms of persons to be treated rather than the process of treatment.

In group counselling five to seven individuals interact in the process of counselling. It cannot be considered merely an extension of individual counselling to several individuals at once. In a group counselling situation every individual has a qualitatively different and unique experience. Group counselling is also different from other group activities such as guidance course, work experience seminars, student forums etc. In these other types of groups, all participants have the same goal of getting specific information or to learn something. In a group counselling situation all participants do not share the

same common goal.

Group counselling is also an art and therefore it requires highly trained and experienced counsellors who are expected to know how to listen, to feel and convey empathy and respect and to respond to the feelings which are experienced by the clients. Counsellors are expected to help their clients, accept responsibility for the development of a therapeutic relationship and its maintenance. In order to be effective the counsellor must recognize therapeutic forces and use them during the process of counselling. For successful group counselling, it is also necessary for the counsellor to obtain relevant information about the clients, so that they can be grouped together on the basis of available information.

In a group situation, the clients try to change their behaviour and attitudes and they also expect their fellow beings to change similarly. Within this set-up, the clients become able to face their problems realistically and develop confidence to solve them. If the group counselling is to be successful, every client should show his readiness to discuss the problems without any reservation, to change his behaviour and to help others to change their behaviour. The client must know what is expected of him before counselling begins. He must have the feeling

of being accepted by the group and must feel secure and free to discuss the problems.

Group counselling is thus a very complex process, because many variables enter into its functioning. This technique was selected for the present investigation, because it is more suitable to the adolescent subjects. Most of the problems which the adolescents face arise because others fail to understand their specific needs and demands. The group counselling situation can contribute to the solution of many of their problems. Every adolescent has the desire to know who he is and what he can become. Adolescents' domination by peers, their need to help others and their suspicion of adults' desire to control them make group counselling more attractive to them than individual counselling.

Meaning of Self-esteem

Self-concept as defined by Rogers (1951:498) consists of an organized conceptual pattern of the 'I' or 'Me' together with the values attached to this concept. This implies that for an individual there exist several single self-perceptions which could be arranged in order along a subjective continuum ranging from " most unlike me " to

' most like me '. This arranging order along a subjective scale does not, however, give any information about the values attached to self-concepts. For this reason another concept, namely, ideal self-concept is necessary. It is defined by Butler and Haigh (1954:56) as the desired organized conceptual pattern of characteristics and emotional experiences which could be arranged in order along another value continuum ranging from ' most desirable for me ' to ' least desirable for me.' The discrepancy between these two sortings would then serve as an index of self-esteem. It is expressed statistically in the form of correlation between self-sort and ideal self-sort. Greater discrepancy indicates maladjustment and dissatisfaction. Good self-esteem indicates the feeling that one is ' good enough.'

The individual with high self-esteem considers himself adequate - a person of worth. He does not simply accept himself for what he is; he also wants to grow, to improve to overcome his deficiencies. He does not necessarily consider himself better than others but he definitely does not consider himself worse.

Low self-esteem implies self-rejection, self-dissatisfaction and self-contempt. The individual lacks respect for

the self he observes. The self-picture is disagreeable and he wishes it were otherwise.

Self-esteem Scale

The measurement of self-esteem involves the preparation of self-referent statements referring to important areas of behaviour and then judging the items for their relevance to pertinent areas of behaviour in terms of some objective criteria. In the present self-esteem scale items were prepared by referring to seven specific areas of behaviour, and the relevance of these items to pertinent area was determined in terms of the opinion of experts, who acted as judges. These items were, then given to the subjects with instructions to sort them into seven categories ranging from most descriptive of the self to least descriptive of the self in a forced normal distribution. The same items were sorted once again after an interval of time in the same manner for ideal self. The correlation was computed between the two sets of scores thus obtained to derive an index of congruence between self and ideal self. This index constituted the measure of self-esteem.

Since self-esteem in a most general sense refers to the feelings of adequacy, it is expected that it will be negatively correlated with depressive measure, neurotic

measure and anxiety measure. The correlations between self-esteem and depression, self-esteem and neuroticism and self-esteem and anxiety were computed, and were turned out to be -.62, -.53 and -.34 respectively. All the correlations as expected are sufficiently high and negative. These three measures may thus serve as external criteria for the validation of the self-esteem measure. The reliabity of the self-esteem scale was computed by administering it twice to a group of 100 subjects with an interval of 15 days between the two administrations. The reliability coefficient was found to be .76.

Other Measures Used in the Study

Besides the self-esteem scale three other scales, namely, Depressive Affect Scale, Neurotic Scale and Anxiety Scale were used in the present investigation as stated above. The Depressive Affect Scale and Anxiety Scales were prepared by the investigator. The Depressive Affect Scale consisted of 30 items. The higher score on this scale indicated greater amount of depression. The Anxiety Scale which consisted of 30 items was developed along the line of Taylor Manifest Anxiety Scale. This test estimates the level of anxiety found among subjects. The higher score on this scale indicated higher level of anxiety. The Neurotic Scale

was originally constructed by Miss Panchal (1970) was described in her M.A. dissertation. This test was revised and used to infer the neurotic trend among the subjects. The higher score on this scale indicated greater degree of neuroticism. The reliabilities of the three scales were calculated by the Retest Procedure. The reliability coefficients thus calculated for Depressive Affect, Neurotic and Anxiety Scales were found to be .71, .68 and .73 respectively.

The Counsellor's Background

Counselling involves accepting, trusting and rapport between counsellor and a group of counselees. It is within this relationship that the clients express their difficulties, learn to face these difficulties realistically and try to deal with them adequately. They try to modify their behaviour with confidence. When this changed behaviour does not bring about any fruitful result, they feel free to appraise it and look for new approaches which might bring about desired results. The counsellor has to play a very vital role in this relationship. He is expected to understand and recognize the therapeutic forces within a counselling group and to help his client understand and recognize these forces. In order to win the client's confidence and to enable him to discuss

his problems without any reservations, a counsellor should be able to feel deeply with a client without experiencing emotional reactions. When the client realizes that there is nothing to fear from his counsellor and other fellow clients, he comes forward to discuss freely his problems, which he was unable to present or to accept as his own. The counsellor must be able to communicate at high levels of empathic understanding of the client's feelings and experiences. He is also expected to show unconditional positive regard or nonpossessive warmth for the client. Thus, the counselling relationship depicts a very delicate situation, which must be handled with great care and caution by a highly matured, well-trained and experienced counsellor.

In the present investigation, the investigator herself acted as a counsellor not because she happened to be the investigator, but because she possessed considerable amount of experience in dealing with the problems of university students in a counselling set-up. During her career, as a secondary school teacher, as a research fellow and technical assistant at the Counselling Centre of the University of Baroda and instructor at the Faculty of Education and Psychology, University of Baroda, she had had an unusual opportunity of coming into contact with hundreds of students

and study closely their problems and difficulties. She was struck by the fact that a large majority of these problems could be remedied by a little counselling and hence the undertaking of the present study.

Plan of the Investigation

The problem of the present investigation, as stated earlier, is to study self-esteem changes consequent upon counselling interviews. The self-esteem scale was prepared for this purpose. Keeping in mind seven areas of behaviour, namely, family relations, self-determination, intellectual ability, social relations, emotional stability, ability to stand criticism and personal strengths and weaknesses, several items were composed. The relevance of the items to pertinent areas was determined in the light of the opinions of some competent judges who were asked to sort the items in seven areas. Based on their opinions 49 items were selected. In order to ensure further relevance of the scale, it was correlated with Depressive Affect Scale, Neurotic Scale and Anxiety Scale. The Anxiety Scale and the Depressive Affect Scale were constructed by the investigator, whereas the Neurotic Scale was adapted after making certain modifications. The original Neurotic Scale was prepared by Miss Panchal (1970). The reliabilities of all the scales

were ascertained by the Retest procedure in which all the scales were administered twice to a group of 100 individuals with an interval of 15 days between the two administrations. The reliability coefficients thus obtained were fairly high. The Self-esteem scale was then administered to 300 subjects who were the students of Std.* 10 of different schools of Baroda City. The self-esteem correlation which is the measure of the degree of congruence between self and ideal self, was computed for each subject. In order to form two extreme groups nearly 17 per cent of the subjects from the top and 17 per cent of the subjects from the bottom of the distribution of self-esteem scores were selected. Each of these two groups was further subdivided into an experimental group and a control group. The two experimental groups were then subjected to group counselling treatment and the two control groups were not given any such treatment. All the experimental subjects were grouped into small groups, consisting of seven or eight individuals. The only criterion which was used for grouping was the same division in which the subjects were studying. Both high self-esteem subjects and low self-esteem subjects were combined to form groups. All the

---

*A standard in Indian educational terminology is equivalent to a grade in American English or a form in British English. It is generally abbreviated as Std.

experimental subjects were given in all 12 sessions of counselling interviews. In the first two sessions an attempt was made to create trusting, accepting and safe atmosphere, so that the subjects might feel free to discuss their own problems and difficulties with the intention of gaining something from the group. The remaining sessions were conducted by presenting to the subjects some situational problems selected from the seven areas of behaviour. The subjects were encouraged to participate in the discussion. The record of whatever they spoke during the course of the treatment was kept by the investigator. The records were then analysed to ascertain the trend towards improvement. All the experimental subjects were then administered the Self-esteem Scale, the Depressive Affect Scale, the Neurotic Scale and the Anxiety Scale. The control subjects were also administered the same scales. The changes in the levels of self-esteem, depression, neuroticism and anxiety that took place under the influence of counselling interviews were then discussed by comparing them with the changes obtained in the control subjects. Besides, five case studies were made in order to study the processes involved in counselling treatment. These case studies are recorded in a separate chapter. Based on the results the relevant conclusions are drawn.

Summary

The study on self-esteem changes consequent upon counselling treatment has been undertaken with a view to knowing the processes involved during treatment and the extent to which improvement in behaviour could be attributed to a specific treatment. Many different techniques of behaviour modification have since long been in current practice and the continued use of them has led to the development of new concepts and techniques of handling maladjusted individuals. The extent to which specific behaviour changes are attributable to the specific treatment still remains to be worked out through systematic researches. Group counselling is the most recent of psychotherapeutic procedures. It has grown into the science of its own. The counsellor's personality plays a very vital role in the process of group counselling. He should try to create or establish rapport with his clients so that they may feel safe, secure and confident in dealing with their problems with increased understanding. For the effectiveness of group counselling it is necessary that the investigator tries to assess a clearly defined treatment provided to a specified sample within a pafticular setting by a competent counsellor. Thus, the success of group counselling depends upon the nature and characteristics of a sample, characteristics and competence

of the counsellor, the treatment process and the specific setting within which treatment is administered. On the side of participants in the group counselling treatment, they should know in advance what is expected of them during the treatment, they should help to develop a therapeutic climate and maintain it, and they should talk about their problems freely and change their behaviour along desirable lines.

Two groups of clients consisting of 50 subjects each, were selected for the study. The first group known as high self-esteem group was subdivided into two groups of 25 subjects each. One of these groups served as an experimental group. The second group known as low self-esteem group was also subdivided into two groups one of which serving as the experimental group and the other as control group. The two experimental groups were subjected to group counselling treatment, whereas the two control groups were not. The effects of group counselling in the two experimental groups was compared with each other and also with the control groups. Besides, the administration of Depressive Affect Scale, Neurotic Scale and Anxiety Scale both before and after counselling made it possible to study the resulting changes. Five case studies were made in order to know the processes involved in the treatment.

Chapter I

REFERENCES

1. C.R.Rogers : Client-centered Therapy. (Boston: Houghton Mifflin Company, 1951), p.498.

2. J.M. Butler and G.V.Haigh : 'Changes in Relation between Self-concepts and Ideal-concepts Consequent upon Client-centered Counselling', in Psychotherapy and Personality change, Rogers C. Rand Dymond Rosalind' (Eds.) (Chicago : The University of Chicago Press, 1954), p.56.

3. P.Panchal : 'To Develop a Scale of Neuroticism in Gujarati', (Unpublished M.A. Dissertation, University of Bombay, 1970) M.S.Univ. of Baroda