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# The Effect of Self-Esteem Group Therapy on Distress Tolerance of Broken Home Teenagers

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## ABSTRACT

Distress tolerance is a psychological construct which has to be considered as it can trigger the development of psychopathology of individuals. One of the predictors of distress tolerance is self-esteem. Positive perspectives make individual able to tolerate psychological stresses. This study aims to determine the effect of self-esteem group therapy on distress tolerance. This research was a quasi-experimental research with a non-randomized pretest-posttest control group design. The data were collected through Rosenberg Self-Esteem Scale and Distress Tolerance Scale. The subject of this study was broken home teenagers aged 12-15 years with low self-esteem and moderate distress tolerance levels. The data were analyzed using non-parametric analysis including Wilcoxon Test, Mann Whitney Test, and Kendall Correlation Test. The results of manipulation checks show that self-esteem group therapy manages to increase self-esteem, thus affected the increase in distress tolerance of broken home teenagers.

**Keywords:** Broken home teenagers, Distress tolerance, Self-esteem group therapy

## INTRODUCTION

Generally, broken home teenagers experience a different life cycle compared to other teenagers. A previous study showed the stronger the conflict with parents, the lower the children's assessment of their quality of life [1]. Then, the level of family conflict is a significant predictor of psychological adjustment of teenagers [2]. Therefore, adolescents who come from broken home families tend to use different ways in handling problems and stress. Distress tolerance relates to how individuals deal with difficult situations in their lives.

Distress tolerance is the ability to survive in a situation causing emotional distress [3]. Distress tolerance is crucial in understanding psychopathological disorders as it can identify the severity of psychopathological disorder symptoms. Some previous study found that distress tolerance can predict the severity symptoms of depression, anxiety disorder [4], eating disorders [5], antisocial personality disorder [6], and teenagers internalized and externalized behaviors [7], as well as suicide ideas [8]. These studies indicate that distress tolerance highly affected the severity of disorders.

As stated earlier, the previous studies concern on distress tolerance as a predictor of psychological disorders.

However, the discussion on predictors of distress tolerance in individuals is limited. A number of literatures proposes some predictor variables of distress tolerance, namely mother's emotional control [9], emotional neglect in childhood [10], and anxiety sensitivity [11]. Regarding personality, one of suspected predictor variables of distress tolerance is self-esteem. Another study [12] explains that individuals with high self-esteem have ability to tolerate situations causing psychological distress.

Some studies show that self-esteem is directly related to the development of depression. Specifically, individuals with low self-esteem are vulnerable to stress and stress is a risk factor of depression [13]. Self-esteem plays an important role in students' stress. Therefore, low self-esteem proved to predict stress symptoms and poor health [14]. Self-esteem

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is closely related to sexual behavior of teenagers.

Previous studies concerning self-esteem in individuals with psychological disorders show that personality has an important role in the development of mental health issues. Thus, improving self-esteem is one of the ways to increase distress tolerance. It is supported by the results of previous research in which individuals with high self-esteem can effectively manage stress. Thus, they have better academic achievement [13]. Based on the supporting literature stated earlier, it is clear that self-esteem affects distress tolerance of individuals.

Self-esteem can be improved through intervention namely group therapy. Group therapy has been widely applied to solve psychological problems. It was indicated in some studies that group therapy using cognitive behavioral approach can reduce depression symptoms in teenagers [16] and to treat individuals with panic disorders [17]. The target participants of the group therapy are people with deep psychological problems. In this case, the subjects of the study are broken home teenagers in which they have unpleasant experiences due to family conflict.

Based on the explanations above, it can be seen that self-esteem is one of the predictor variables in increasing distress tolerance level. Individuals with high self-esteem will have a high distress tolerance level. Self-esteem can be improved through an intervention namely self-esteem group therapy. Therefore, this study aims to identify the effect of self-esteem group therapy on distress tolerance of broken home teenagers.

## METHODS & MATERIALS

### Study design

This study applied a quasi-experimental method to identify the causal relationship of the manipulation. It used nonrandomized pre-test-post-test control group design. The subjects were divided into two groups control (without intervention) and treatment groups (with intervention) [18]. Both groups were given a pre-test and post-test using the same measuring instrument. It used two instruments representing the variables used in this study. The pre-test was conducted before the intervention, while post-test was given after intervention.

### Participants

The subjects of this study were 12 broken home teenagers aged 12-15 years. They had a low self-esteem level, a moderate distress tolerance level, and had never been given any intervention/therapy.

First, the researcher conducted screening through distributing the instrument to the subjects. The subjects were divided into two groups, treatment and control groups. The group distribution was based on the teacher's recommendations by considering the subjects' daily

activities in the school and the need of intervention. Furthermore, the intervention is in the form of self-esteem group therapy and it was only applied in the treatment group.

### Measurements

In this study, self-esteem is defined as the process of evaluating individuals regarding their strengths and weaknesses which affect their attitudes and acceptance. The instrument used was the Rosenberg Self Esteem Scale to measure the level of general self-esteem about positive and negative judgments about themselves. The Rosenberg Self Esteem Scale has 10 items with a reliability value of 0.83 using a 4-point Likert scale [19].

As a dependent variable in this study, distress tolerance is defined as the ability of individuals to survive in unpleasant situations and withstand the internal stresses caused by several types of stressors in everyday life. It used Distress Tolerance Scale (DTS) consisting of 15 items with a reliability value of 0.89, and a 5-point Likert scale [3]. The scale consists of 4 types of subscales, namely tolerance, appraisal, absorption, and regulation.

### Procedure

This research was conducted at a junior high school in Malang. The procedures of the study are:

1. Expert judgment was conducted to assess the intervention module. The module was assessed by a counseling teacher. It was to determine the appropriateness of the module for the subjects. The assessment criteria had been determined by the researcher.
2. The study involved a total of 12 subjects divided the two groups consisting of the treatment and control groups. The distribution of the group members was based on the counseling teacher's recommendation. The researcher conducted a pre-test by distributing Rosenberg Self-Esteem Scale and Distress Tolerance Scale.
3. The researcher separately conducted meetings with the treatment and control groups to establish rapport, fill in informed consent, and get demographic data of the subjects. The researcher interviewed with the members of treatment group and asked their consent to participate in the control group.
4. The intervention or self-esteem group therapy was only applied in the treatment group. It covered 6 sessions consisting of a) preparation, b) understanding own condition, c) self-acceptance, d) finding the source of self-esteem, e) maintaining self-esteem, f) evaluation and termination.
5. After the intervention, the researcher distributed self-esteem and distress tolerance scales to the treatment and control groups as the post-test.

6. Before analyzing the data, the researcher conducted a manipulation check to identify whether the self-esteem group therapy had been carried out effectively in shaping self-esteem variables in the treatment group.

### Data analysis

Data were analyzed using non-parametric Anava as the number of the subject was less than 30. The statistical analysis covered the Mann Whitney test, the Wilcoxon test, and the Kendall Correlation test. The Mann Whitney test to see differences of data collected from each group. The Wilcoxon test was to see differences in the pre-test and post-test scores in both treatment and control groups. The Kendall Correlation test was to identify the effect of increasing self-esteem on distress tolerance level.

## RESULTS

### Manipulation check

Manipulation check was to ensure whether self-esteem group therapy is effective in increasing the subjects' self-esteem. In this study, manipulation check was first performed using the Wilcoxon test to find out the differences in the pre-test and post-test scores of self-esteem in both treatment and control groups. Then, the Mann Whitney test was to determine the differences in data obtained from both groups after the treatment.

**Table 1** shows that the average scores of treatment group reach  $M = 21.00$  with  $SD = 1.265$  in the pre-test and  $M = 28.67$  with  $SD = 1.633$  in the post-test. The average post-test scores are higher than the pre-test ( $28.67 > 21.00$  with an Asymp value. Sig (2-tailed) of  $0.027 < 0.05$ ). So, it can be concluded that there is a significant increase and difference in the pre-test and post-test scores of self-esteem for the treatment group. Thus, the intervention of self-esteem group therapy can increase self-esteem of individuals in the treatment group.

**Table 1.** The pre-test and post-test scores of self-esteem.

	Pre-test		Post-test		Sig.
	Mean	SD	Mean	SD	
<b>The Treatment Group</b>	21.00	1.265	28.67	1.633	0.027
<b>The Control Group</b>	21.33	1.366	23.67	1.633	0.023

**Table 1** also shows the scores of the control group with the average of ( $M = 21.33$  with  $SD = 1.366$ ) in the pre-test and ( $M = 23.67$  with  $SD = 1.633$ ) in the post-test. The average scores of the post-test are higher than the pre-test ( $23.67 > 21.33$  with Asymp value. Sig (2-tailed) of  $0.023 < 0.05$ ). It means that there is a significant increase in the pre-test and post-test scores of self-esteem in the control group. It implies that the self-esteem of subjects in the control group increase even though they do not receive intervention.

Based on **Table 2**, the Mann Whitney test shows that the 12 subjects have a coefficient value of 0,000 with p values of 0.004. Meanwhile, the probability values were 0.05, so  $0.004 < 0.05$  meaning that there is a significant difference between the self-esteem of the treatment and control groups even though they show a significant increase as stated earlier. Therefore, the manipulation or intervention of self-esteem group therapy manages to increase subjects' self-esteem in the treatment group.

**Table 2.** The result of Mann Whitney Test.

Self Esteem	
Subjects (N)	12
Mann Whitney Test (U)	.000
Sig. (p)	0.004

### The result of data analysis

The comparison of the pre-test and post-test scores of distress tolerance of each group is to answer the research hypothesis using the Wilcoxon Test.

Based on **Table 3**, the average distress tolerance scores of the treatment group reach ( $M = 36.33$  with  $SD = 1.751$ ) in the pre-test and ( $M = 44.00$  with  $SD = 2.898$ ) in the post-test. Thus, the average scores of the post-test scores are higher than the pre-test ( $44.00 > 36.33$  with the Asymp value. Sig (2-tailed) of  $0.027 < 0.05$ ). It means that there is a

significant difference in the pre-test and post-test scores of the treatment group. It also indicates that there is an increase in distress tolerance in the treatment group after receiving the therapy.

**Table 3** also shows that the average scores of distress tolerance of the control group reach ( $M = 37.00$  with  $SD =$

2,608) in the pre-test and ( $M = 35.50$  with  $SD = 2,588$ ) in the post-test. It means that the average post-test scores of distress tolerance are lower the pre-test ( $35.50 < 37.00$  with the Asymp value. Sig (2-tailed) of  $0.246 > 0.05$ ). Thus, it can be concluded that there is no-significant difference in the scores.

**Table 3.** Comparison of pre-test and post-test scores of distress tolerance.

	Pre-test		Post-test		Sig.
	Mean	SD	Mean	SD	
<b>The Treatment Group</b>	36.33	1.751	44.00	2.898	0.027
<b>The Control Group</b>	37.00	2.608	35.50	2.588	0.246

### Hypothesis testing

To identify the relationship between self-esteem and distress tolerance variables, the study applied Kendall correlation analysis. The detail result of the relationships between variables can be seen in **Table 4**.

Based on **Table 4**, it can be seen that the correlation coefficient of self-esteem and distress tolerance variables is 0.560 with p values of 0.015 ( $p < 0.05$ ) with a positive correlation. Therefore, it can be concluded that self-esteem significantly has a fairly close positive relationship with distress tolerance. Hence, the higher the self-esteem, the higher the distress tolerance.

**Table 4.** The correlation test result of self-esteem and distress tolerance.

Variable	Correlation coefficient	Sig. (2-tailed)	Annotation
<b>Self-esteem towards distress tolerance</b>	0.560	0.015	Fairly close and significant

### DISCUSSION

The result of this study showed a significant increase in distress tolerance due to the increase of self-esteem using self-esteem group therapy for broken home teenagers. The treatment group has higher self-esteem compared to the control group, but the distress tolerance significantly increases in the treatment group. The self-esteem of subjects in the control group also increases even though they do not receive intervention. However, their distress tolerance does not significantly increase. This indicates that other factors might also contribute to the increase of self-esteem of the control group.

The effect of the increase of self-esteem on distress tolerance has also been showed by the previous studies in which if individuals have a high self-esteem level, their psychological pressure tends to be low [12]. In addition, another study [13] revealed that individuals with a high self-esteem level can manage stress efficiently. It happens because they have a more positive view of themselves that affect their perceptions about everything around them, such as raising their confidence that they can deal with distressful situations.

Researchers [20] also explain that individuals who have high self-esteem tend to feel happy, able to control themselves, and feel calm and safe. Thus, they can overcome their life problems. In this case, teenagers who are able to see themselves more positively, they will deal with unexpected situations better. This also applies when they face psychological pressures [21].

The increase of self-esteem after the intervention of self-esteem group therapy occurs this therapy utilized group members to support each other and share experiences regarding broken family issues. It is supported by another study [22] which found that self-esteem grows from social interactions and individual experiences. Teenagers also interact more with their peers or are in the school environment compared to their family.

Through the regular meetings for the discussion of personal experiences and sharing ideas to deal with their personal problems makes each group member feel emotionally supported. The use of group therapy focuses on emotional and psychological conditions. Thus, it is most appropriate to deal with mental health condition. Broken home teenagers experience behavioral and emotional problems caused by

poor family relationships [23] and group therapy can be used to improve their self-esteem.

In the implementation of the intervention, the situation that occurred in the experimental group was that they still felt ashamed to tell personal things to others who were just known. Thus, some group members need a long time before they open up and develop trust for other group members. This is in accordance with what is explained by another study [24] that the possibility that can occur in the group therapy process is the lack of confidence in group members to share experiences, have a fear of rejection or a feeling of being ignored. However, this can be overcome by having regular meetings held repeatedly between researchers and the experimental group.

Low self-esteem is related to personal disjunction, where a person believes that he cannot get appreciation from others and has some self-deprecating views on his competence. Simultaneously, adolescent self-perceptions and how they view others can influence their perceptions of social support, and conversely the social support they feel from important people in their lives can influence their perceptions [25]. Therefore, in the implementation of interventions, researchers invite research subjects to grow and develop a positive view of themselves and their competencies.

This current study found that the self-esteem of the control group subjects increases, even though they do not receive treatment. It might be caused by other factors including peer. Parents and peers are a source of social support for teenagers. When one of them is not fully obtained, then the other will be more important [26]. In this case, the quality of friendships with peers can protect teenagers from juvenile delinquency. Thus, the social support gained from peers can affect the level of self-esteem [27].

The finding of this study is that psychological interventions of group therapy can increase self-esteem, in which each procedure of the implementation of therapy is adjusted to aspects of self-esteem. In addition, self-esteem is one of the predictor variables in increasing distress tolerance of broken home teenagers. Therefore, it provides for those who are dealing with broken home teenagers or parenting so that they can maintain attitudes and behavior which might cause teenagers have low self-esteem.

The limitation of this study is that some procedures of the intervention do not fully describe the contents of the module because the researcher needs to adjust to the conditions of the subjects. It is not easy to meet the subjects as they have full time lesson and various activities; hence it affects the process of intervention.

## CONCLUSION

Self-esteem group therapy is proven to increase the self-esteem of broken home teenagers. The results of the study indicate that there is a positive effect of self-esteem on

distress tolerance. Thus, the higher the self-esteem, it will be followed by the higher ability of distress tolerance in dealing with stressful situations.

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## REFERENCES

1. Sorek Y (2019) Children of divorce evaluate their quality of life: The moderating effect of psychological processes. *Children Youth Serv Rev* 107: 1-10.
2. Amalu MN (2017) Family environment and self-esteem as predictors of psychological adjustment of secondary school students from divorced homes in Cross River State, Nigeria. *IOSR J Res Method Educ* 7: 9-16.
3. Simons JS, Gaher RM (2005) The distress tolerance scale: Development and validation of a self-report measure. *Motiv Emot* 29: 83-102.
4. McHugh RK, Kertz SJ, Weiss RB, Baskin-Sommers AR, Hearon BA, et al. (2014) Changes in distress intolerance and treatment outcome in a partial hospital setting. *Behav Ther* 45: 232-240.
5. Corstorphine E, Mountford V, Tomlinson S, Waller G, Meyer C, et al. (2007) Distress tolerance in the eating disorders. *Eat Behav* 8: 91-97.
6. Daughters SB, Sargeant MN, Bornovalova MA, Gratz KL, Lejuez CW, et al. (2008) The relationship between distress tolerance and antisocial personality disorder among male inner-city treatment seeking substance users. *J Pers Disord* 22: 509-524.
7. Daughters SB, Reynolds EK, Macpherson L, Kahler CW, Danielson CK, et al. (2009) Behaviour research and therapy distress tolerance and early adolescent externalizing and internalizing symptoms: The moderating role of gender and ethnicity. *Behav Res Ther* 47: 198-205.
8. Vujanovic AA, Berenz EC, Bakhshai J (2017) Multimodal examination of distress tolerance and suicidality in acute-care psychiatric inpatients. *J Exp Psychol* 8: 376-389.
9. Doan SN, Son H, Kim LN (2018) Maternal and paternal emotional contributions to children's distress tolerance: Relations to child depressive symptoms. *Psychiatr Res* 267: 215-220.
10. Rosencrans PL, Bui E, Rogers AH, Simon NM, Baker AW, et al. (2017) Disentangling distress tolerance, emotion regulation and quality of life in childhood trauma and adult anxiety. *Int J Cogn Ther* 10: 283-303.

11. Anestis MD, Selby EA, Fink EL, Joiner TE (2007) The multifaceted role of distress tolerance in dysregulated eating behaviors. *Int J Eat Disord* 40: 718-726.
12. Shaheen F (2015) A study of optimism and self-esteem in relation to psychological distress among professional and non-professional students. *Int J Educ Psychol Res* 4: 65-68.
13. Galanakis M, Palaiologou A, Patsi G, Velegraki I, Darviri C, et al. (2016) A literature review on the connection between stress and self-esteem. *Psychology* 7: 687-694.
14. Birndorf S, Ryan S, Auinger P, Aten M (2005) High self-esteem among adolescents: Longitudinal trends, sex differences and protective factors. *J Adolesc Health* 37: 194-201.
15. Ethier KA, Kershaw TS, Lewis JBAM (2006) Self-esteem, emotional distress and sexual behavior among adolescent females: Inter-relationships and temporal effects. *J Adolesc Health* 38: 268-274.
16. Keles S, Idsoe T (2018) A meta-analysis of cognitive behavioral group therapy interventions for adolescents with depression. *J Adolescence* 67: 129-139.
17. Wesner AC (2019) Resilience and coping strategies in cognitive behavioral group therapy for patients with panic disorder. *Arch Psychiatr Nurs* 33: 428-433.
18. Kerlinger (2000) Asas-asas penelitian behavioral. Yogyakarta: UGM Press.
19. Rosenberg M (1965) Society and the adolescent self-image. Princeton NJ: Princeton University Press.
20. Yusuf S (2008) Psikologi perkembangan anak dan remaja. Bandung: PT Remaja Rosdakarya.
21. Molina SO, Celicia MJO, Cuyacot JVD, Serna CD, Santos JAD, et al. (2017) Self-esteem and distress tolerance of Criminology Students of the University of Bohol. *Peer Rev J* 11: 19-33.
22. Papalia D (2009) Human development: Perkembangan manusia. Jakarta: Salemba Humanika.
23. Kelly JB, Emery RE (2003) Children's adjustment following divorce: Risk and resilience perspectives. *Fam Relat* 52: 352-362.
24. Klassen K (2017) Mentalization-based treatment techniques in group therapy. *Int J Group Psychother* 67: S99-S108.
25. Ikiz FE, Cakar FS (2010) Perceived social support and self-esteem in adolescence. *Procedia Soc Behav Sci* 5: 2338-2342.
26. Gaertner AE, Fite PJ, Colder CR (2010) Parenting and friendship quality as predictors of internalizing and externalizing symptoms in early adolescence. *J Child Fam Stud* 19: 101-108.
27. Zvolensky MJ, Vujanovic AA, Bernstein A, Leyro T (2010) Distress tolerance: Theory, measurement, and relations to psychopathology. *Assoc Psychol Sci* 19: 406-410.