

## **Rational-Emotive Behavior Therapy to Increase Adolescent Self-Concept**

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**Abstract:** Rational emotive behavior therapy (REBT) is a therapy that attempts to change irrational beliefs into rational so that the subject has a feeling of worth, acceptance and is able to optimize the potential possessed. This study aims to determine the effectiveness of REBT to improve self-concepts in self-harm junior high school students. Therapy lasts for 10 hours which are presented in 5 sessions and each session lasts for 2 hours. The research subjects were five junior high school students who practiced self-harm. Data collection methods use self-concept scale, assignment sheets, homework assignments and interviews. Analysis of the data used is non-parametric statistics, the comparative test (Mann Whitney and Wilcoxon) to compare changes in the pretest and posttest self-concept scores. The results show that rational emotive behavior therapy is effective in improving self-concept. The sample in this study were five junior high school students.

**Keyword:** REBT, Self-Concept, self-harm

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### **Introduction**

Adolescence is a period when an individual is in a period of conflict, this can be caused by changes in body shape, behavior patterns and social roles (Hurlock, 2009). The change in childhood towards adulthood can also be called the transition period. During adolescence, individuals are required to be able to adapt to many changes that occur in adolescence, changes that occur can increase stress or pressure on individuals (Hurlock, 2006; Muthia & Hidayati, 2015; Latipun & Notosoedirdjo, 2014). Changes that occur during adolescence can cause a conflict or problem if adolescents cannot adapt well.

Some adolescents when facing a problem are able to solve it well, but some others are unable to solve it properly. The inability of individuals to solve problems and deal with a problem causes stress and pressure that causes negative emotions and negative affect. Stress that affects uncontrolled negative emotions can make individuals perform behaviors that can harm themselves, such as self-injury, consuming drugs, drinking alcoholic beverages, social deviations and other negative behaviors (Latipun & Notosoedirdjo, 2014; Jans dkk, 2012). So, adolescents who are unable to deal with and solve a problem properly will have an impact on negative emotions and negative affect. When adolescents experience negative emotions, it can cause negative behaviors that can adversely affect adolescents themselves.

Self-harming behavior is a form of behavior done by an individual to deal with emotional pain by hurting himself, done intentionally but not with the intention of suicide. Based on several studies and research reports, this behavior is experienced by teenagers. According to Gratz (2010), deliberate Self-Harming (also referring to "self-mutilation", "self-injuring" behavior, "autoaggression") is defined as direct and intentional destruction or alteration on the surface of the body, without conscious suicide intentions and clear but cause severe injuries to skin damage (Guerreiro, 2013). Self harm is a form of behavior that individuals do to deal with emotional distress or emotional pain by hurting and harming themselves without intending to commit suicide (Jenny, 2016; Klonsky et al, 2011). Teenagers who cannot deal with emotional pain can encourage individuals to commit dangerous behaviors that can harm themselves even though they do not intend to commit suicide. Based on several studies, the factors that cause individuals to conduct self-harm behavior are self defense mechanisms in negative coping strategies due to family, friends, school and other psychological problems. (Whitlock, Muchlankamp, & Eckenrode, 2007; Whitclok, 2009). After interviews with teenagers some said they only copied what was on social media and some stated that they felt pressured and ended up hurting themselves. After offenders injure themselves, they say if they feel satisfied and relieved, but have no intention of committing suicide (Tanjung, 2018). Based on several studies examining self-harm, the factors that cause individuals to conduct self-harming behavior are self defense mechanisms in negative coping strategies. The past is not pleasant and causes individuals to experience trauma, families that are not harmonious and not supportive, problems with social interaction are the main causes of individuals doing self-harm behavior. These things can affect self-concept where the main factor that shapes an individual's self-concept is family care. The concept of self is a person's perceptions or views as well as how a person assesses, responds to, and feels himself in physical, psychological and social aspects that can influence his behavior. The self-concept is

influenced by parents, peers, community and school. Self-concept consists of negative self-concepts and positive self-concepts. Positive self-concept is when individuals are able to accept themselves as they are, by understanding their strengths and weaknesses without problems. While negative self-concept is when individuals only see their own deficiencies without being able to understand their strengths.

The concept of self as our views and feelings about ourselves, perceptions about ourselves are psychological, social and physical (Fatimah, 2013). Every individual has a self-concept and can develop into positive or negative self-concepts, however individuals generally do not know whether the self-concept that is owned is negative or positive. Individuals who have positive self-concepts will have the drive to get to know and understand themselves. In this case the individual can accept himself as he is and will be able to recognize himself through the strengths and weaknesses that are owned while individuals who have a negative self-concept, he does not have the stability of feelings and wholeness of self, unable to know themselves both strengths and weaknesses and potentials owned. Individuals who have a negative self-concept are individuals who are pessimistic, feel themselves worthless and cannot stand the criticism given to them. Positive self-concept occurs if the individual can accept the strengths and weaknesses that he has, can accept himself, equal or equal to others, confident and able to solve the problems encountered. With this consideration, increasing self-concept in self-harm students is one of the interventions that can minimize the negative effects of self-harm.

Adolescents who do self-harm have irrational beliefs about themselves, such as feeling stupid, feeling useless, feeling physically bad, and feeling unable to achieve success (Elliot, 2010). Based on these characteristics, Rational Emotive Behavior Therapy (REBT) is one way that can improve self-concept in self-harm actors. REBT is a therapeutic process that can improve irrational beliefs and turn into rational beliefs (Ellis, 2017). It is hoped that with REBT, the beliefs, negative thoughts and views of the subject towards themselves can turn into better feelings and behavior.

In this study REBT will be presented in a group known as Rational Emotive Behavior Group Therapy (REBGT). The choice of REBT as an intervention to improve self-esteem is based on the consideration that REBGT is more effective than individual REBT (Malkinson, 2011), because each group member feels that he is not alone in facing his problems, there are friends who experience the same problems as himself, and each member can provide mutual support and be an excellent source of inspiration for other members. In addition, members in REBGT can also give and receive mutual suggestions, opinions and feedback from other members, which of course is not found in REBT presented individually (Ellis & Bernard, 2006).

### **Method**

The subjects in this study were five junior high school students who had self-harm who carried out self-harm behavior more than twice a week, aged between 12-15 years, had a self-concept scale score in the low category. Data collection in this research was carried out in several ways, namely the use of self-concept scale, psychological tests, assignment sheets and homework assignments and interviews. The use of scale is an additional method. The self-concept scale used was compiled by Santosa (2014) based on aspects of self-concept from Lasley (2013). This scale was previously used as a measurement of thesis research to see the self-concept with the acquisition of aitem power index difference of 0.3 with an average rtt of 0.7, and obtained an Alpha reliability coefficient of 0.914 with a total of 40 items. The categorization of self-concept scores based on scores obtained by the subject. If the subject gets a higher score, it indicates the subject's self-concept is getting better and vice versa. Task sheets and subject assignments during the therapeutic process were analyzed qualitatively to enrich the research data with reference to the success of the task. The interview was conducted as a follow-up effort aimed at finding out more deeply whether changes in self-concept can last until the therapy process is complete.

REBT was compiled by combining the concept of Dryden (2012) about the steps and process of implementing REBT as well as the concept of activities suggested to be applied in the REBT group setting among adolescents from Doyle (in Ellis & Bernard, 2006). The REBT module in this study is to teach and train subjects to change their irrational beliefs. This is based on the low self-concept that causes the emergence of irrational beliefs so that the self-harm behavior will arise. The experimental design used in this study was a single-case experimental design, in the form of an A-B-A experimental design.

Subjects were asked to be able to identify their weaknesses and strengths in the hope that the subject could know and realize the potential and abilities possessed then the irrational beliefs can be transformed into rational by applying the ABC concept, opposing negative beliefs with challenging questions (D) and replacing them be positive or rational thoughts and statements, and conduct positive self talk so as to produce more positive feelings and behavioral responses. The identified weaknesses and strengths are divided into four parts namely; identify physical conditions, moral values (good traits, bad traits, self-assessment), strengths and weaknesses of the subject if in a relationship with family (feeling happy in the family), strengths and weaknesses of yourself interacting with the social environment.

REBT is conducted in five meetings which each session consists of 2 hours. The methods used in this therapy are lectures, discussions, and assignments. This research produces two types of data, quantitative and qualitative data. The quantitative data generated is the value of the self concept scale at the time of the pretest, post test and follow up. Qualitative data were obtained from the results shown by the subjects in each task assignment and home assignments during the therapy as well as from interviews at the follow-up stage.

### **Results and Discussions**

Based on the intervention process given, the group participants were quite able to follow every instruction or direction given during the intervention, although some experienced obstacles especially when irrational disputing. The irrational thinking possessed by the participants is mostly based on the experience that has been long held by the participants so that to reflect on it the facilitator must have a logical reason that is easily accepted by the participants. Participants who have the same problem feel that not only he is experiencing the problem but other participants are experiencing it too. In addition there was a process of mutual input to help other participants deal with the problem. The participants also shared experiences they had made about the efforts they had made to solve the problem. The process makes the participants feel helped and deeper into the problem, because each participant increasingly realizes that there must be a solution to the problems experienced to become a better person and not to create new problems.

Qualitative data were obtained from the process notes during the training and data from assignments done as homework or at school. Showed that the majority of participants stated that what triggered the emergence of problems that they experienced was ineffective care in the family, most of the participants were children who did not have full parents and were given more care by grandmothers or grandfathers with care that was deemed incompatible care for teenagers today. The impact of such care is that the participants are unable to understand their abilities and do not have the right figures to model.

After being given an intervention, cognitive changes were obtained in the participants. Participants better understand physical, social and psychological abilities. The results of interventions in this activity are to improve self-concept in adolescents so that adolescents are able to respect themselves and can do more useful things in the environment and in their daily activities. This is indicated by an increased scale score. For more details can be seen in the following table.

Tabel 1. Pretest and Posttest Result

No.	Name	Pretest	Posttest
1.	CR	80	120
2.	SW	77	108
3.	FF	76	124
4.	SN	78	111
5.	NS	79	102

The self-concept scale used was developed by Santosa (2014) based on aspects of Lasley (2013) namely, physical aspects, social self aspects, moral self aspects and psychological aspects. This scale is used as a measurement of thesis research to see self-concept in adolescents. After analyzing the item on the scale of self-concept, obtained a power difference index of items between 0.3 with an average rtt of 0.7, and obtained an Alpha reliability coefficient of 0.914 with a total of 40 items.

The categorization of self-concept scores based on scores obtained by the subject. If the subject gets a higher score, it indicates the subject's self-concept is getting better and vice versa. Based on the results of the Pretest and Posttest scores it can be seen that an increase in scores on the scale of self-concept. Pretest results show that four participants received low scores and one participant had a moderate score. After being given an intervention an increase in self-concept in all participants.

### **Conclusion**

The quantitative and qualitative analysis results prove that REBT is effective to improve self-concept in Ramja SMP. As a result of REBT interventions, cognitive and emotional aspects change so that they can reduce or even eliminate self-harm behavior and change irrational beliefs to be rational in order to be more optimal in generating positive behaviors that are acceptable to the environment.

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### Author Profile



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