

**EFFECTS OF COGNITIVE BEHAVIOURAL THERAPY ON LOW SELF –
ESTEEM AMONG SECONDARY SCHOOL STUDENT IN DELTA STATE**

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Abstract

This study seeks to determine the effects of cognitive behavioural therapy on students with low self-esteem in Ethiope-East Local Government Area, Delta State. Two research questions and two null hypotheses guide the study. The design for this study is a true experimental design. The population of students with low self esteem is 1286. A sample of 100 students with very low self-esteem was selected for the study, and purposive sampling technique was used in choosing two schools in the area of the study. Hare's Self-Esteem Instrument was used for data collection. Hare self-esteem has both validity and reliability of 0.82. The study involves two groups; the experimental group and the control group. The experimental group is given cognitive behavioural therapy treatment for a period of eighth weeks and the control group is given conventional counselling for the same period of eighth weeks. Pre-test and post-test were administered to both groups. Mean scores were used in answering the three research questions and ANCOVA were used in testing the three null hypotheses at 0.05 level of significant. The finding of the study shows that cognitive behavioural therapy is effective in enhancing the students self-esteem, cognitive behavioural therapy is more effective in enhancing the female students' self-esteem. Also there is significant difference in the effectiveness of cognitive behavioural therapy in enhancing secondary school students' low self-esteem when compared with those in the control group. The findings were also discussed in line with the research questions and

hypotheses. Recommendations were made that: the school management should organize a workshop seminar by inviting all members of the Parents Teachers Association (P.T.A) in order to sensitized them on how to enhance the self –esteem of their wards.

Keywords: Low Self-esteem, Cognitive Behaviour Therapy, Delta State, and workshop seminar.

Introduction

The way an individual views and feels about oneself has a profound effect on how that individual lives. Seeing oneself as inferior or superior would go a long way in determining one's level of performance in any given task and relationship one has with others. Individual's opinions are shaped by experiences in the family, at school, from friendship and in the wider society. Parents can be tough taskmasters in seeking the best for their children as well as the various personnel in the educational system; urging students to be the best at all times and giving no room for failure. All these put together may have profound effects on the development of one's consciousness of one's self either in a positive or negative manner.

In the view of Perera (2004), what student in school feel about themselves are not based solely on what they do only but usually involves their relationship with other students, whether they feel worthwhile as individuals or worthless as individuals.

In the early years of a child's life, parents are the most significant influence on self –esteem development and the main source of positive and negative experience a child will acquire (Idigun & Okonigbo, 2015). The emphasis of unconditional love, in parenting represents the importance of a child developing a stable sense of being cared for and respected, while the opposite is the case of conditional love from parents. These feelings translate into later effects on the child self –esteem as they grow older (Olsen, Breckler & Wiggins, 2008). Parenting style can also play a crucial role in self esteem development. Students who have healthy self-esteem tend to be having parents, who are caring, supportive adults who set clear standard and allow them to voice out their opinion on decision making. Low self-esteem in students tends to be related to physical punishment and withholding love and affection by parents.

According to Sedikides and Gregg (2003), self-esteem is a person's subjective appraisal of himself or herself as intrinsically positive or negative in thought, feeling and action. Self –esteem is a person's positive or negative evaluation of self based on individual's feeling, ability and cognition. Franzoi (2000) defines self esteem as individual's numerous evaluation of self as being good, bad or mediocre. A person with high self esteem perceives self as better, more capable and of greater worth than someone with low self-esteem. Self-esteem is based on the opinions of one self and how one perceives specific experience.

Low self esteem is defined as the negative evaluation of one's abilities, feelings and actions as a result of one's pessimistic thoughts (Erol & Orth, 2011). According to Jones (2003), low self-esteem among students may result from various factors such as; physical appearance, weight, socio-economic status or peer pressure and being bullied by other students. Students with low self-esteem display the following characteristics in the school setting; heavy self –criticism and dissatisfaction, hypersensitivity to criticism with resentment against critics, chronic indecision and exaggerated fear or mistake, excessive

will to please others, perfectionism, dwelling on the magnitude of past mistakes, pessimism and a general negative outlook.

However, Nathaniel (1994), a leading figure in the self –esteem movement, stated categorically that an individual's self –esteem has profound consequences on every aspect of human existence, and more pointedly, that he cannot think of a single psychological problem- from anxiety and depression, to fear of intimacy or of success, child molestation that is not traceable to the problem of low self-esteem. Eminent clinical psychologist, Ellis (2007), is convinced that low self –esteem is the greatest sickness known to man or woman because it's conditioned. According to Ellis, people would be better off, if they stopped trying to convince themselves that they are unworthy. Vasconceilos (1990) argued that enhancing self-esteem among students would help to solve many social and psychological problems, including crime, teen pregnancy, drug abuse, and school underachievement. Vasconceilos also speculated that healthy self-esteem might protect student from being overwhelmed by life's challenges and thus reduce failure and misbehaviour, much as a vaccine protects against disease.

Amundson (1991) reported in his analysis of data in the National Centre for Self esteem in the United State of America that as students get older, their self-esteem diminishes. Eighty –nine percent of kindergarten students were reported to have high self-esteem, where as only twenty percent of fifth graders, five percent of high school graduates and two percent of college graduates reported having high self-esteem. Additionally, Scott, Murray, Mertens and Dustin (1996) argued that as children enter school expecting to be successful and feeling good about themselves and not particularly concern about their academic achievement, however, they learn to care for their grades and come to have negative beliefs about the likelihood of experiencing success. These changes are attributed to the manner in which students process feedback about their performance as their cognitive development continue.

Research on gender differences on self-esteem reported that male students have higher self-esteem than female students (Young & Mroczek, 2003), however in some studies the gender difference is small (Quatman, Sampson, Robinson & Watson, 2001). According to Gotosee web survey on gender difference on self-esteem, it was reported that 45% of males had low self –esteem and 7 out of 10 females also had low self –esteem. In the same vein, Santrock (2007) observed that adolescent girls and boys have low self-esteem from the age of thirteen to eighteen, and that the self –esteem of girls is as twice as low as those of boys.

According to Lawson (2006), low self –esteem can be a terminal condition resulting in death through suicide, murder, drug abuse, food disorder, and health related disease. This claim is supported by a study carried out by Ugoji (2013) in Delta State, who identified adolescent male with low self –esteem as becoming school drop-out, engaging in social vice and also the female adolescent as becoming teenage mother due to low self-esteem. And this could jeopardise their educational attainment. Since it can result to a deadly end, there is therefore need to give special treatment to students suffering from low self – esteem that will be of great help to them. There are definite treatments modalities, if applied can reduce or eliminate the problem associated with low self- esteem among students.

Eldrigde, Watner, Barcikowski and Bauer (1977) developed a guidance programme titled Developing Self-Esteem and Other (DSEO) in helping secondary school's students with low self-esteem. Two hundred and eleven (211) secondary school students were randomly selected involving two treatment groups. It was observed from the study that, the developed

guidance programme of DSEO was not effective in enhancing secondary school students' self-esteem. In the school system, teachers occasionally use verbal reinforcement in helping low self-esteem students to have positive feeling for themselves. Although this approach used by teachers tends to focus on making students feel happy and hopeful necessarily not on how they can learn to control their distorted thoughts responsible for their low self-esteem. Baumeister, Dale, and Sommer (1998) posits that individual consciously or unconsciously uses psycho-dynamic defence mechanism, which Freud originally understood as way of keeping threatening sexual and aggressive impulse at bay, as technique for bolstering self-esteem. One limitation of psycho-dynamic defence mechanism technique in enhancing self-esteem is that the individual wrongly uses it without changing their distorted thought as well as too much emphasis on the past. There is a need to combat these destructive thoughts and behaviour associated with low self-esteem, and cognitive behaviour therapy will be of great help to students suffering from low self-esteem. The researcher is interested in the use of cognitive behaviour therapy in enhancing low self-esteem among secondary school's students.

Cognitive Behavioural Therapy is a type of psychotherapeutic treatment that helps understand the influence of thoughts and feelings on human behaviour. According to Westen (1996), Cognitive Behavioural Therapy begins with a careful behavioural analysis, examining the symptom and stimuli or thought associated with it. It then tailors procedures to address problematic behaviours, cognitive and emotional responses. Therefore, negative and unrealistic thought can cause distress and result into problem, such as the thought experience by students having low self-esteem. One example could be a student who, after making mistake may think he/she is useless and can't do anything right. This may impact negatively on their moods, making the students feel worst about themselves, and the problem may be worsened if the students react by avoiding school activities.

Reinecke, Dattilow and Freeman (2003) in their views, noted that the use of Cognitive Behavioural Therapy has been extended to children and secondary school students with good result. It has often been used to treat depression, anxiety disorder, and symptom related to trauma and post traumatic stress disorder with good success. It is based on the above evidence of cognitive behaviour therapy in treating other disorder, that the researcher want to determine the effects of Cognitive Behavioural Therapy on self-esteem among Secondary School Students in Ethiope-East Local Government Area of Delta State.

Statement of the Problem

Low self-esteem is a problem that has effect on secondary school students in their adolescence stage of development. Students during this stage may have erroneous perception about their body shape, physical appearance, identity and their ability to carry out any task assigned to them and relationship they form with others. Due to the faulty cognition of their self-esteem, this could create a problem for them and also hinder them from developing a healthy self-esteem needed to fully actualise their potentiality. How can a student achieve his/her set goals if he/she lacks a sense of self competence? How can a student concentrate fully on his/her studies if he/she lacks self approvals?

Rothman (2008) posits that as many as 50% of secondary school students are at risk in school because of low self-esteem. They are easily influenced or manipulated by others and are often subjected to be scapegoat by others. They can be observed either withdrawing from social contact or attempting to prove their significance by showing off. In other word, low self-esteem is detrimental to the students' psychological well being and others, which

can make students suffering from low self-esteem, behave in an anti-social ways against the societal expectations. This claim is supported by a study carried out by Ugoji (2013) in Delta State, who identified adolescent male with low self –esteem as becoming school drop-out, engaging in social vice and also the female adolescent as becoming teenage mother due to low self-esteem. And this could jeopardise their educational attainment.

In the school settings, teachers employ the use of reinforcement techniques such as: praising the students in order to boost their self-esteem. This technique being utilized by the teachers is behaviourally based, because it does not curtail erroneous cognition responsible for low self-esteem among secondary school student. Cognitive Behavioural Therapy is a type of psychotherapeutic treatment that helps understand the influence of thoughts and feelings on human behaviour. It has often been used to treat depression, anxiety disorder, and symptom related to trauma and post traumatic stress disorder with good success. It is against this background that the researcher sought to determine the effect of Cognitive Behavioural Therapy on low self-esteem among secondary school students in Ethiope-East Local Government Area in Delta state.

Purpose of the Study

The purpose of this study was to determine the effects of Cognitive Behavioural Therapy on secondary school students' self-esteem in Ethiope-East Local Government Area of Delta State.

Specifically the study seeks to:

1. Determine the effects of cognitive behavioural therapy in enhancing secondary school students' low self –esteem.
2. Determine the differences in the effect of cognitive behavioural therapy in enhancing male and female secondary school students' low self-esteem

Research Questions

The study is guided by the following research questions:

1. What are the differences in the Pre-test and Post-test self-esteem mean scores of students treated with CBT and those in the control group?
2. What are the differences in the Pre-test and Post-test self-esteem mean scores of male and female students treated with CBT?

Hypotheses

The following null hypotheses were tested at 0.05 levels of significances.

1. There is no significant difference in the Pre-test and Post-test self-esteem mean scores of students treated with CBT and those in the control group.
2. There is no significant difference in the Pre-test and Post-test self-esteem mean scores of male and female students treated with CBT.

Theoretical Framework

Aaron Beck Cognitive Theory

Cognitive theory (CT) was developed by American Psychiatrist Aaron T. Beck in 1960s. Cognitive theory is one of the theoretical approaches with the larger group of cognitive behaviour theories (CBT). It is based on the theoretical rationale that the way people feel and behave is determined by how they perceive and structure their experience.

Aaron Beck cognitive theory is based on the following theoretical assumptions that:

1. Individual internal communication is accessible through introspection
2. Clients' beliefs have high personal meaning
3. These meaning can be discovered by the client rather than being taught or Interpreted by the therapist
4. To understand the nature of an emotional episode or disturbance, it is essential to focus on the cognition content of an individual's reaction to the upsetting events or stream of thoughts.

Cognitive theory states that distorted or dysfunctional thinking underlies all psychological disturbances. It also affects moods and behaviour. The key ideas of this theory are that it is not events themselves that affect our behaviour but how we perceive events.

Cognitive therapy is concerned with core beliefs. The beliefs about oneself, other people and the world develop from childhood based on the experience that one has as one is growing up. Core beliefs are understandings that are so fundamental and deep that the person regards them as absolute truth. They are global and apply to situations in general.

The core belief is different from automatic thought which is described as the actual word or images that go through a person's mind. Automatic thoughts are situation specific. The cognitive model posits that when people find themselves in situations, automatic thoughts are activated. These are directly influenced by their core beliefs. An automatic thought then influences our reactions to these situations. It is because our fundamental belief impacts our thought in any given situation that different people have different reaction to the same situation.

According to Beck (1963), negative thoughts are generated by dysfunctional beliefs, that are typically the primary cause of low self-esteem. A direct relationship occurs between the amount and severity of someone's negative thought and the severity of their low self-esteem. In other words, the more negative thoughts one experiences, the more low self-esteem they will have.

Beck also suggests that there are three (3) main dysfunctional belief theme (schemas) that dominate low self esteem people's thinking:

- I. I am defective and inadequate.
- II. All of my experiences result in defects or failure.
- III. The future is helpless

Together, these three themes are described as the "negative cognitive triad". When these beliefs are present in someone's cognition, low self-esteem is very likely to occur.

Beyond the negative content of dysfunctional thoughts, these beliefs can also warp and shape what one pays attention to. According to Beck, low self-esteem people pay selective attention to aspect of their environment that confirms what they already known and do so even when evidence to the contrary is right before them. This failure to pay attention properly is known as faulty information processing. Particular failure of processing are vary character of low self-esteem. For instance, depressed people will tend to demonstrate selective attention to information which matches their negative expectation and selective inattention of information that contradicts those expectations.

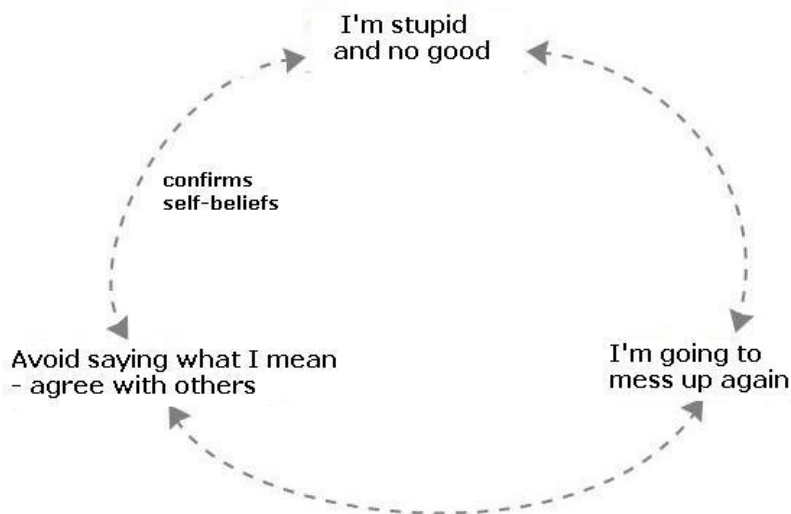
According to Nwachukwu (2009), goals of cognitive therapy include:

1. To change the way client thinks by using their automatic thought to reach the core schemata and begin to introduce the idea of schemas restructuring

2. To teach clients how to identify distorted and dysfunctional cognitions through process of evaluation. Socratic questioning and open-ended questions, so that clients can reflect on personal issues and arrive at their own conclusions.
3. To enable clients learn to discriminate between their own thoughts and events that occur in reality through collaborative empiricism, which is a reflective questioning process where the therapist and clients to test validity of cognition
4. To enable clients learn the influence that cognition has on their feelings and behaviour and even on environmental events through self reflective thinking and self-discovery.
5. To teach clients to recognise, observe and monitor their own thoughts and assumptions.
6. To train clients to test automatic thought against reality by examining and weighting the evidence for and against them.

According to Beck (1976), treatment is based on collaboration between patients and therapist and on testing beliefs that are responsible for students having low self-esteem. Therapy may consist of testing assumptions which one makes. One's feelings about the subject-matters of those thoughts are more easily subjected to change. Consequently, the low self-esteem of secondary school students is largely based on their core belief about themselves that others are better than them and they are not capable of doing anything good with their life. These unrealistic and unhelpful thought and belief need to be changed and replaced with realistic and helpful ones.

Some secondary school students believe that they are worthless and can never do any positive or good to make their teachers, parents to shower praises on them. Their core belief about themselves can be changed using Aaron Beck cognitive theory. See the figure below:



Vivvan (2010)

METHOD

Research Design

The design for this study is a true experimental design. The design is called true experimental because subjects were randomly assigned to groups. Because of the control they provide, they are the mostly highly recommended designed for experimentation in education. In the randomized subjects, pre-test and post test control group design; one randomly assigns subjects to the experimental and control groups and administer a pre test to both groups (dependent variable). The treatment is introduced only to the experimental subjects, after which the two groups are measured. The researcher then compares the two group scores on the post test. The group known as the experimental group I was given cognitive behavioural treatment, while the other group known as the control group II was given no treatment.

A randomised pre test and post-test control group design

Group	Pre-test	Research condition	Post-test
Experimental	O ₁	X ₁ (treatment)	O ₂
Control	O ₁	X ₀ (no treatment)	O ₂

O₁ stands for the pre-test that was given to all the students

X₁ stands for the treatment (cognitive behavioural techniques) which was given to the experimental group.

X₀ stands for treatment that was not given to the control group.

O₂ stands for the post-test which was given to both the experimental and control groups.

Population of the Study

The population of the study was secondary students with low self-esteem (1286), which consisted of J.SS II and S.S.S II secondary students in the 21 secondary school in Ethiopia –East local government area managed by the Ministry of Basic and Secondary Education, in Asaba (MBSE,2013). In order for the researcher to get the population of students with low self –esteem in the region, he visited the 20 government secondary school except one newly established school, and administered the Hare self-esteem instrument. A total of 2000 copies of questionnaire were administered in the 20 schools with the help of the school counsellors. This was how the researcher got the population of secondary school students with low self –esteem.

Sample and Sampling Technique

The sample of the study is 100 secondary school students with very low self-esteem. A purposive sampling technique was used in selecting two secondary schools out of twenty schools because they have the highest number of students with low self-esteem. Through the Hare Self-esteem questionnaire, secondary school students with low self-esteem were identified in each school. Male scores that were below 87 and female scores that were below 91 were identified as secondary school students with low self-esteem. Fifty students each were selected from the two schools, from the fifty students in each school twenty five students from the junior secondary and twenty five from the senior secondary schools using a Simple random sampling technique by balloting method with replacement.

The researcher after the pre-test apportioned 50 participants to each of the group by placing 25 students in the junior and 25 students in the senior secondary school to represent the

experimental group and 50 students from the other school formed the control group with 25 junior and 25 senior secondary students.

Instrument for Data Collection

The instrument that was used for measurement of student's self-esteem is Hare Self-esteem Scale (H.S.E) originally developed in 1985 but revalidated in Nigeria by Anumba in 1995. Hare Self-esteem Scale is a self esteem report psychometric scale which was developed to measure individual's self –esteem as it relate to peer interaction, homes and schools. The test is one page and contains thirty items. The instrument is on a four point scales, ranging from strongly agree, agree, disagree and strongly disagree. The researcher adopted the instrument. The Hare Self-esteem Scale for this study has two sections: A and B. Section A is an introductory part that solicited for the bio-data of the respondents and section B is directed towards measuring students level of self-esteem. The respondents was required to indicate by ticking (✓) how often they experience certain feelings, thought and actions. All responses for the thirty items on Hare self-esteem scale was summated to yield a total score of one hundred and twenty. For the male any score above 87 is regarded as high self esteem and below that score is regarded as low self esteem, while for the female any score above 91 is term high self esteem and below that score is termed low self –esteem.

Validation of the Instrument

The instrument Hare Self-esteem Scale was revalidated in Nigeria by Anumba in 1995. The instrument has both face and constructs validity.

Reliability of the Instrument

Hare in 1985 obtained 0.83 reliability coefficient by correlating Hare Self-esteem Score with Rosenberg Self-esteem. Hare in 1985 reported a test –retest reliability coefficient of 0.74 in an interval of three months. In Nigeria Anumba used HSS obtained a reliability coefficient of 0.82.

Method of Data Collection

Students with low scores were considered to be having low self-esteem and were assigned to both the experimental and control groups in equal proportion. A special request was made to the schools principals for the provision of adequate and conducive counselling centre for the administration of the questionnaire and during the period of treatment. The pre-test was the same as the post-test except that the items were reshuffled.

Training of Research Assistants

Two research assistant were trained to participate in the study. The research assistants were regular Guidance counsellors in the participating schools. The teachers were assigned in pairs to assist the researcher in conducting activities in cognitive behavioural therapy group and control group respectively.

The research assistants were informed about the purpose of the study and the methods to be used. The materials to be used in facilitating the sessions in their group were given to guidance counsellors one week before the tutorial and they were required to read through the materials before attending the training session. During each training session, the researcher discussed the materials with them and supplied answers to their questions. The counsellors were reminded of the following teaching strategies and responsibilities to maintain appropriate interpersonal behaviour:

- Remembering their various roles- facilitators, supporter, counsellor,
- Specifying objective of each session or each set of activity,
- Clarifying the prescribed activities,
- Avoiding any form of punishments,
- Reinforcing the students with frequent praise and encouragement; e.g well done.

The research assistants met weekly with the main researcher as a supervisor. The purpose of these meetings was to coordinate the session plans and activities, both for the counsellor and students. In addition, these sessions enabled the counsellor to interact with each other and share ideas, experiences and obstacles as well as planning to coordinate the various counselling methods.

Experimental Procedures

This was the procedure the researcher adopted to ensure a successful implementation of the programme of cognitive behavioural therapy. The researcher visited the schools, solicited for the cooperation of the school principals so as to build in the programme in the schools' activities. The researcher explained the purposes and benefits to be derivable from the treatment to the principals of the schools (see Appendix E for letter of approval to the principal). After obtaining the permission, the researcher also got two guidance counsellors in the schools to assist in the study. The guidance counsellor introduced the researcher to the group as a guest counsellor during the period of the treatment.

Prior to the commencement of the treatment, Hare Self-Esteem Scales (HSS) questionnaire was administered on the students in the experimental and control group. The tests were administered by the researcher assistants with the researcher monitoring the exercise, making sure that the test was taken under the same conditions and then collected the entire completed questionnaire.

The researcher administered the experimental treatment, while the research assistants handle the control group and administered copies of the questionnaire. The treatment was designed to last for eight weeks using the normal school timetable that allocated 40 minutes for guidance and counselling. A total of eight sessions were run. The control group were exposed to conventional counselling with the school counsellors providing the services to the students with low self-esteem. This also continued for eight weeks, and then the students were post-tested.

For the experimental group, cognitive behavioural therapy was designed to last for eight weeks. Each session started with the counsellor's introduction to the issues to be addressed in the session and samples questions to elicit students' participation in the session.

After the treatment, the Hare Self-Esteem Scales (HSS) questionnaire was re-administered to the experimental and control groups. The instrument was disguised by reshuffling before they were re-administered. This was done the eight week treatment. The researcher monitored the exercise and made sure the students were under the same conditions and then, collected all completed questionnaire. The students' responses were scored and data generated were collected for statistical analysis.

Method of Data Analysis

The completed Hare self-esteem scale was scored following the scoring instruction provided in the Hare self-esteem scale manual. The data collected for this study will be organised in table and analysed. Mean will be used in answering the research questions and analysis of covariance (ANCOVA) will be used in testing the hypotheses at 0.05 levels of

significance. The scoring of the instrument was done in accordance with the Hare self-esteem Manual, for direct scoring, strongly agree = 4, agree = 3, disagree = 2, strongly disagree = 1, while for reverse scoring strong agree = 1, agree = 2, disagree =3 and strongly disagree = 4. Male scores that were below 87 and female scores that were below 91 were identified as secondary school students with low self-esteem.

Results

Research Question 1

1. What are the differences in the Pretest and Posttest self-esteem mean scores of students treated CBT and those in the control group?

Table 1: Pretest and Posttest self-esteem mean scores of students treated CBT and those in the control group

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean
CBT	50	71.94	101.86	29.92
Effective				
CONTROL	50	67.28	80.14	12.86

Table 1 shows that the students treated with cognitive behavioural therapy had pretest mean score of 71.94 and posttest mean score of 101.86 with gained mean 29.92 in their self-esteem, while the students in the control group who received conventional counselling had pretest mean score of 67.28 and posttest mean score of 80.14 with gained mean 12.86. Therefore CBT is effective in enhancing the students’ self-esteem.

Research Question 2

What are the differences in the Pretest and Posttest self-esteem mean scores of male and female students treated with CBT?

Table 2: Pretest and Posttest self-esteem mean scores of male and female students treated CBT

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean
Male	23	74.17	102.26	28.09
Female	27	70.04	101.52	31.48
More effective				

Table 2 indicates that male students treated with cognitive behavioural therapy had pretest mean score of 74.17 and posttest mean score of 102.26 with gained mean 28.09 in their self-esteem, while the female students in the group had pretest mean score of 70.04 and posttest mean score of 101.52 with gained mean 31.48. Therefore CBT is more effective in enhancing the female students’ self-esteem.

Null hypothesis 1

There is no significant difference in the effectiveness of cognitive behavioural therapy in enhancing secondary school students’ low self –esteem when compared with those in the control group.

Table 3: ANCOVA on the posttest self-esteem mean scores of students treated with CBT and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Crit. F	P ≥ 0.05
Corrected Model	11836.132	2	5918.066			
Intercept	11901.834	1	11901.834			

Pretest Scores	42.172	1	42.172			
Treatment Models	10696.528	1	10696.528	444.19	3.94	S
Error	2335.868	97	24.081			
Residual	842272.000	100				
Corrected Total	14172.000	99				

In table 3, it was observed that at 0.05 level of significance, 1df numerator and 99df denominator, the calculated F 444.19 is greater than the critical F 3.94. Therefore, the first null hypothesis is rejected. So, there is significant difference in the effectiveness of cognitive behavioural therapy in enhancing secondary school students’ low self–esteem when compared with those in the control group.

Null Hypothesis 2

There is no significant difference in the effectiveness of cognitive behavioural therapy in enhancing low self–esteem of male and female students.

Table 4: ANCOVA on the posttest self-esteem mean scores of male and female students treated with CBT

Source of variation	SS	df	MS	Cal. F	Crit. F	P ≥ 0.05
Corrected Model	61.592	2	30.796			
Intercept	7158.107	1	7158.107			
PRETEST	54.748	1	54.748			
GENDER	.900	1	.900		.03	4.03 NS
Error	1252.428	47	26.647			
Total	520087.000	50				
Corrected Total	1314.020	49				

Table 4 showed that at 0.05 level of significance, 1df numerator and 49df denominator, the calculated F 0.03 is less than the critical F 4.03. Therefore, the second null hypothesis is upheld. So, there is no significant difference in the effectiveness of cognitive behavioural therapy in enhancing low self–esteem of male and female students.

Discussion of Result

The findings of this study showed that cognitive behavioural therapy is effective in enhancing secondary school students’ self-esteem when compared to those in the control group. Specifically, the finding indicated that students in both experimental and control group possessed low self –esteem before the commencement of the study as measured by their score on the pre-test. The finding also indicated that the magnitude of the mean difference between the experimental and control group was significant in the post-test.

Moreover, the experimental group reported a significantly increased in their self-esteem than the control group. This may indicate that secondary school students in the treatment group gained a better understanding of the self-esteem as a result of receiving cognitive behavioural therapy. This finding is consistent with prior researches that suggested that cognitive behavioural therapy is effective in enhancing secondary school students’ self-esteem (Antoni, 2003, Dahir and Stone, 2003).

One reason for increase in students' self-esteem in the experimental group over and above those in the control group might be due to the thought changing process in cognitive behavioural therapy. Since student might have been amazed how their thought effects their feelings and actions and as such it affected their self esteem so much within the few weeks. This result supports the findings by Okoye (2007), which portrays the differential effects of cognitive behaviour therapy in the improvement of self esteem of secondary school students.

Another finding of this study is that there was no significant gender difference on the effects of cognitive behavioural therapy on secondary school students' self-esteem. In particular the increase in self-esteem of female students was higher than that of male secondary school students after they had participated in cognitive behavioural therapy treatment. This suggests that female students benefited more from cognitive behavioural therapy than male students did, but the difference was very insignificant for both male and female students. This finding agrees with that of Abodike (2010) whose result indicated that cognitive behavioural therapy had more impact on females than males. This is so because female yield themselves more easily and willingly to change. In the study, Abodike used cognitive behavioural therapy to reduce the lying tendency of secondary school students. She used both male and female students and discovered that lying tendency reduced more in females than males, following the treatment with cognitive behavioural therapy. This finding is contrary to Young and Mroczek (2003), who posits that research on gender difference on self-esteem reports that male students have higher self-esteem than female students. The contradiction might be because the female students who were treated with the cognitive behavioural therapy where more willing to change their thought pattern than their male counterpart.

The result also indicated no significant difference in the mean score of participants in the treatment group. This result also supports the work of Ogugua (2010), which reported that there is no significant difference in the performance of male and female students in mathematics exposed to cognitive behavioural therapy.

It is important to note that the observed difference in the effects of treatment due to gender was not significant in this study. This is because the test of null hypothesis two showed that there was no significant difference between male and female students that received cognitive behavioural therapy. This indicated that although the present study found a difference in the mean post-test score of male and female students, this difference was only marginal and not significant. The difference male and female student in the experimental group was not due to gender per se. The difference may be due to chance. Being male or female is not a determinant of the effectiveness of cognitive behavioural therapy, rather both male and female students actually benefitted equally from the technique. One possibility that might help explain why students' self-esteem was enhanced almost equally for both male and female was that cognitive behavioural therapy activities were equally enriching and intense for both gender types. In this study, both male and female students in the experimental group were prompted and given space to discuss the causes of low self-esteem, and ways to enhance self-esteem. All these might have helped to enhance their self-esteem.

Conclusions

The study investigated the effect of cognitive behavioural therapy on low self-esteem among secondary school students. The study confirms previous research that demonstrated

the positive effects of cognitive behavioural therapy. The following conclusions have been drawn from the study:

1. Cognitive behavioural therapy is effective in the treatment of secondary school students with low self –esteem. As such, its usage should be encouraged.
2. Female students benefit more from the cognitive behavioural therapy treatment than the male students. It therefore shows that cognitive behavioural therapy is more effective in the treatment of female students with low self –esteem.

Recommendations

Based on the findings, the following recommendations are hereby made:

1. As the use of Cognitive behavioural therapy has been shown to be effective in enhancing secondary school students' self-esteem. It should be encouraged, practising school guidance and counsellor should learn to use the therapy to assist students develop a healthy self-esteem.
2. The use of cognitive behavioural therapy should be commenced in full force in secondary schools irrespective of students' gender and age as a way of enhancing student self –esteem.
3. The school management should organize a workshop seminar by inviting all members of the Parents Teachers Association (P.T.A) in order to sensitized them on how to enhance the self –esteem of their wards. Through the workshop seminar, parents will be taught the interpersonal relationship skills inherent in cognitive behavioural therapy such as unconditional positive regard, empathy and stop thought techniques.

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