

Efficacy of Solution Focused Brief Therapy on Self-concept of Bullied Adolescents

Richa Malhotra* and Sushma Suri

Abstract--- *The present study examined to investigate the efficacy of Solution Focused Brief Therapy (SFBT) on Self-Concept of Bullied Adolescents. The participants were students from Secondary & senior secondary schools in New Delhi. A sample of 30 adolescents (14 boys & 16 girls) were selected from Grades 8 to 11 within the age bracket of 13-16 years by employing Random Sampling. The sample was divided into Experimental and control groups using Fishbowl technique. A Pre-Post Test Experimental Design was used. Wilcoxon Sign Rank Test & Mann-Whitney U-Test were employed to analyse the data. The study indicated that (a) there was no significant difference between the two groups on Self-concept before Intervention (b) there exists significant difference between Experimental and Control groups with respect to Self-Concept after Intervention (c) the effect size computed for assessing magnitude of efficacy was found to be high (d) significant changes were reported in the Physical, Social, Temperamental, Educational and Intellectual domains of Self-Concept. It was concluded that SFBT is an effective approach to enhance Self-Concept of Bullied Adolescents.*

Keywords--- *Adolescents Bullying, Self-Concept, Solution Focused Brief Therapy, Adolescents.*

I. INTRODUCTION

Bullying is a social problem which can take place in any context, especially in social groups such as schools where power relationships are clearly defined but supervision remains low¹. It can be seen as a behaviour involving repeated attacks- physical, psychological, social or verbal-by those in a position of power, which is formally or situationally defined, on those who are powerless to resist, with the intention of causing distress for their own gain or gratification².

Research on bullying is picking pace in India, given its increasing prevalence. A pivotal study has reported that 60.4% of 500 school going participants studied between 8-14 years are bullied³. In a more recent study, it was reported that nearly 84% of the respondents had been subjected to bullying in the sample aged between 11-18 years⁴. 59% respondents reported being subjected to more than three forms of bullying in the school setting, which include: teasing, intimidating, exclusion from groups to spreading rumours and lies against them.

The statistics clearly show the need to draw immediate attention on this research topic, especially since Bullying has the potential to cause various internalising distress and externalising difficulties. A strong relationship has been found to exist between peer victimization and depression, anxiety and other mental health issues and these consequences are likely to follow into adulthood⁵. Victims of bullying experience social isolation, impacting their interaction in the school that influences their self-image and, thus, contributing to their low self-concept⁶.

Richa Malhotra*, Research Scholar, Department of Psychology, Jamia Millia Islamia, New Delhi.
Sushma Suri, Associate Professor, Department of Psychology, Jamia Millia Islamia.

Self-concept is conceptualised as the image a person makes of himself/herself which is inclusive of his/her identity, body image, personality characteristics and self-evaluation⁷. Research emphasised how the feeling of being socially inept, rejected, having no friends and other experiences, within the spectrum of bullying, can lead to serious consequences for an individual's self-concept⁸. For example, a study highlights that the victims' self-concepts pertaining to their social ability, physical attractiveness, global self-worth and athletic competence were negative in comparison with the non-victims⁹. Research also highlights the negative relation between self-concept and victimization, whereby an increase in peer victimization experience can be linked with lowered self-concept¹⁰.

In order to help victims of bullying, Solution-Focused Brief Therapy was used as therapeutic intervention. SFBT is a positive and empowering approach, which aims at bringing about small, but lasting changes in the clients, which has been found to be effective in bringing positive consequences to the self-concept¹¹.

The current study aims to fill the lacuna present in bullying research in India. Adolescence, a period when one's sense of self is developing & emerging at an active pace, is also a highly vulnerable segment of population to bullying. Specifically, it has been found that negative self-concept constitutes a risk factor for becoming involved in bullying. The focus of the present study is to ascertain the efficacy of SFBT in promoting self-concept of bullied adolescents.

II. OBJECTIVE

To examine the efficacy of Solution Focused Brief Therapy on Self-Concept, & its domains viz, Physical, Social, Temperamental, Educational, Intellectual & Moral

III. HYPOTHESIS

There will be a significant impact of SFBT on Self-Concept of bullied adolescents

IV. METHOD

Research Design: Pretest-Posttest Controlled Group Experimental Design.

Setting: Secondary & senior secondary schools in New Delhi

Population: The target population included adolescents who were found to be victims of bullying, post Screening. They had scores greater than 30 on Multidimensional Peer-Victimization Scale with congruent self-reports of bullying.

Sample Size: 30 bullied adolescents. Participants were randomly assigned to Experimental & Control groups using Fishbowl Technique.

Sampling Technique: Simple Random Sampling

Independent Variable: Solution Focused Brief Therapy

Dependent Variable: Self-Concept

Sampling Criteria:

Inclusion Criteria:

Bullied adolescents who:

- Were 13-16 years old
- Studied in Private schools
- were comfortable with & fluent in English Language
- Willing to participate & enter into therapy
- Had scores >30 on MPVS

Exclusion Criteria:

- Those diagnosed with any psychiatric/physical illness
- above or below the specified age range

Tools:

- Demographic Information Schedule
- Multidimensional Peer-Victimization Scale (Mynard& Joseph, 2000): This scale is a 16-item measure with 4 subscales assessing physical victimization, Verbal victimization, Social manipulation & attacks on property with high reported reliability of 0.85, 0.75, 0.77 & 0.73 respectively
- Self-Concept Questionnaire (Sarawat, 1992): a 48 item inventory to measure six separate dimensions of self-concept, viz. physical, social, intellectual, moral, educational and temperamental. It also gives a total self-concept score. The Test-Retest method established the reliability of this instrument at .91

Procedure: Initially the investigators randomly identified various secondary & senior secondary schools and contacted the authorities personally. The purpose, objectives and relevance of the study were explained to the head of the institution. Then, the tools were used with the participant after giving necessary instructions to them. The study was conducted after approval from concerned institutions. Assurance was given to the participants regarding confidentiality and that information collected from them would be used only for research purpose and their identity would not be disclosed. The scoring was done as per the manual and entered the data in to a spread sheet for further Statistical Analysis by using Wilcoxon Sign Rank & Mann-Whitney U test to analyze the data.

Intervention: Each participant in the experimental group was exposed to SFBT for 5 sessions, held on individual basis, lasted for 40-50 minutes with one week gap between each session to help the participants reflect and use the learnings of the session in real life situations. The therapy sessions were delivered based on 'Solution Focused Therapy Treatment Manual for Working with Individuals' (2nd version) as developed by Solution Focused Brief Therapy Association, 2013.

The therapy aims at addressing the concerns of the participants in a way that involved a solution talk approach. It is a '*strength-evoking & building*' therapy model that emphasized the participant's inner resources and ability to deal with the problem at hand; in this case, largely the impact of bullying.

V. RESULTS AND DISCUSSION

The collected data was tabulated and analyzed using descriptive & inferential statistics. To all parameters, mean and standard deviation (SD) was used. Mann-Whitney U test was used to analyse significant changes between pre and posttest measurements. Wilcoxon Signed Rank Test was used to analyse significant difference between the groups. P value <0.05 was considered as statistically significant.

Findings suggested that Mean age group of the study participants was 14.23 years with a standard deviation of 1.04. Majority (40%) of the participants were 14 years old. The total sample of the study comprised of 14 males (47%) and 16 females (53%). The participants belonged to grades 8th, 9th, 10th&11th, with maximum studying in 9th grade (43%).

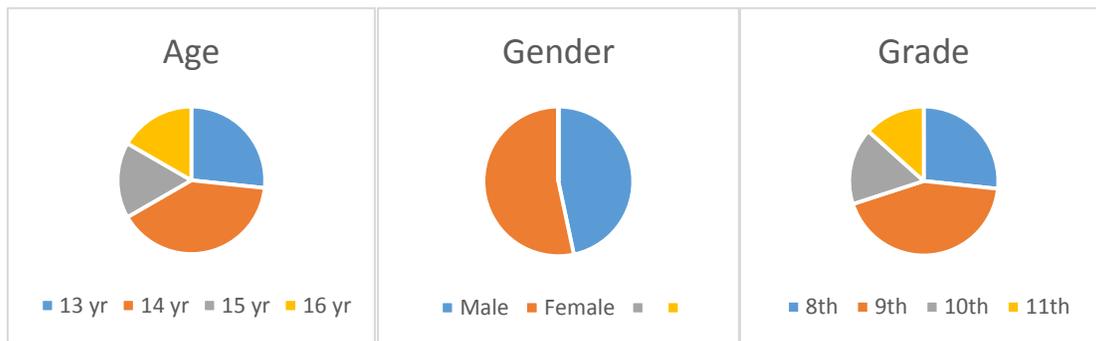


Fig. 1: Pie-charts showing Age, Gender & Grade Distribution (n=30)

The descriptive statistics for the Self-Concept & its domains have been presented in Table 1. For total Self-concept, a Mean of 110.966 and SD of 30.958 were reported.

Table 1: Descriptive Statistics of the Sample

Self-concept	N	Mean	SD	Min	Max
Total	30	110.966	30.958	50	163
Physical	30	15.266	4.912	8	24
Social	30	14.9	4.794	8	25
Temperamental	30	16.3	4.632	8	25
Educational	30	20.366	5.979	9	32
Moral	30	24.5	6.912	8	33
Intellectual	30	19.633	6.019	8	29

Table 2: Summary of Mann-Whitney U Test (Pre-Intervention) Indicates that there Exists No Significant Difference between Experimental & Control Groups on Self-concept & Domains

Self-Concept	U	Z	Sig (2 tailed)
Total	92	-0.851	0.395
Physical	85.5	-1.124	0.261
Social	107	-0.229	0.819
Temperamental	89.5	-0.959	0.338
Educational	81.5	-1.289	0.197
Moral	108.5	-0.167	0.868
Intellectual	83.5	-1.207	0.227

Table 3: Summary of Mann-Whitney U Test (Post-Intervention) Indicates that there Exists Significant Difference between Experimental and Control Groups viz Self-Concept & its Domains

Self-Concept	U	Z	Sig (2 tailed)	Effect Size	
Total	0	-4.667	.000003	-0.852	High
Physical	0	-4.677	.000003	-0.853	High
Social	0	-4.677	.000003	-0.853	High
Temperamental	0	-4.674	.000003	-0.853	High
Educational	44.5	-2.827	0.005	-0.516	Moderate
Moral	69	-1.816	0.069		
Intellectual	33.5	-3.293	0.001	-0.601	Moderate

Table 4: Summary of Wilcoxon Signed Rank Test Indicate that there Exists a Significant Effect of SFBT on Self-Concept (& its domains) of Bullied Adolescents

Self-Concept	Z	Sig (2 tailed)	Effect Size	
Total	-3.408	0.001	-0.879	High
Physical	-3.417	0.001	-0.882	High
Social	-3.413	0.001	-0.881	High
Temperamental	-3.413	0.001	-0.881	High
Educational	-3.411	0.001	-0.880	High
Moral	-2.598	0.009	-0.670	Moderate
Intellectual	-3.412	0.001	-0.880	High

Before intervention, the baseline scores were established by comparing the pretest scores of both the groups on Self-Concept, using Mann-Whitney U test. Results (Table 2) indicate that there is no significant difference between the two groups for Self-concept ($U = 92$, $p = -0.851$). This implies that both the groups stand on the same level of Self-concept prior to the intervention stage of the research.

Further, post intervention, scores for both experimental and control groups were analysed again using Mann-Whitney U test. The findings (Table 3) suggest that there is a significant difference between the post-assessment scores of experimental and control groups on Self-concept ($U = 0$, $p < 0.001$). To establish further evidence of the effectiveness of SFBT, the effect size was used, i.e., using Cohen's criteria. The significant difference in scores of the experimental group, before and after intervention are largely as a result of the treatment in question, which seems to have a large effect (-0.852) on the overall Self-Concept of the sample.

As can be seen, SFBT was found to be significantly effective in promoting healthy Self-conceptions in bullied victims as compared to those who did not seek help for their concerns. Infact, it was observed that the control group reported a decreased level of self-concept. Our findings are in sync with other research. One of them¹² studied the effectiveness of SFBT and short- and long-term psychodynamic therapy on self-concept & found that SFBT showed improvement in self-concept of the participants, more than Long-term psychodynamic therapy. Considering greater emphasis on the resource-or goal-directed nature of this therapy, it was found to have a significant impact in enhancing the participant's self-concept on various dimensions.

Furthermore, in order to study the influence of SFBT on Self-Concept, comparison of scores for Experimental group was done before & after intervention using Wilcoxon Signed Rank Test (Table 4). A significant difference between the pre and post-assessment scores of experimental group on Self-concept ($z = -3.408$, $p = 0.001$) suggests the efficacy of the approach, thereby leading to acceptance of the hypothesis. This is furthered by computation of

effect size¹³ which was found to be high (-0.879). Results also suggest that physical, social, temperamental, educational & intellectual domains were found to be statistically significant.

Therefore, it can be seen that SFBT was found to be effective in bringing about significant changes in the Self-concept scores of the participants with a high effect size (-0.879). This can be largely be attributed to various tools & techniques employed in this approach, which helped achieve therapeutic change. Similar trends have been reported by studies¹¹ which support our findings. They used SFBT as a means of counselling in relation to self-concept, they reported enhanced self-concept post intervention. These findings can be attributed to the therapy's approach towards highlighting individual capacities for change instead of problem-focused approach; which helps in establishing hope and positive outlook in participants. With the use of 'miracle question' and/or exploring 'successful past' and coping, the clients gain another perspective, opposite to their existing negative evaluations; this newfound perspective helps them to straighten their evaluations and hence achieve therapeutic goals.

VI. CONCLUSION

Based on the findings of the study, the hypothesis is accepted. Further, it can be concluded that:

- There exists significant difference in Self-Concept of those who do & those who don't seek intervention using SFBT (i.e. Experimental and Control groups of the study)
- SFBT is found to have a high effect in promoting positive self-conception among bullied adolescents
- There exists a significant effect of SFBT on physical, social, temperamental, educational & intellectual domains of Self-Concept

Implications of the study

Bullying is a social problem, with faulty social interaction patterns between individuals that inevitably leads to physical and/or psychological concerns to the participants, especially the victims. Bullying was found to posit greater vulnerability to adolescent victims, making them more susceptible poor self-conceptions. In this context, Solution-Focused Brief Therapy was found to be effective in producing significant changes in the self-concept of these bullied adolescents, as compared to their counterparts, who did not receive the intervention. The current study holds great promise to the field of School psychology. It can be employed by Counselors in practise as an effective, short-term strategy to deal with bullying related concerns of students, which would promote psychological growth and improved well-being.

Declaration of Conflict of Interests: The author(s) declared no potential conflicts of interests with respect to the research, authorship, and/or publication of this paper.

Ethical clearance: All procedures performed in this paper were in accordance with the ethical standards of the institution and the national research committee.

Funding: The author(s) received no financial support for the research, authorship, and /or publication of this paper

REFERENCES

- [1] Smith, P. K. & Sharp, S. (1994). *School Bullying: Insights and Perspectives*. New York, NY: Routledge.
- [2] Besag, V. E. (1989). *Bullies and Victims in Schools. A Guide to Understanding and Management*. Berkshire, England: Open University Press.
- [3] Ramya, S. G., & Kulkarni, M. L. (2011). Bullying among school children: Prevalence and association with common symptoms in childhood. *Indian Journal of Pediatrics*, 78(3), 307-310.
- [4] Srisiva, R., Thirumoorthi, R., & Sujatha, P. (2013). Prevalence and Prevention of School Bullying - A Case Study of Coimbatore City, Tamilnadu India. *International Journal of Humanities and Social Science Invention*, 2(5), 36-45.
- [5] Sigurdson, J. F., Undheim, A. M., Wallander, J. L., Lydersen, S., & Sund, A. M. (2015). The long-term effects of being bullied or a bully in adolescence on externalizing and internalizing mental health problems in adulthood. *Child & Adolescent Psychiatry Mental Health*, 9, 42.
- [6] Bhukhanwala, F. (2014). Theater of the oppressed in an after-school program: Middle school students' perspectives on bullying and prevention. *Middle School Journal*, 46(1), 3-12.
- [7] Anderson, G. (2007). *The impact of bullying in school on the adolescent's sense of self* (Master's Dissertation). University of Pretoria, Hatfield, South Africa. Retrieved from <https://repository.up.ac.za/bitstream/handle/2263/27435/dissertation.pdf;sequence=1>
- [8] Geel, M., Goemans, A., Zwaanswijk, W., Gini, G., & Vedder, P. (2018). Does peer victimization predict low self-esteem, or does low self-esteem predict peer victimization? Meta-analyses on longitudinal studies. *Developmental Review*, 49, 31-40.
- [9] Houbre, B., Tarquinio, C., & Lanfranch, J. (2010). Expression of self-concept and adjustment against repeated aggressions: the case of a longitudinal study on school bullying. *European Journal of Psychology of Education*, 25(1), 105-123.
- [10] Jenkins, L. N., & Demaray, M. K. (2012). Social Support and Self-Concept in Relation to Peer Victimization and Peer Aggression. *Journal School of Violence*, 11(1), 56-74.
- [11] Joker, H., & Ghaderi, Z. (2015). Effectiveness of a solution-based counselling on students' self-perception. *Educational Research and Reviews*, 10(15), 2141-2145.
- [12] Lindfors, O., Knekt, P., Virtala, E., Laaksonen, M. A. (2012). The Effectiveness of Solution-Focused Therapy and Short- and Long-Term Psychodynamic Psychotherapy on Self-Concept During a 3-Year Follow-Up. *The Journal of Nervous and Mental Disease*, 200(11), 946-953.
- [13] Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. New York, NY: Routledge Academic.
- [14] Baruah, Himakshi, Pragaya Dashora, and Arti Parmar. "Impact of Cyberbullying on Psychological Health of Adolescents." *International Journal of Humanities and Social Sciences (IJHSS)* 6.4 (2017): 137-144.
- [15] Chopra, Rupika, SHAKUNTLA PUNIA, and POONAM YADAV. "Transitional Impact on Depression Status among Adolescents in Haryana." *International Journal of Educational Science and Research (IJESR)* 7.3 (2017): 35-38.
- [16] Bharathi, T. Aruna. "A Study on the Self-Esteem Level among the Students of College of Home Science." *International Journal of Educational Science and Research (IJESR)* 7.5 (2017): 71-76.
- [17] BADA, FESTUS OLATUNJI. "BEHAVIOURAL SKILLS ACQUISITION AND MORAL COMPETENCE DEVELOPMENT AMONG NIGERIAN YOUTHS." *International Journal of Educational Science and Research (IJESR)* 5.1 (2015):23-34
- [18] LLAMAS, ALICIA V., and ARIEL P. TUAZON. "School practices in parental involvement, its expected results & barriers in public secondary schools." *International Journal of Educational Science and Research (IJESR)* 6.1 (2016): 59-78
- [19] RAJESWARI, S., and JO JERYDA GNANAJANE ELJO. "A COMPARATIVE STUDY ON THE PROBLEMS OF ADOLESCENT BOYS AND GIRLS STUDENTS." *International Journal of Humanities and Social Sciences (IJHSS)* 2.3 (2013):31-40
- [20] MOHAMAD, SH MARZETY ADIBAH AL SAYED, and ZAKARIA MOHAMMAD. "USING EXPRESSIVE ART THERAPY IN THE HEALING PROCESS OF DELINQUENT ADOLESCENTS." *International Journal of Humanities and Social Sciences (IJHSS)* 4.2 (2015):1-12