

DEVELOPMENT OF A COGNITIVE THERAPY MODULE TO ENHANCE SELF-ESTEEM FOR YOUTH WITH PHYSICAL DISABILITIES IN MALAYSIA

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Abstract

Youth with physical disabilities may have concerns about their bodily functions and appearance, which do not typically conform to sociocultural norms. A mounting body of research confirmed that physical disability has an adverse impact on self-esteem development. This study was aimed at developing a cognitive therapy module for professional counsellors to help Malaysian youth with physical disabilities enhance their self-esteem. The methodology comprised three stages: (i) self-esteem baseline assessment; (ii) module design and development; and (iii) module evaluation. First, the Rosenberg Self-Esteem Scale was used to collect data from 110 youth with physical disabilities. The results revealed that participants had moderate levels of self-esteem (mean, $\bar{x} = 30.16$). This finding highlighted the need to increase the level of self-esteem among youth with physical disabilities. The second stage involved the development of the cognitive therapy module for self-esteem enhancement using Sidek's model of module development. The third stage involved evaluating the module's content validity and reliability using Sidek's model of module development. Findings showed that the therapy module has high content validity and reliability. The overall findings demonstrate that the newly developed module can be applied by professional counsellors to enhance self-esteem among youth with physical disabilities.

Keywords: Cognitive Therapy, Physical Disabilities, Professional Counsellors, Self-Esteem, Malaysian Youth

Introduction

There are over 593,000 registered persons with disabilities (PWD) in Malaysia which represents around 1.5% of its population (1). Since registration is voluntary, this data may not be entirely accurate. Additionally, the World Health Organization asserts that 15% of the global population has some form of disability (2). This shows that many individuals have not come forth and registered themselves as PWD. Undeniably, little research has been undertaken regarding PWD in Malaysia. Consequently, PWD are too often hidden, discriminated, and omitted from society. The paucity of knowledge and misperceptions about PWD have caused a deep-rooted stigma against PWD and thus, limiting the access to their rights to be part of our society. In reality, PWD should be proud to identify themselves as members of a minority community, whose rights have been legally acknowledged and need to be protected.

In particular, persons with physical disabilities have been negatively stereotyped as being dependent and incompetent (3). Besides that, physical disability encroaches on one's development, especially during one's youth. During puberty, youth with physical disabilities may be apprehensive about their functional impairments and body image which do not typically conform to the sociocultural norms. This may create a deep-seated frustration within themselves. These adverse feelings, paired with the negative reaction and social exclusion by society towards PWD, negatively affect their self-esteem of being in a minority group (4, 5).

Prior work had demonstrated that PWD consistently reported lower self-esteem than the general population (6, 7). Persons with physical disabilities (PWPD), especially in their youth, are more susceptible to low self-esteem as they struggle to adapt to their social world. They constantly

compare themselves to their able-bodied peers which leads them to feel down or unworthy. Negative beliefs about oneself are associated with the degree to which individuals are different (e.g., are aware of stigma) (8). To make matters worse, PWPDP are especially vulnerable to mental disorders due to factors like isolation, abuse and stressors related to poverty or unemployment (9). Further, PWPDP often suffer from how others react to them, and this contributes to diminished self-esteem and the tendency to take little care of themselves, which may subsequently hinder social inclusion (10). Taken together, the findings from the aforementioned studies revealed that both individual and environmental factors can influence the self-esteem of PWPDP. Fortunately, one's self-esteem is not set in stone, thus if PWPDP suffer from low self-esteem, they can participate in activities that boost their self-esteem. Hence, the aim of this study is to create a therapy module to heighten PWPDP's self-esteem, leaving them feeling empowered and assimilated into society.

Some studies have reported that the age and degree of disability influence self-esteem (11, 12). Both studies acknowledge that youth are most likely to suffer from poor self-esteem. Additionally, a plethora of studies have demonstrated that females have lower self-esteem levels than males (13). Female youth with physical disabilities are more at risk of low self-esteem compared to their male counterparts (14). However, local studies have yet to examine if there is a difference between self-esteem and sex in PWPDP. Disability itself is a stigmatizing phenomenon, its adverse impacts can be profound when combined with the social pressure women face in our society today. For example, Malaysian women today actively contribute in almost all male-dominated fields, yet factors such as gender gaps and unequal pay still exist (15). Abuse and sexual harassment have also been a contributing factor to low self-esteem, with one in every five women being subjected to sexual and/or physical abuse globally (16). PWPDP are often discriminated against and deprived of basic human rights (10). Consequently, females with physical disabilities may face double discrimination. For instance, women with physical disabilities were found to be more vulnerable to sexual and physical abuse, due to a lack of information around gender-based violence and lack of awareness about protective measures and resources (17).

Though PWPDP often suffer from poor self-esteem, emerging research demonstrated that being a member in such a group may serve as a protective factor for self-esteem due to the ability of members to belong in a tight-knit group (18). Also known as disability pride, PWPDP feel proud to belong to a unique group. They accept and honour each individual's uniqueness and treat it as a beautiful aspect of human diversity. Commendably, the Malaysian government provided more resources for youth with physical disabilities (in line with her 11th and 12th Malaysia plans) to perform daily life activities such as vocational training and rehabilitation programs within the community. Nonetheless, mental health has yet to be addressed, which is of utmost significance.

Positive self-esteem is often viewed as the primary facet of mental health, and it is also a protective factor that promotes positive behaviour and better mental health (18). Past studies have revealed that high self-esteem is associated with fewer symptoms of depression, anxiety, suicidal tendencies, eating disorders and substance abuse (19, 20). Self-esteem refers to how we view ourselves in terms of worth and value (21). Hence, if a person has low self-esteem, he/she can do things to boost his/her self-esteem. Healthy or positive self-esteem leads one to accept him/herself and acknowledge their strengths as well as weaknesses.

Fennell's cognitive model of low self-esteem will be used as a foundation for the Cognitive Therapy for Self-Esteem Enhancement (CTSEE) module (22). This model postulates that throughout one's life, one develops negative beliefs about oneself which Fennell refers to as 'bottom line'. One's bottom line is often a simple description of oneself (e.g., "I'm useless"). This bottom line is ever-present but dormant, it is activated in certain situations. Once it is activated, one is more likely to use adverse safety strategies such as criticizing oneself, setting inflexible rules, making anxious predictions about the future and avoiding threats. Even so, these strategies can only make one feel better in the short-term as the bottom line never changes and one's self-esteem never improves. These negative core experiences and beliefs will result in dysfunctional assumptions in which the individual believes that he/she will only be happy or satisfied with life if he/she is perfect, loved or in control.

It is important to note that physical disability is only one facet of a person. Hence, for PWPDP, it is essential to allow oneself to view his/her disability as one component of his/her life, not the only component. In addition, PWPDP may be dealing with stereotypes and discrimination from society. Our society focuses on looks, speed, and being the same as everyone else so PWPDP may experience additional pressure from trying to meet society's impossible standards. These factors are considered when developing the therapy module to enhance self-esteem among PWPDP.

It is, therefore, necessary to transform the dysfunctional beliefs into functional beliefs, in order for them to build positive relationships with others and feel confident in their abilities. In spite of this, many local school and college counsellors do not have sufficient materials to refer to as guidelines. Most therapies focusing on PWPDP and self-esteem were developed in the West and may not be suitable in the Malaysian context (23). As such, the present research aims to develop a CTSEE module that includes a structured and organized group counselling procedure and activities to increase the self-esteem of youth with physical disabilities, leaving them feeling empowered in the long run.

Among the advantages of group counselling with PWPDP are that groups can assist them to strive towards the resolution of a common problem (i.e., self-esteem), provide them with the opportunity to learn from one another, develop