



## Research Paper

# The Effect of Positive Group Psychotherapy on Self-Esteem and State Anger Among Adolescents at Korean Immigrant Churches

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## A B S T R A C T

The aim of the current study was to describe participants' experiences and examine the effects of group therapy on self-esteem and state anger among the adolescent children of immigrants in the US. A quasi-experimental design and qualitative and quantitative methods were used. Group therapy was conducted for 8 weeks. Thirty-three adolescents took part in the study. Quantitative results revealed that group therapy improved self-esteem ( $t = 2.222, p < .05$ ) but not state anger. However, qualitative results suggested that group therapy helped improve interpersonal relationships and communication skills, the forgiveness of others, and the management of anger. Furthermore, group therapy utilizing positive psychology strategies improved self-esteem, interpersonal relationships, and communication skills.

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As defined by Stanley Hall (1904), adolescence is a period of “storm and stress,” and many teenagers have conflicts with parents, participate in risk behaviors, and exhibit mood swings (Arnett, 1999). Adolescents who have experienced parental divorce (Thompson, Lizardi, Keyes, & Hasin, 2008), sexual assault (Smith et al., 2010), over-interference by parents, punishment, or rejection (Xiuqin et al., 2010) tend to have more mental health problems, as manifested by delinquency, addiction, and/or depression. In addition to these risk factors, children of immigrants face acculturative stress (Katsiaficas, Suarez-Orozco, Sirin, & Gupta, 2013), communication problems with parents (Schwartz et al., 2012), and discrimination (Basanez, Unger, Soto, Crano, & Baezconde-Garbanati, 2013).

Self-esteem and anger are predictors of mental health in adolescents (Li, Chan, Chung, & Chui, 2010; Nock et al., 2013). Self-esteem is a rating of how highly we value ourselves. High self-esteem is based on the ability to evaluate oneself accurately and accept who we are. People with high self-esteem consider they are worthy and worthwhile, and accept their strengths and weaknesses (University of Texas at Austin, 2013). Self-esteem can be improved by not comparing oneself with others and by exercising self-compassion, affirmation, self-awareness, self-acceptance, forgiveness, balanced core beliefs, and assertiveness (Centre for Clinical Interventions, 2013; State Government of Victoria, 2013b; University of Texas at Austin, 2013).

Anger can be classified as trait anger or state anger. Trait anger is a usual temperament wherein one experiences anger frequently at different intensities, whereas state anger is the degree of anger a person experiences at a specific time (Spielberger, 1999). Anger can be reduced by forgiveness (Wilkowski, Robinson, & Troop-Gordon, 2010), the

appropriate expression of anger, and by balanced thought (Government of Scotland, 2013; State Government of Victoria, 2013a).

Many previous studies that addressed the effects of group therapy used quantitative methods, but it is difficult to describe the changing process of the participants using such measures. Qualitative research provides an understanding of the changing process of participants. Furthermore, few studies have examined the effects of group therapy on the adolescent children of immigrants. Therefore, the purpose of the current study was to describe participants' experiences of group therapy and to evaluate the effects of group therapy on self-esteem and state anger in a cohort of the adolescent children of immigrants.

## METHODS

### Design

A quasi-experimental (pre-test/post-test, control group design, no randomization), mixed design (based on qualitative and quantitative methods) was used. Qualitative descriptive research was used to describe the experiences of adolescents who participated in group therapy.

### Setting and Procedure

The institutional review board (IRB) at a university in the United States approved the current study. Participants were recruited by individual contact or by announcements at Korean churches within the same community as the university. A researcher explained the purpose and procedures of the study, and provided a signed consent form for participants and their parents/guardians to read and sign. All parents/guardians and participants signed the consent form. Participants completed the State Trait Anger Expression Inventory (STAXI) (Spielberger, 1999) and the Self-Esteem Inventories (Coopersmith, 1981) as pre-tests. Members

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of the control group received \$5 after completing the pre-post questionnaire, and members of the experimental group received \$10. Group therapy was conducted for a total of 8 hours (1-hour session per week for 8 consecutive weeks). At the final group therapy session, participants completed the two inventories. Participants were also interviewed to determine the effects of group therapy. The control group did not receive group therapy. Members of the control group completed the STAXI and self-esteem inventories twice with an interval of 2 months.

### Instruments

#### State-Trait Anger Expression Inventory (STAXI)

State anger was measured using STAXI-II (Spielberger, 1999). In this instrument, the state anger subscale consists of 15 items, which are assessed on a 4-point Likert-type scale. State anger measures the degree of anger a person experiences at a specific time. Higher scores indicate higher state anger. The state anger subscale has strong convergent validity with the Multidimensional Anger Inventory ( $r = 0.21-0.22$ ,  $p = 0.001$ ) and demonstrates good internal consistency (Cronbach alpha coefficient = 0.91) (Culhane & Morera, 2010).

#### Self-Esteem Inventory

Self-esteem was evaluated using the Self-Esteem Inventory (Coopersmith, 1981), which consists of 25 items that are responded to in yes/no format. The internal consistency of this scale was reported to be 0.77 in a study of 802 16-year-old students (Francis, 1998).

### Data Collection and Sampling

Data were collected from August 11th 2011 to October 21st 2011. Purposive sampling was used. Forty participants were recruited at two Korean churches. These subjects chose to enroll in the experimental or control group because some participants did not want to participate in group therapy but were interested in completing questionnaires. The inclusion criteria were: 1) an age from 12 to 18 years (inclusive); 2) the ability to understand English; 3) the desire to increase self-esteem; and 4) the desire to learn how to manage anger. Exit interviews were recorded on audiotape during the final session. During exit interviews, participants described their experiences and rated their satisfaction with group therapy using 0 to 10 scales; these ratings included the ability to express real feelings, ease of talking about oneself and problems, and satisfaction with the group therapy topics.

### Intervention

Group therapy consisted of eight sessions (Table 1). Each session started with participants sharing their good behaviors during the previous week, and ended with the reading of a serenity prayer. The content of group therapy was ordered chronologically (past, present, and future). Group therapy placed an emphasis on praise and the healthy expression of anger. Positive psychology was used to develop the program. Happiness is related to subjective well-being, engagement and flow (using one's strengths and talents to meet challenges), positive character traits (talents, interests, and strengths), and meaning (Lee Duckworth, Steen, & Seligman, 2005).

#### Sessions on Meaning

The first, seventh, and eighth sessions were based on logotherapy, a technique that was developed by Viktor Frankl, who found that many people contemplate suicide when they experience suffering, poor health, brutality, deprivation, lack of material comfort, or are aware of the proximity of death. However, people who have meaning or purpose tend to survive (Frankl, 1946, 2006). In session one, participants were asked to draw a line showing the low and high points in their lives. They were also asked to define the meaning of suffering. In session seven, participants were asked to write an epitaph for their tombstones.

In session eight, participants were asked to find a purpose for their lives and make short-term and long-term plans. Realizing the meaning of suffering and the purpose of life improves self-esteem. In a previous study on 207 female students, it was shown that commitment to purpose significantly predicted self-esteem ( $R^2 = 0.38$ ,  $p < 0.001$ ;  $\beta = 0.54$ ,  $p < 0.001$ ) (Blattner, Liang, Lund, & Spencer, 2013). Furthermore, making meaning of pain reduces anger, depressive mood, and pain (Graham, Lobel, Glass, & Lokshina, 2008).

#### Sessions on Positive Character

The second and third sessions were designed to develop a positive character. In session two, participants shared their personality traits, emotions, merits, and likes and dislikes. In session three, participants shared the positive and negative characteristics they wanted to keep or discard. Asian parents, including Korean parents, tend to offer little praise as compared with other races (US Census, 2009). Korean parents' concern is if they praise too much, their children could be arrogant or not do their best. Accordingly, Korean adolescents often have difficulties identifying their merits. For this reason, participants were encouraged to share their good behaviors weekly and identify their better characteristics and merits. The second and third sessions helped participants to accept themselves for what they are and feel competent.

#### Sessions on Subjective Well-Being and Engagement

Forgiveness education, communication-skills training, family tree, and gratitude were used in sessions on subjective well-being and engagement. In session four, participants drew a family tree of the past three generations and drew lines indicating closeness and conflicts. Participants talked about the traits of certain family members. The fifth session, "healing of the hurt mind," incorporated forgiveness education. Participants were taught to forgive an offending person and communicate this forgiveness to the offender. An education program on forgiveness, which was based on a synthesized model of forgiveness created by Gordon and Baucom (1998), was developed by Kim (2002). Forgiveness reduces anger, coincides with positive health-related outcomes, and improves mood and quality of life (Carson et al., 2005; Friedman et al., 2010; Waltman et al., 2009; Webb, Toussaint, Kalpakjian, & Tate, 2010).

Korean adolescents tend to suppress anger (Park et al., 2010), presumably because Koreans are influenced by the Confucianism belief that it is a virtue to refrain from expressing emotions. Therefore, healthy communication and expression of emotions were included. The sixth session on "good communication" focused on communication-skill training. Gorden (2000) suggested that successful communication works when one relies more on I-messages than you-messages. I-messages express personal feelings. They are statements about feelings, beliefs, and values of the speaker, and are generally expressed as sentences beginning with the word "I", whereas you-messages begins with the word "you" and focus on the person being addressed. Here, participants wrote about a recent event that resulted in a heated argument with others, and then re-described the same event using I-messages. Effective communication strategies, such as, I-messages and paraphrasing were found to significantly decrease verbal and physical aggression in 71 children (Heydenberk & Heydenberk, 2007). The seventh session was developed to reduce anger by encouraging the appropriate expression of anger and focus on gratitude. For adolescents aged 10 to 24, suicide is the third leading cause of death (Centers for Disease Control and Prevention, 2014), thus, the prevention of suicide was included. The seventh session helped participants realize that if they considered time to death limited, they would choose to do meaningful things. Participants were asked to write a letter to family members detailing their final will and to express their appreciations and apologies, describe emotional wounds, and make requests. Gratitude is a protective factor against stress and depression (Lambert, Fincham, & Stillman, 2012) and is related to self-esteem (Kashdan, Uswatte, & Julian, 2006).

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