

State Self Esteem and Causal Attribution in Reattribution Training among Self Worth Protective Students

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This study examined self-worth protective subjects who intentionally withdraw effort from situations reflecting low ability. On occasions, when failure is unavoidable, self-worth protective subjects attribute their failures to internal attributions. This learned helplessness leads to low self-esteem, low self-concept, hopelessness and worthlessness. Self-worth protection scale was administered to identify self-worth protective subjects. The sample of the study consisted of 100 subjects of eleventh standard. Pre and post-test design was used. To test the effect of individual counseling, high self-worth protective subjects were selected. Counseling was given in order to modify the distorted perceptions of self-worth protective subjects. Results showed significant increase in self-esteem and external attributions and significant decrease in internal attributions of high self-worth protective subjects, following reattribution training

Keywords: Self-worth protection and Reattribution Training

A self-worth theory of achievement motivation (Beery, 1975; Covington, 1984a, 1984b; Covington & Omelich, 1991) holds that in certain situations students stand to gain by not trying- by deliberately withholding effort, thereby protecting their self-worth. Thus, self-worth protection is a defensive technique which students adopt to refrain themselves from situations reflecting their low ability. When poor performance increases the plausibility of reflecting low ability, a situation of high evaluative threat is created. In such situations, these students perform poorly. On the contrary, where a mitigating excuse allows poor performance to be attributed to a factor, unrelated to ability, a situation of low evaluative threat is generated.

In the short-term withdrawing effort spares the individual from conclusions of inability and

diminished self-worth. On the other hand, in the longer term the effects of self-worth protection are evident in perpetual resort to avoidance strategies in situations that involve threat to self-worth, compounding suspicions of personal incompetence to such a degree that, eventually, conclusions of low ability are inescapable. Covington (1984a) observes that the defensive and self-defeating tactics of failure-avoidance progressively cut students off from classroom rewards. Ultimately, self-worth protective students have no recourse but to attribute failure to low ability. As a consequence, the avoidance strategies of these students ultimately backfire. The end result is internalization of failure, diminished expectancies for success and low achievement (Thompson, 1996, 1999).

A variety of self-handicapping strategies have been described as peculiar symptoms of self-worth protection (Beery, 1975; Covington & Beery, 1976; Covington, 1984b; Thompson, 1994). These include lack of confidence, low self-esteem, withdrawal of effort, procrastination, low goal-setting and last minute study.

According to Elliott and Dweck (1988), self-worth protective children develop learned helplessness, attribute their failures, not their successes, to ability. And on occasions in which they do succeed, they are likely to conclude that external factors, such as, luck are responsible. Furthermore, such children have come to believe that ability is a fixed characteristic of the self that cannot be changed. They do not think competence can be improved by trying hard. So, when a task is difficult, these children experience an anxious loss of control. They quickly give up, saying, "I can't do this", before they have really tried.

Attributional styles affect the goals children pursue in learning situations. Self-worth protective students focus on less challenging tasks or courses and even less demanding careers. Self-worth protection prevents children from pursuing tasks that they are capable of mastering and from realizing their potential. Experiential research confirms the potent impact of adult feedback on children's attributional styles (Thompson, 1996).

So, this study endeavored to investigate the effect of intervention program on high self-worth protective subjects.

Hypotheses

1. After receiving insolvable line drawing task, high self-worth protective subjects would make more internal and less external attributions, state self-esteem as compared to low self-worth protective subjects.

2. After intervention program, there would be an increase in state self-esteem and external attributions and decrease in internal attributions of high self-worth protective subjects.

Method

Sample

Self-worth protection scale was administered on 100 students of eleventh standard of Gayatri Public School and Army School, Agra. On the basis of quartile deviation, ten subjects scoring above Q3 (Q3=212) were considered high self-worth protective subjects and ten subjects scoring below Q1 (Q1=180) were considered as low self-worth protective subjects. So, the total sample comprised of twenty subjects.

Design

Pre and Post-test design was used.

Measures

Self-Worth Protection Scale. This scale was developed by Thompson and Dinnel (2003) to measure students' tendencies who intentionally withdraw effort in order to avoid negative implications of poor performance in terms of damage to self-worth. It is a 33- item scale. Respondents rate each item on a 7-point scale ranging from "not very true of me" to "very true of me".

Post Experimental Questionnaire: The items were pooled from Srivastava's (1992) questionnaire and Palenzuela's (1988) Multidimensional Academic Locus of Control scale for measuring internal and external attributions and state self-esteem. The questionnaire consisted of 15-items rated on 5-point scale indicating the extent to which the subjects evaluate their state self-esteem and causal attributions for performance on the test.

Line Drawing Task: The line drawing task was taken from Glass and Singer (1961). It consists of two insolvable line drawings. The maximum time for each line drawing task was two minutes.

Procedure

Self-worth protection scale was administered on 100 subjects. From the initial pool of 100 subjects, 10 were selected as high

self-worth protective subjects scoring above Q3 (Q3=212) and 10 low self-worth protective subjects scoring above Q1 (Q1=180). First of all, subjects were given insolvable line drawing task. In the line drawing task, subjects were not allowed to lift the pencil till they finish each line drawing task. Also, they were not permitted to revert back to the lines they have already drawn in each line drawing task. After completion of task, subjects were asked to fill the post-experimental questionnaire. Thereafter, high self-worth protective subjects were selected for intervention program. After completion of counseling procedure, these subjects were, again, given insolvable line drawing task and then, post-experimental questionnaire was filled by them.

Intervention Program:

An intervention plan was contrived to ameliorate the distorted perceptions of high self-worth protective subjects. A brief cognitive-behavior therapy (CBT) was individually adhibited.

Stage 1:- Interview and Alliance Building (Session 1): In this session, both parents and the subject were interviewed. It inquired about subject's functioning with particular reference to parent-child relationships and inter-parental relationships.

Stage 2:- Counselling Procedure : It is a family-based approach. It helps family members communicate clearly and openly about problems and related issues. It encourages joint problem-solving with respect to the subject's difficulties and optimizes family support for the subject. The entire counseling procedure is divided into the following sessions-

Reattribution Training (Session 2) :- In a particular failure situation that have led to negative thoughts reflects an internal and stable attribution. The subject was trained to reinterpret the threatening situations in a less pessimistic way.

Communication Skills (Session 3) : When parents have difficulty in listening to their children and children have difficulties in clearly articulating their views to their parents, communication training is appropriate.

Problem Solving (Session 4): In this session, the subjects were given one problem at a time and were asked to give as many solutions as they can. Therefore, they were asked to explore the pros and cons of each and every solution of a problem. In the end, they were asked to choose the best possible solution for the problem.

Supportive Play (Session 5) : In this session, parents were trained to provide their children with support. The subject was asked to decide what he/she wants to do. The parents were required to actively participate in the activity, praising the child regularly and avoiding teachings and commands.

Disputation (Session 6-9) : It is one of the general ways to change the habitual beliefs that follow adversity. It consists of ABCDE (Adversity-Belief-Consequence-Disputation-Energization) model given by Seligman (1991).

Session 6 :- First of all, the ABC model was explained to the subject. The subject was made it clear what he/she thinks when things go badly actually changes how he/she feels. As a result, a thought has always triggered the feeling. If he/she can learn to find that thought, he/she can change it. The subject was given three examples to work with. Once the subject, grasp the ABCs concept, they were asked to find ABCs in his/her daily life.

Session 7 :- This session started by reviewing the Adversity-Belief-Consequence link. During this session, each ABC of the subject was discussed and emphasized how sadness, fear and giving-up are all produced by his/her beliefs and hint broadly that these are not unchangeable. When the subject has found his/her five ABCs, the session comes to an end.

Session 8: In this session, Disputation-Energization link was explained to the subject. Counselor gave three examples to work with and explained the subject that the thought he/she possesses does not mean that the thoughts are true. They can be disputed. When the subject says negatives to himself/herself are disputed, he/she will stop believing them

and will become cheerful and able to do more.

Session 9: This session began by reviewing the link between disputation and energization. Now, the subject was asked to turn back to his/her own ABC record and take each of the five instances and get him/her to dispute the beliefs. After the end of each session, subjects were asked how they felt after discussion.

Results

Table 1: Mean scores of internal attributions, external attributions and self-esteem of high and low self-worth protective subjects before intervention. (N = 10 in each group), df = 9

Group	Internal attributions				External attributions				Self-esteem			
	Mean	SD	SED	t	Mean	SD	SED	t	Mean	SD	SED	t
High	18.3	3.33	1.50	4.67*	10.05	11.1	4.99	8.02*	15.4	3.65	1.64	17.03*
Low	11				17.11				22.1			

*p < .01

Results depicted in Table-1 show the mean scores of internal attributions of high and low self-worth protective subjects. The value of "t" is 4.67 with 9df is significant at 0.01 level of significance. This indicates that the internal attributions of high self-worth protective subjects are more as compared to low self-worth protective subjects. Similarly, the value of "t" ratio (Table-1) is 8.02 with 9df is significant at 0.01 level of significance,

indicating that the external attributions of high self-worth protective subjects are less as compared to their counterparts. Table-1 shows that the mean scores of self-esteem of high and low self-worth protective subjects. The value of "t" ratio is 17.03 with 9df is significant at 0.01 level of significance. This concludes that the self-esteem of high self-worth protective subjects is less in comparison to low self-worth protective subjects.

Table 2: Comparison of mean scores of internal attributions, external attributions and self-esteem of high self-worth protective subjects before and after intervention. (N = 10 in each group), df = 9

Group	Internal attributions				External attributions				Self-esteem			
	Mean	SD	SED	t	Mean	SD	SED	t	Mean	SD	SED	t
Before interve.	18.3	3.33	1.50	4.67	10.05	11.1	4.99	8.02	15.4	3.65	1.64	17.03
After interve.	11.2	3.33	0.58	12.1*	18.2	3.16	0.56	14.23*	20.01	1.17	0.34	4.71*

*p < .01

Table-2 revealed the mean scores of internal attributions of high self-worth protective subjects before and after interventions. The value of "t" is 12.07, which is significant at 0.01

level of significance. This significant value clearly shows reduction in internal attributions of high self-worth protective subjects. On the contrary, the value of "t" ratio Table-2 is 14.23 significant at 0.01 level, indicating increase in external attributions of high self-worth protective subjects. Perusal of Table-2, shows mean scores of self-esteem of high self-worth protective subjects. The value of "t" ratio at 9df is 4.71, significant at 0.01 level of significance. Thus, it may be concluded that there is an increase in self-esteem of high self-worth protective subjects, following interventions.

So, it can be stipulated that the intervention program was helpful in modifying the distorted perceptions of high self-worth protective subjects. Thus, both the hypotheses have been accepted.

Discussion

The relevance of attributional style to behavioral problems may be related to the development of self-concept. The most critical demand is to succeed. Failing to meet this demand may result in negative evaluations that pose difficulties in developing a meaningful self-concept and further reinforce the young person's low status (Tony, 2003). Internal attributions for failure and external attributions for success have been found to serve as a means of maintaining an individual's low self-concept (Kukla, 1972; Weiner & Kukla, 1970; Weiner & Potepan, 1970; Wortman & Brehm, 1975).

The helpless reformulation predicts that a pessimistic attributional style is associated with loss of self-esteem. This prediction is supported by empirical evidence (Brewin & Shapiro, 1984; Devins, 1982; Girodo, Dotzenroth & Stein, 1981; McFarland & Ross, 1982; Rothwell & Williams, 1983; Weiner, 1979).

In the second part of the study, there is a considerable reduction in the internal

attributions and increase in external attributions and self-esteem of high self-worth protective subjects (before and after interventions). On the basis of feedback given by subjects after each session, it was concluded that high self-worth protective subjects found themselves occupied with negative thoughts, lack of confidence and feeling helpless. Their attitude was very pessimistic. So, in this session counselor trained these subjects to interpret the negative mood-state in a less pessimistic way. After reattribution training, subjects felt relaxed and started to think on a positive note.

A joint communicating session between parents and the subject was convened. As a result, they were able to articulate their views to each other and helped them to convince each other more frequently. Before the problem-solving session, these subjects were finding difficulty in solving their problems and consequently feeling helpless. During this session, problem-solving skills were developed in these subjects which enabled them to find solutions of their problems and felt much more confident.

Parents were convinced to give positive feedback to their child in the form of praise, encouragement and appreciation. This attitude of parents helped the subjects to build-up their confidence. After receiving positive feedback from their parents, subjects were feeling confident and have the feeling that they can also do something.

Generally, a negative thought always triggers the feelings of sadness and helplessness. During these sessions (6-9), counselor trained the subjects how to identify these negative beliefs, which has caused the negative mood-state. And trained how to overcome these negative thoughts through disputation. As a result, subjects became more optimistic and started to believe in their potential and were much more confident than before.

This clearly revealed that failure in any task tend to increase the repertoire of internal attributions of high self-worth protective subjects. At the same time, their external attributions decreases. This will have a deleterious effect on self-esteem of such individuals. But the distorted perceptions of such people can be improved by effective counseling.

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