

THE EFFECTIVENESS OF CBT FOR THE MANAGEMENT OF LOW SELF-ESTEEM AMONG ADOLESCENTS

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ABSTRACT

Objectives: The aim of the study was to explore the effectiveness of CBT for the management of low self-esteem among adolescents.

Place and duration of the Study: Karachi Pakistan, January 2020-January 2021

Sample and Method: In a quasi-experimental design, convenient sample of 8 adolescents (females: $n= 5$ & males: $n=3$), aged 13-18 years ($M= 15.25$, $SD= 1.489$) willing to take sessions to resolve self-esteem issues. Four participants (male: $n=2$, female: $n=2$) were placed in experimental group and rests of 4 (male: $n=1$, female: $n=3$) were placed in waiting list control group having random gender distribution. Experimental group were given CBT treatment plan of 6 sessions individually, using an adapted CBT manual by Simmons and Griffith (2009). After the intervention was completed, paired sample t-test and independent sample t-test were utilized for analysis of difference between pre-post test scores of both experimental and control groups.

Results and Conclusion: Findings of the study indicated significant improvement ($p< 0.05$) in self-esteem after CBT sessions among adolescents. There was also significant difference ($p< 0.05$) observed in self-esteem between experimental and control group. The results of the study highlighted the effectiveness of CBT in managing low self-esteem among adolescents. Clinical psychologists who are engaged to improve the self-esteem of adolescents can opt for CBT interventions.

Keywords: Cognitive behavioral therapy –CBT; Self-esteem; Adolescents, Quasi-experimental design

INTRODUCTION

In adolescence, a person goes through a transitional phase of growth and development from childhood to adulthood. The World Health Organization-WHO defines adolescent as a person between 10-19 goes through three phases; early adolescence, middle adolescence and late adolescence (Csikzentmihalyi, 2019).

Early adolescence's age range is between 10-15 years. An individual develops physical, cognitive and emotional capacities during this transactional phase. Cognitively, adolescents have limited capacity of abstract thought processes but intellectual capacity becomes more expand and important. Same as physical development has an influence on his psychological and emotional growth, especially if he is concerned about his appearance in peers (Nalin, 2016). In middle adolescence, person goes through psychological and emotional development because of puberty completion (Allen & Waterman, 2019). Person usually searches for his identity and willing to spend time with those whose qualities and traits he wants to adopt. In this psychological development, a person reaches for his independence while at the same time, fear of losing parents security. In late adolescence, a person gains more confidence and expands his social circle (Caskey et al., 2014) Going through these stages, person develops his sense of self which impact his self-esteem (Krauss et al., 2020; Elfhag et al., 2010).

During this transitional and developmental period, adolescents face family and friends relationship issues, as it is adjusting phase of life, root cause of these crisis is low self-esteem or self-esteem issues (Rezaei-Dehaghani, et al., 2015). Different factors such as family environment, parental support, academic institute, social circle have an influence on adolescent's self-esteem (Elfhag et al., 2010). Family environment is the main contributor of self-esteem development especially mother's involvement and acceptance (Krauss et al., 2020).

Self-esteem is defined as multidimensional construct by some theorists (Harter, 1993; Shavelson & Marsh, 1986). Studies highlighted significance role of peers' influence on person's self-esteem which becomes more apparent during adolescence because of friendship quality. Adolescents spend more time with their friends and do interactions with them after independence seeking from their parents (Shaffer & Kipp, 2014; Smith et al., 2015). Feedback received from environment has an impact on individual's sense of self. If an individual has low self-esteem, and he is exposed to a supportive environment with positive reinforcement and encouragement, his self-esteem will be improved in a healthy direction (Youngblade et al., 1995).

Only few researchers define self-esteem as unidimensional global domain. According to Rosenberg (1965), Self-esteem is the person's attitude towards self either positive or negative and also overall evolution of thoughts and feelings about own self. While according to Coppersmith (2000), under unfavorable environment, individual tends to develop low self-esteem and becomes more submissive and withdrawn due to failure/rejection and lack of support from his environment.

Present study has more focus on global approach towards understanding self-esteem, as Rosenberg (Rosenberg, 1965) emphasized more on adolescence phase rather than childhood. In self-evaluation process self-esteem develops while being comparison with others. Usually adolescents do comparisons with their same age peers and friends, they evaluate their value how other see or think about them (Moulton, 2019).

To improve self-esteem, different psychotherapies are utilized such as cognitive behavioral therapy-CBT, Compassion-focused therapy-CFT, Art therapy and Competitive memory training-COMET and all these therapies have impact on dealing low self-esteem and associated symptoms of comorbid disorders such as depression, anxiety and personality disorders (Walley & Kaur, 2021).

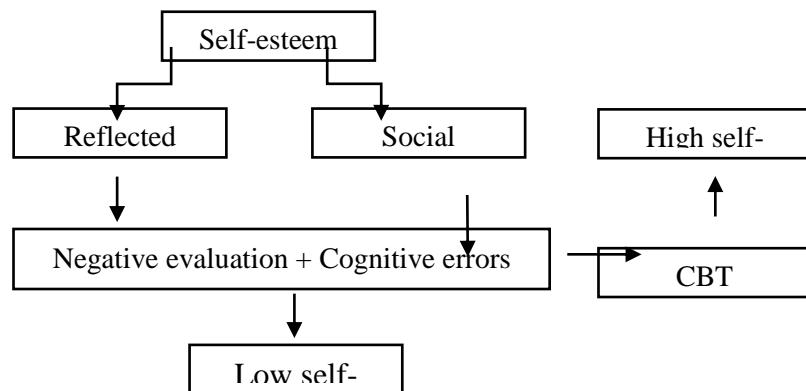
CBT by Arron Beck (1964) is based on assumption of thought patterns have significant role in any psychological distress. In first step, CBT focuses on thought patterns and second step includes behavioral techniques. Goal of the CBT is to alter individual's cognitive distortions and target maladaptive behaviors with healthy and adaptive way which are the factor of low self-esteem (Attar et al.,2015)

According to Rosenberg's (Rosenberg, 1965) self-esteem conceptualization, self-evaluation based on social comparisons and reflective appraisals shape individual's self-esteem. But unhealthy social comparisons develop cognitive distortions and self-doubts. During adolescence phase, confidence lack and doubts in personal abilities are responsible for low self-esteem as well as other psychological disturbances such as mood disorder, body image dissatisfaction, anxiety and depression (Waite et al., 2012).

Theoretical framework of present study:

The present study was based on Rosenberg self-esteem theory (Rosenberg, 1965) and Beck cognitive model (1964), to deal with thought distortions and negative evaluation developed by social comparison and reflected appraisal leading to low self-esteem among adolescents. Interventions of cognitive behavioral therapy-CBT were utilized such as psycho-education, identification, evaluation and working on thoughts, beliefs

and dysfunctional assumptions to deal with low/negative self-esteem among adolescents.



Practice, theory and research are three levels of significance of every study (Ridder, 2017). In practice field, this study will highlight the importance of CBT for low self-esteem among adolescents. According to Harter, low self-esteem is developed due to negative self-evaluation during unfavorable life experiences; improvement in the self-evaluation domain means low psychological distress in individuals (Harter, 1993). This study emphasized that adolescents can be psycho-educated about negative thoughts, beliefs and assumption by providing awareness of self-esteem though CBT.

In research field, this study is also significant, it will strengthen empirically evidence basis of CBT for low self-esteem in Pakistani population. It will draw attention towards enhancing self-esteem among adolescents in Pakistan.

Developed countries already have assessed effectiveness of CBT different modalities for treating different psychological problems; however in Pakistan as developing country, it is still untouched topic regarding self-esteem and CBT, so this study will contribute the work of developing countries. The purpose of the study is to psycho-educate dealing with psychological problems in a healthy way by building rational thoughts. The main objective is to explore effectiveness of CBT for low self-esteem among adolescents, (1) To compare difference in self-esteem among experimental group (receiving CBT) and control group (waiting group). Following hypotheses have been framed to study the variables:

1. CBT will be significantly effective in dealing low self-esteem among adolescents.
2. Participants of experimental group will have higher self-esteem after receiving CBT as compared to participants of control group.

METHOD

Pre-post Quasi experimental design was applied in present study. A quantitatively comparison between experimental and control group was assessed.

Participants

Each group had four (4) participants with random distribution by gender (females: $n= 5$ & males: $n =3$) aged between 13-17 years ($M=15.25$, $SD=1.48$), selected by convenient sampling who were willing to take sessions to resolve self-esteem issues and scored low self-esteem in pre-test on Rosenberg Self-esteem Scale RSE (Ros65). After screening, they were divided into two groups; experimental (male; $n=2$, female: $n=2$) and control (male; $n=1$, female: $n=3$) group. Each group had 4 participants having random gender distribution.

Measures

Demographic form:

Demographic forms were utilized to gather information regarding age, gender, education any diagnosed psychological disorder or any current medical history from participants.

Rosenberg Self-esteem Scale-RES (Rosenberg, 1965)

RSE is based on self-report questionnaire with 10 items consist of 4-point Likert scale response (strongly disagree, disagree, agree and strongly agree), usually take 10-15 minutes of administering and scoring. Scores below 15 indicate *low self-esteem*, while scores between 15 and 25 show *normal range of self-esteem* and above 25 scores show *high self-esteem*. It has reliability range from 0.77 to 0.88 internal consistency and 0.82 to 0.85 test-retest reliability. Validity is 0.55 criterion validity (Rosenberg, 1965)

Procedure:

Participants were selected through convenient sampling who met the inclusion criteria of the study. Written consent was taken from all participants before starting therapy sessions, in which they were briefly informed about the aim and nature of the study and their right to withdrawal from study any time. They were made assure that their demographics and findings of the study would be kept after taking consent and screening of self-esteem, participants were divided into experimental and control groups. Control group participants were informed that they will get CBT sessions after experimental group (second phase of study). Face to face individual sessions were based on 6 sessions (one hour per session) adapted therapy sessions

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from a CBT manual by Simmons and Griffith (2009). Post-test was done to find CBT efficacy in last session. Results were analyzed through SPSS proving the effectiveness of CBT in managing low self-esteem, then sessions were given to waiting list control group.

Table 1
Sessional plan for intervention group:

Aims and Objectives
Session CBT assessment
Sessions 1
After rapport building, predisposing, precipitants and protective factors were explored in detail CBT assessment to resolve low self-esteem. Faulty assumptions to core beliefs were developing unhealthy copings, such as avoiding/withdrawing to deal daily life problems within participants. As homework, they were given a task to do at least one activity that make them happy or give pleasure.
Goal setting to work on cognitive distortions CBT case conceptualization Introduction of CBT model
Sessions 2
Therapeutic goals were discussed and decided mutually with participants to alter NATs, faulty beliefs and dysfunctional assumptions that were leading to low self-esteem. They were figured out their unhealthy copings along with predisposing, precipitants and protective factors by using friendly formulation sheet. They were psycho-educated individually about their factors leading to low self-esteem. Brief CBT model was introduced by discussing their thought, feeling and behavior. In the end, they were given task to write about their thoughts, feelings and behaviors in thought diary.
Psycho education about CBT Maintenance cycle Activity schedule and management
Sessions 3
After the identification negative automatic thoughts with unpleasant feelings and avoidance or maladaptive behaviors due to unsupportive environment or negative life event, and facing low self-esteem as consequences, they were psycho-educated for insight building on CBT

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maintenance cycle of thought feeling and behavior along with consequences. For activity management, they were given homework to make their timetable for studies and routine management as per their requirement. By the end of session, they were encouraged to do one activity from their hobbies.

Psycho-education about NATs/ Cognitive error

Sessions 4

Task which was assigned in previous session, participants reported that they enjoyed their selected hobbies. Psycho-education was done for insight building about types of NATs. They identified their unhealthy thought pattern creating problems in their daily routine life by avoidance or isolation from their surroundings. For next session, they were given task identify NATs from diary they maintained.

Cognitive restructuring Affective management

Sessions 5

Thought challenging/ cognitive reconstruction was processed by altering negative thoughts with realistic thoughts. Socratic questioning and thought attacking exercise were practiced by using thoughts evidence for and against, either thoughts are based on facts or feelings, black and white, level of assumption, interpretation and consideration of all evidence. Participants identified their NATs were based on feelings because they were sensitive due to their unsupportive environment. Affective management was processed to deal with unpleasant feelings behind low self-esteem. Task was assigned to come with alternate thoughts that were learnt and practiced during session.

Psycho education about problem solving skills Posttest RSE scale

Session 6

In last session, they were psycho-educated about problem solving skills in which step ladder technique was practiced. They were asked to pick one problem from their life and identify possible solutions in smaller steps along with goal setting, starting from less anxious task to more relaxed one. While practicing these problem solving skills, deep breathing exercise and distraction technique were taught them to deal effectively with any stressful situation. It was suggested to write problems one by one, writing solutions for

them which they think there are could be any. Realistic and efficient solutions along with their pros and cons were practiced. Next step was to implement solutions after considering all hurdles and possible restriction on that solution by step ladder technique. By the end of session, overall summarization of whole therapy plan was done, they were appreciated for opting healthy protective factor by seeking help to resolve their low self-esteem and they were encouraged to opt healthy copings regarding any issue. For evaluating the CBT effectiveness, post-test RSE scale was administered.

CBT sessional plan has been mentioned in above table for this study. Aim of the study was to building insight and developing healthy copings to deal with NATs causing low self-esteem among adolescents at early stage of problem.

Ethical considerations:

A written Consent was taken from participants before starting therapy sessions. Study data was kept confidential. Participants were given right to withdraw at any point they wanted during study. Entire program was based on 6 sessions per an hour individually. Experimental group was given CBT intervention while the waiting list control group received intervention after the completion of study.

RESULTS

Statistical package for Social Sciences (SPSS 22) was used to analyze the effectiveness of CBT on participants by utilizing paired sample and independent sample t-tests.

Table 2
Mean and standard deviation of age of participants (n=8)

	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Age	8	13	17	15.25	1.489

M=Mean and SD=standard deviation

Table 2 shows the minimum age of sample as 13 and maximum age of sample was 17. The mean age of sample is 15.25 and standard deviation of age of sample is 1.489.

Table 3
Demographic variables of the study sample (n=8)

	<i>F</i>	%
Gender		
Male	3	37.5
Female	5	62.5
Age		
13 years	1	12.5
14 years	2	25
15 years	1	12.5
16 years	2	25
17 years	2	25
Birth order		
First born	2	25
Second born	3	37
Third born	2	25
Other	1	12

Table 4
Descriptive statistics and univariate normality of the Self-Esteem (n=8)

	<i>Items</i>	<i>M</i>	<i>Cohen's d</i>	<i>SD</i>	<i>SK</i>	<i>K</i>
Self-Esteem	Pre-test	10	12.8	0.90	1.24	-.87
	Post-test	10	16.8	1.46	3.67	1.07

M=Mean, *SD*=Standard Deviation, *SK*=Skewness, *K*=Kurtosis

Table 3 represents the total scores of pre-test and post-test of experimental and control groups of the study. The mean score of pre-test is 12.8 and post-test is 16.8, which indicates that scores of post-test increased after intervention provided to the experimental group. The standard deviation of pre-test score is 1.24 and post-test is 4.6. The value of skewness is -0.87 in pre-test and in post-test is 1.07, the value of kurtosis in pre-test is -0.70 and in post-test is 0.83. These values showing the data are normally distributed.

Table 5

Paired sample t-Test Results Showing Comparison between Pre-test and Post-test Scores of Experimental Group (n=4)

Variable	Pre-test		Post-test		t(df)	P	95% CI	
	M	SD	M	SD			LL	UL
Self-Esteem	13	1.41	20.50	3	5(3)	.015	2.726	12.27

In table 4, paired sample t-test highlighted a significant difference in self-esteem of participants after having CBT sessions. The p-value is $p=.015$ t indicating a statistically significant difference between pre ($M=13.25$) and post-test ($M=20.50$) scores of experimental group.

Table 6

Independent sample t values and Descriptive Statistics for Self-Esteem between Experimental and Control Groups (n=8)

Variable	Experimental		Waiting list		t(df)	P	95% CI			
	Group (n=4)		Control Group (n=4)				LL	UL		
	M	SD	M	SD						
Self-Esteem	20.50	3	13.25	.95	-3.84 (3)	.031	-13.25	-1.24		

Table 5 indicated the significant differences between experimental ($M=20.50$) and control group ($M=13.25$) by comparing independent sample t-test. The p-value is $p=.031$ t indicating an adequate self-esteem of adolescents after CBT sessions. Overall findings of the study verifying CBT for managing low self-esteem among adolescents.

Table 7
(Additional Analysis) t-test results comparing Gender differences on Self-esteem among adolescents (n= 4)

	Male		Female		<i>t</i>	<i>df</i>	<i>P</i>	95 % CI	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				<i>LL</i>	<i>UL</i>
Pre-test	14	0.00	12	1.41	2	2	0.18	-2.30	6.30
Post-test	23	4.24	18	1.41	1.58	2	0.25	-8.6	18.6

M=mean, SD=standard deviation, CI=confidence interval, UL=upper limit, LL=lower limit

Additional analysis was done to explore the gender differences on self-esteem scores of pre-posttest of experimental group among adolescents (male; *n*=2, female: *n*=2). Table 6 showed the *p*-value is *p*=0.18>*t* in pre-test and *p*=0.25>*t* in post-test which indicated no significant gender differences found on self-esteem scores of experimental groups participants.

DISCUSSION

Present study aimed to explore the effectiveness of CBT among adolescents with low self-esteem. Several studies have done to establish evidence for its effectiveness on adolescence population (Halder & Mahato, 2019; Oud, et al., 2019; Matthys & Schutter , 2021). While in Pakistan, evidence based researches on adolescents are in process, and still people are unaware of developing or strengthening self-esteem at initial stages (Amin et al., 2020; Khalid et al., 2022). Thus, purpose of the study was to implement CBT on a sample of Pakistani adolescents having low self-esteem for the prevention of other mental disorders in later on life.

Therefore, the first hypothesis of the study supposed that CBT will be significantly effective in dealing low self-esteem among adolescents. Table 3 indicated statically significance difference between pre and post interventional scores of the participants (*M*= 20.50, *SD*= 3, *p*<0.05), proving the first hypothesis. The findings of table 3 are supported by the studies conducted on the effectiveness of CBT for low self-esteem among adolescents (Attar et al., 2015; McManus et al., 2009).

The second hypothesis stated that participants of experimental group will have higher self-esteem after receiving CBT as compared to participants of control group. Table 5 showed statically signifantly difference between

post-tests of both experimental and control groups and highlighted higher self-esteem within experimental group ($M= 20.50$, $SD= 3$, $p<0.05$), as compared to control group ($M= 13.25$, $SD= 3$, $p<0.05$), hence proving the second hypothesis. The findings of table 4 are concordant with previous studies in which significant increase in self-esteem was observed in those participants having CBT treatment as compared to those did not receive CBT treatment(Shaaebaf et al., 2015; Ommolbanin et al., 2012).

Furthermore, additional analysis was done to check gender differences on self-esteem among participants. Table 6 findings indicated no statistically significant ($p>0.05$) gender difference; males ($n= 2$, $M= 23$, $SD= 4.24$), and females ($n= 2$, $M= 18$, $SD= 1.41$) on self-esteem among adolescents. These findings are supported by the studies conducted by ElRafei (2008) and Aryana (2010) in which gender difference was not found in self-esteem levels among adolescent students. In adolescence phase, focus towards body dissatisfaction, career, education, bullying common in both genders. Role of female has now become diversified, females were more susceptible towards emotional problems earlier (Fischer, Kret, & Broekens, 2018) but due to cultural as well as global change in society, male also faces numerous mental health as well as emotional problems (McKenzie et al., 2018).

In present study, it was observed that predisposing factors of participants' low self-esteem were negative life experiences, parental conflicts, neglected/unsupported environment, and pressure, unrealistic demands from parent / environment, and bully history. While in precipitating factors of low self-esteem were unrealistic demands from parents/ environment, clashes between parents, comparison with siblings and cousins in academic performance were found. The maintaining factors included concerns about parents, family, self-isolation, withdrawal behaviors, overthinking related to problems leading to more problems and low self-esteem.

Pakistan has collectivistic culture where majority parents compare intentionally or unintentionally their child's strengths and weaknesses with siblings, same age peers and cousins instead of appreciating child efforts and strengths (Farid & Akhter, 2013). Studies proved that those adolescents who perceive rejection/avoidance from their parents have low self-esteem as compared to those having acceptance from parents (Deshpande & Chhabriya, 2013). Family conflicts, low academic performance, peer bully, physical appearance dissatisfactions and gender discriminations often load to self-esteem as compared to those having less social comparison tendencies (Dhillon et al., 2016)..

On growing up in unfavorable experiences, participants of the present study developed the ideal and real self-confusion leading to faculty self-beliefs. They adopted faulty assumptions to avoid emotional pain from their environment leading to withdrawal/ avoiding to deal with life problems. Unhealthy copings and cognitive distortions were leading to self-esteem issues.

As mentioned above in introduction part, negatively biased or thought distortions lead to low self-esteem. These dysfunctional assumptions form negative automatic thoughts regarding self, others and world (Beck, 1964). It was found out in the study that distortions such as personalization, overgeneralization, discounting the positive and catastrophizing lead to low self-esteem among participants and as protective factor, they opted to seek therapy for the resolution of their low-esteem.

Therefore, Cognitive behavioral therapy-CBT was applied to break vicious cycles of negative thoughts and overcoming low self-esteem because of its proven effectiveness and recognition for resolving low self-esteem among adolescents at initial stage as prevention of Axis-I disorders such as anxiety, mood, eating, psychotic, dissociative and substance use disorders in later life (McManus et al., 2009).

CBT focuses on reality base situations and present day challenges as it is impossible to change or control the past. By using CBT, individual can be guided to view past as past and not to relate or generalize the outcome to other situations in parents and future life circumstances (Morton et al., 2012).

In present study, CBT program was planned for adolescents having low self-esteem in Pakistan by using adapted CBT for CBT Beginners' manual by Jane Simmons and Rachel Griffiths (2009). After CBT assessment, participants were identified to their negative thoughts, feelings and behaviors by CBT model; psycho-educated for insight building regarding maintenance cycle of thoughts, feelings and behavior along with consequences. Cognitive re-structuring was utilized to deal with faulty assumptions and thought distortions along with affective management for dealing unpleasant feelings by practicing relaxation and distraction exercises. Problem solving skills were enhanced as the relapse management. The findings of the study proved the effectiveness of the Cognitive Behavioral therapy-CBT for dealing low self-esteem among adolescents.

Conclusion

The study explored the effectiveness of CBT for managing low self-esteem among adolescents. Experimental design was used having 8 participants aged 13-18 years, Pakistani adolescents were tested before and

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after therapeutic program by Rosenberg Self-esteem scale. Experimental group were given psychotherapeutic sessional plan adapted from CBT beginners' manual by Jane Simmons and Rachel Griffiths (2009).

The hypotheses of the study were significantly proven ($p<.05$) by indicating enhanced self-esteem after receiving treatment. It can be concluded that present study supports the effectiveness of CBT for managing low self-esteem among adolescents. Findings of the study provide the evidence for effectiveness of CBT for managing low self-esteem among adolescents as the prevention of other psychological disturbances in later on life.

In practicing field, this study supports the effectiveness of CBT for managing low self-esteem among adolescents. Studies have been proven that low self-esteem is the etiology factor of different psychological disorders such depression, anxiety, mood, eating, psychotic and substance use disorders. Present study indicates that adolescents can be psycho-educated to deal with low self-esteem by providing them CBT sessions at early stage as prevention of other psychological issues in later life and can be provided by therapists and counselors trained in short period of time. This study also strengthens the evidence base for CBT in field of research, and also highlights the need of further refining and testing cognitive therapy based interventions for adolescents in Pakistan.

Limitations and Recommendations

Sample data of the study was kept small ($N=8$) due to limited resources, therefore the findings of the study cannot generalized on the other populations. More studies need to be designed in future to address the problem, long term follow up are made to be able to have higher assessment about how upgrades could be done.

It is recommended that number of participants may be increased in future study from different locations, as this study relies in data collected from small and only one area. Different areas and large sample should be considered for generalizing the findings as a part of studies in future.

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