Studying the Effectiveness of training the consciousness skills and emotions control on Self-Esteem and anger control in adolescents with a physical-motional disability in Esfahan

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ABSTRACT: physical - motional disability in any age can cause many problems such as poor Self-Esteem, lack or loss of self-esteem, negative self-expression, and behavioral, emotional and mental problems. On the other hand, the psychological nature of teenager itself is a huge challenges for every person his Family, so adolescents with physical- motional disabilities have more behavioral, emotional and mental problems. Therefore, using methods to reduce or remove these problems are essential. The aim of this study is to explore the self- consciousness and management of emotions in adolescents with physical - motional disability. The method of this study is Experimental method with pretest and posttest control group. The analysis of covariance showed significant difference in scores of Self-Esteem and behavior problems between the experimental group and the control group (P <0.01). Thus, according to the results, the effectiveness of self-management and emotional skills in students with physical - motional disability are confirmed.

Keywords: skills, self- consciousness, emotions managing, Self-Esteem, behavioral problems, physical - motional disability

INTRODUCTION

Almost all psychology experts agree that Adolescence is the most sensitive, the most critical and important period of human growth, and is prominently distinguished from other stages. This distinction is not due to fundamental changes in all aspects of their life that teenagers are faced; it rather is due to the simultaneously sweeping changes when still they don’t have Preparations to deal with them (Michael bam ,2007). In this period, person reaches to maturity, is seeking for his identity, looking for independence and separation from the childhood dependence, therefore, in this period, adolescents have no stable Mental Status. Since Adolescence is associated with many developments in the biological, psychological, social fields, each these changes can be considered as a stress-making factor for teens, In cases make disorders in Identification, and subsequently, poor Self-Esteem or behavior problems such as aggression.

Meanwhile, teens who have any physical - motional disability, their Situation is much more critical and more deliberate than others. due to a physical - motional disability and its impact on teenagers’ emotions, it is likely to annoy from emotional and behavioral problems. Physical defects can lead to person’s failure, and this itself will lead to maladaptive behaviors. As studies have shown, physical disability is the Source of psychological distress and its effects may be manifest as behavioral problems. The disabled persons compare themselves with the normal and healthy people, and since they can’t see coordination between themselves and others, they may experience some kind of stress, and tension (Attari and ,1384). Huks Bergen and Trlak (2007) have shown that high prevalence of psychological pressure on handicappeds has a high correlation with their neglecting in terms of physical and social and some Mental and physical health problems may create in these people. Any kinds and any manner of Disability may cause emotional or behavioral crisis. Ignoring these issues sometimes creates problems for people with disabilities which impact their physical - motional disability. Research done about Self-Esteem and behavior problems shows the importance of these subjects among adolescents, especially. Moradi (2006) on his research give attention to the effect of life skills training on women psychological profiles that have physical - motional disability. Analysis showed that life skills training have a significant increase in mental health; significant reductions in anxiety and social conflict on participants.
Sadeghi (2006) in his study evaluate the effectiveness of life skills education on Self-Esteem of elementary school students. Rate of Self-Esteem of the participants before and after the educational program of was measured by using Piers-Harris children's Self-Esteem Inventory. And the results showed that life skills training significantly increased students' Self-Esteem. In other study, Sujedi has examined efficacy of life skills training on interpersonal relationship, self esteem and assertiveness of blind girls in Fatima Zarah Centre in Esfahan. The results showed that life skills training has a positive and significant effect on self-esteem and assertiveness of blind girls. Mastaebi on his Research (2008) studied the effects of anger control training on aggression and social adjustment of 15 to 12 years old boys. In this study, 34 students who had higher scores on aggression tests were selected. On Eight sessions, anger control skills were trained to the experimental group and control group received no intervention. The results showed that training reduced aggression and increased consistency in the experimental group. Yadavari has study, evaluated the Effect of life skills education on public health, assertiveness and self-esteem on high school girls. In this study, 42 people were selected as experimental group and 42 people were selected as control group. This selection was randomly. Goldberg general health exam, Cooper smith Self-Esteem Inventory and A.S.A self-expression test were performed as a pre-test between the experimental group and control groups, and no significant differences were seen. At the end of the training period, both groups were tested again. The results showed that there are significant differences between two groups; it means that life skills education has impacted the public health, self-esteem and self-assertiveness. Mostaghimi (2008) investigated the effects of communication skills training from the life skills set, on self-esteem of students. The study sample was all girls between 15 to 13 years, living in welfare centers in Tehran in 2008, which 50 people were selected as research sample, by Cooper smith Self-Esteem Inventory, and were randomly assigned in experimental and control groups. The results showed that communication skills training were increase self-esteem in the experimental group. Yangjy (2004), in order to increase communication skills, self-esteem, emotional communication ability and academic achievement in high school football team, used life skills educations. After implementation of the intervention program, the results showed that the players' ability on communication skills and setting goals has significantly increased and in other variables no significant changes were seen. Effectiveness of group intervention for anger management in mental disables children, another study by John Rose and colleagues (2005), were studied. The results of this study that was conducted on 50 subjects, showed a decline in the participants' behavior associated with anger. The study of butveen and colleges (2006) that was aimed to evaluate the effectiveness of prevention program of life skills training on students' violence and delinquency, showed that, teaching the skills, significantly reduced the violence and delinquency of students. Volin and Vang (2008) have shown that, Life skills training reduce anti-social and troublesome behavior of students in the experimental group compared with the control group (According to Barlow et al. 2009).

May be stated that the innovative aspect of this study is that, based on available information, in conjunction with Self-Esteem skills training, and Emotion Management and its impact on anger control and Self-Esteem on adolescents with physical - motional disability, no research has been done.

Therefore, the physical - motional disables are including persons with special requirements, in many of them, necessary skills for daily life have not grown adequately, due to physical constraints, less enjoyment of classical education, negative attitudes of non-disabled people, and social relationship constraints and such factors. So these persons, like other Non-disabled people, need the necessary skills for success in different aspects of life. In this respect, consciousness skills and emotions management that are kind of life skills, might be able to help people to adapt with physical - motional disability and thus can control their emotional and behavioral problems.

Thus, the researcher is seeking to examine the effectiveness of training consciousness skills and emotions management on Self-Esteem and anger control in adolescents with physical - motional disability.

METHODS

The study design is Experimental with pre-test, post-test planes with control group, which includes the following steps:
Random selection of participants and random assignment of them
The pre-test (test of Self-Esteem and anger control)
Implementation of the independent variables (consciousness skills and motions management education)
Conducting the post-test (test of Self-Esteem and anger control)

Community and sample of research

The sample in this study consisted of all physical - motional disabled adolescences in Esfahan in 89-88 academic year. They were studying in special schools and among these three centers, one school was randomly selected. Among the students of the school, 30 people were randomly selected and among them, 15 people were assigned in the experimental group and 15 people were assigned in the control group.

Research tools:
Piers-Harris Self-Esteem Inventory: This questionnaire consists of 80 questions and is normalized to measure the adolescent’s Self-Esteem, which shows how teens feel about themselves. This test assumes that the Self-Esteem dimension is not unique and has six subscales for predicting:

1. Behavioral Problems
2. School conditions
3. Cognitive and mental status
4. Appearance and physical properties
5. Anxiety
6. Popularity
7. Happiness and Satisfaction.

The Reliability coefficient and validity of the questionnaire was reported by Asadi (1374), they are 0.92 and 0.87, respectively.

Aggression Questionnaire (AGQ): This scale contains 30. 14 articles measures aggression factors and 8 articles measures anger managing factors and 8 articles measures Implacability factors. Each question has 4 answer options, and participants select the options of "never, rarely, sometimes, and always" and for each of these options, values of 0, 1, 2, 3, are respectively considered, except for Article 18, which has negative factoring loads, and its scoring is reverse. The total score of the scales are between 0 up to 90, and is obtained from the sum of questions’ scores. Reliability coefficient of the questionnaire was reported 0.84 by Zahedi Far (1375).

Life skills training package: that have been developed by Welfare Organization for Adolescents with physical - motional disability.

**The method of conducting the study**

Training sessions were held at 9 meeting which lasted 90 minutes, about the experimental group. In implementing this program, different methods such as role playing, modeling, mind opening, active participation, lecture and Q & A were used.

Data analyzing method

After the training, anger controlling, and Self-Esteem management was performed again on both experimental and control groups. All collected data were analyzed by SPSS software.

Results

In this study, two hypotheses are proposed and tested. Testing study results are presented in tables. Hypotheses:

1. Consciousness skills and emotional management training, increases the Self-Esteem average score of experimental group more than the control group at post-test stage.
2. Consciousness skills and emotional management training decreases anger control average scores in the experimental group more than the control group at post-test stage.

Means and standard deviations of pretest and posttest scores of Self-Esteem in both experimental and control groups are presented in Table 1.

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest average</th>
<th>Pretest Standard deviation</th>
<th>Posttest average</th>
<th>Posttest Standard deviation</th>
<th>Number</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiment</td>
<td>50.73</td>
<td>8.5</td>
<td>66.47</td>
<td>5.4</td>
<td>15</td>
<td>Control</td>
</tr>
<tr>
<td>Control</td>
<td>50.6</td>
<td>7.61</td>
<td>47.07</td>
<td>10.71</td>
<td>15</td>
<td>Control</td>
</tr>
</tbody>
</table>

Self-Esteem scores increased in the post-test of the experimental group. But this increase is not observed in the control group.

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Average and standard deviations of pretest and posttest scores of the experimental and control groups on anger control are presented in Table 2.

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest average</th>
<th>Pretest Standard deviation</th>
<th>Posttest average</th>
<th>Posttest Standard deviation</th>
<th>Number</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiment</td>
<td>49.47</td>
<td>11.48</td>
<td>23.64</td>
<td>9.24</td>
<td>15</td>
<td>Control</td>
</tr>
<tr>
<td>Control</td>
<td>51.53</td>
<td>10.3</td>
<td>52.87</td>
<td>12.64</td>
<td>15</td>
<td>Control</td>
</tr>
</tbody>
</table>

Anger control group average scores in post-test have dropped. But this decrease is not observed in the control group.

Three.

Table 3. Test results of Shapiro - Vilk test about assumption of normality of scores distribution

<table>
<thead>
<tr>
<th>Shapiro - Vilk Significant</th>
<th>Degree of freedom</th>
<th>Statistics</th>
<th>Groups</th>
<th>Normality of scores distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>.136</td>
<td>15</td>
<td>.910</td>
<td>Experiment</td>
<td>control</td>
</tr>
<tr>
<td>.846</td>
<td>15</td>
<td>.969</td>
<td>control</td>
<td>anger control</td>
</tr>
<tr>
<td>.993</td>
<td>15</td>
<td>.985</td>
<td>Experiment</td>
<td>control</td>
</tr>
<tr>
<td>.927</td>
<td>15</td>
<td>.975</td>
<td>Self-Esteem</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. null hypothesis for the two groups’ Normality of scores distribution, are not Rejected. It means that the Normality of scores distribution assumption in pre-test scores in both groups was not rejected.

Table 4. Test results of on Levine test about assumption of two groups’ equal variances in society

<table>
<thead>
<tr>
<th>SIGNIFICANT (P)</th>
<th>Two degrees of freedom (denominator)</th>
<th>The first degree of freedom (Numerator)</th>
<th>F</th>
<th>SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>.761</td>
<td>28</td>
<td>1</td>
<td>.088</td>
<td>anger control</td>
</tr>
<tr>
<td>.053</td>
<td>28</td>
<td>1</td>
<td>3.516</td>
<td>Self-Esteem</td>
</tr>
</tbody>
</table>

As it is observed in Table 4, the null hypothesis for two groups’ equal variances cannot be rejected. It means that the assumption of equal scores variances in experiment and control groups at post-test was confirmed.

Results of analysis of scores covariance of Self-Esteem post-test in control and Experiment groups are shown in Table 5.

Table 5. Results of covariance analysis of group membership effects on Self-Esteem scores of the two groups

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>SIGNIFICANT (P)</th>
<th>F</th>
<th>Mean square</th>
<th>Degrees of freedom</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>.984</td>
<td>.001</td>
<td>18.167</td>
<td>810.341</td>
<td>1</td>
</tr>
<tr>
<td>Group membership</td>
<td>.669</td>
<td>.001</td>
<td>62.699</td>
<td>2796.673</td>
<td>1</td>
</tr>
</tbody>
</table>

According to calculated F ratio, between adjusted mean scores of Self-Esteem of physical - motional disabled participant adolescences based on group membership (Experiment and control groups) in the post-test, there is Significant differences (P=0.001). So the second hypothesis was confirmed. Therefore, emotion management and consciousness skills have impacts on Self-Esteem scores of participants in the post-test of experimental group. The effect rate of the post-test stage was 70%.

However, there is a significant correlation between scores of Pretest and posttest, but this relationship is controlled.

Analysis Results of covariance of post-test scores of anger control in both groups are shown in Table 6.

Table 6. Results of covariance analysis of the effects of group membership on anger control scores of the two groups

<table>
<thead>
<tr>
<th>Statistical power</th>
<th>Effectiveness</th>
<th>SIGNIFICANT (P)</th>
<th>F</th>
<th>Mean square</th>
<th>Degrees of freedom</th>
<th>VARIABLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.526-</td>
<td>.001</td>
<td>30.002</td>
<td>1807.63</td>
<td>1</td>
<td>Pretest</td>
</tr>
<tr>
<td>1</td>
<td>.779</td>
<td>.001</td>
<td>94.933</td>
<td>5817.099</td>
<td>1</td>
<td>Group membership</td>
</tr>
</tbody>
</table>

According to calculated F ratio, between the adjusted mean between anger control scores of adolescent with physical - motional disability, based on group membership (Experiment and control groups) there are Significant differences in the post-test (P=0.01). So, the first hypothesis was confirmed. Therefore, consciousness skills training and emotional management have impacted the anger control scores of participants in post test in the experimental group. The impact rate in the post-test was 78%. However, there is a significant correlation between scores of Pretest and posttest, but this relationship is controlled.

ANALYZING THE RESULTS

Covariance analysis results related to the first hypothesis based on the impact of consciousness and Emotional management skills training on Self-Esteem physical - motional disabled adolescences showed that, According to calculated F ratio, there is Significant differences between adjusted mean scores of Self-Esteem of physical - motional disabled participant adolescences based on group membership (Experiment and control groups) in the post-test (P<0.01). Therefore, emotion management and consciousness skills have impacted the Self-Esteem scores of participants in the experimental group. The impact rate in the post-test was 70%. Findings of the present study are consistent with results of Sadeghi (2006), Sajedi (2007), Yadavari (2008), Mostaghimi (2008) and Yangji (2004).

In explanation of this assumption can be said that, learning life skills increases one’s ability to deal with the problems by improving their coping styles (clink, 2000), People who learn life skills, have more abilities for solving their problem than others and are more able to respond appropriately to resolve their issues (Emami naeeni, 2010). Undoubtedly feeling the qualifications of the person for solving life problems, increase self-esteem and Self-Esteem (Nikparvar, 2005). Also learning these skills about our Strengths and weaknesses, can encourage us to take steps towards modifying and improving our Strengths and weaknesses (Damblen
and Sharin, 2010), on the other hand, Low Self-Esteem not only might be from feeling inability for solving problem. But also sometimes negative experiences of person, and reviewing the deterioration occurred in one's life can also be a factor in the decline of Self-Esteem (Horney, 1994), and learning life skills, in one hand raise people's acceptance about their negative experiences, and convinced them to life is includes of the regression and progression. The increasing acceptance, in one hand prevent losing a sense spending on disability in the face of difficulties and life Stream, and reviewing positive experiences also provide an outlet for hope in people. On the other hand, to hear the positive and negative experiences of other participants in active learning and mind opening and self-expression and self-expresses, convince people that they are not the only ones who report negative experiences in their life; a feedback that can make a huge revolution in Adolescent Self-Esteem, which is heavily influenced by the peer group.

This topic leads to the new positive attitudes creation and will have an important effect on Positive Self-Esteem.

Covariance analysis results related to the second hypothesis based on the impact of consciousness and Emotional management skills training on Self-Esteem physical - motional disabled adolescences showed that, according to calculated F ratio, there is Significant differences between adjusted mean scores of anger control of physical - motional disabled participant adolescences based on group membership (Experiment and control groups) in the post-test (P<0.01). Therefore, these skills have impacted the anger control scores of participants in the experimental group. The impact rate in the post-test was 78%. Findings of the present study are consistent with results of Masaeebi (2008), Yadavari (2008), Mostaghimi (2008), John Rose and colleagues (2005), Butoyn et al (2006) and Vuin and Wang (2008). In this research, teaching life skills reduce aggression and anger in investigated samples (quoting Barlow et al, 2008).

In explaining this assumption can say that, consciousness skills learning and emotion management skills help persons to gain more knowledge about their emotions. When a person is conscious about his positive and negative feelings, by increasing the internal self-control, inner self-regulation and self-analysis, is able to express these emotions in a proper and friendly (Snyder, 2011). The participants in Learning the Management negative emotions, not only will be exposed with the nature of emotions, the requirement and reasons for the emergence of these emotions, causes mechanisms, and its controller, but also have the opportunity to learn way of self-controlling the accepted excitement and occurs maladaptive. Practice to play the role in the training phase, operationally indicates the capability and its advantages. The samples after receiving these skills found that, other than anger expression, as a mechanism to protect their rights against hostiles, they can control it and make direct and honest communication, and they will learn how to behave appropriately with their friends, without harm to others. Thus, emotion management and consciousness skills can be a way to prevent or solve behavior problems, including aggression.

Limitations of the study
1- This study was conducted only on adolescents with physical - motional disabled in secondary schools. So in generalizing the results to other educational level, it should be done carefully.
2. This research has been conducted on male students, so in generalizing to the opposite, it should be done carefully.

Suggestions
(1) it is recommended to implement this research on people with physical - motional disability. (2) It is recommended that research be conducted in other cities, so of the results will be more generalized. (3) Because the training intervention enhances various psychological and behavioral aspects, it is suggested that the efficacy of this approach be studied in the general population.

Appendix
Life skills training sessions:
Session One: who am I and what can I do?
1 - Familiarity with other participants.
2 - feeling comfortable as a member of the group.
3 - be aware of positive characteristics of myself.
4 – Being known about some changeable aspects of a person.
5 – Identifying the potential abilities and skills.

Session II: what are my personal, family and social values?
Goals:
1 - Understanding the meaning of values.
2 - Assessing personal, family, religious and cultural values.
3 - Investigating and discovering the origin of values.
4 - Realizing the most important personal values.
5 - Exploring the relationship between my values and others.
6 - Accepting the values of others.

**Session Three: How do I communicate with others?**

**Goals:**
1 - practicing appropriate skills to establish a connection.
2 - Identification of obstacles and facilities in the way of good communication.
3 - Understanding the connection components.
4 - To understand the impact of communicating approach with family and friends at school or work space.
5 - Definitions, presenting examples, and exercises the firm behavior.

**Session Four: How are my relationships with others?**

**Goals:**
1 - learning behaviors that destroys or strengthens a relationship.
2 - To understand the nature of family relationships and what it affects on.
3 - Understanding the qualities that make friendship and defines it.
4 - Exploring the relationships and identifying those relationships which are used as resources.

**Session V: What does community mean for me?**

**Goals:**
1 - Defining and recognizing the people who make up society.
2 – Being known about the community and understanding the community individuals and responsibility and their relationships with each other.
3 - Emphasizing on the importance of individual rights.
4 - Exploring the positive and negative elements of society.
5 - Identifying the rights and responsibilities of an individual's membership in a community.
6 - Finding ways to change society positively.
7 - To understand how these communities are changing and how these changes are seen by people.

**Session VI: What are my goals?**

**Goals:**
1 - short term and long term objectives.
2 - To understand what are my goals and why goal setting is important in planning for life?
3 - Learning and training methods of determining goals, trying to achieve these goals.
4 - Exploring the personal life goals.
5 - Investigating the importance of ending high school period in planning and life goals.

**Session VII: How can I make good decisions?**

**Goals:**
1 - Understanding different ways of making decisions and evaluating the results.
2 - Practicing the difficult decision making.
3 - Learning effectively decision making and the outcomes of choices.
4 - Practicing to predict the consequences of various decisions.
5 – Practicing to resist against pressure to change a decision.

**Session VIII: Can I avoid violence?**

**Goals:**
1 – Awareness from the relationship between anger and violence.
2 - Good knowledge about anger.
3 - To understand the violence when, where and why occur.
4 - To clarify the point that violent feeling must not lead to violent behavior.
5 - Learn to speak peacefully in conflict situations.
6 - Exploring the choices and decisions in order to avoid violent conflict.

**Session IX: How can I take care of my health?**

**Goals:**
1 - Defining health and what is causing health.
2 - Recognition of health hazards that are lurking.
3 - Review of the effective factors on diet and body weight controlling health values.
4 - Accurate information about smoking, alcohol and other drugs and the effect of drugs on the body.
5 - Practicing decision making assertiveness skills, and the role of these skills in avoiding smoking and using drugs.
6 - To realize the concept of stress and learning its Inhibition techniques.
7 - Recognizing the signs of depression and suicide and proper training to treat against a depressed friend behavior.

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