Enhancing self-esteem using child-centred play therapy on bullying victims children

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ABSTRACT Bullying regularly occurs within the school environment and has a serious impact on its victims. Children who experience repeated negative treatment can develop psychological problems, like low self-esteem, which causes children to withdraw from their social environment. This study aims to determine child-centred play therapy (CCPT) to increase self-esteem (bullying). The study design was an experimental pre-test and post-test control group design. Subjects that participated in the study were 20 children victims of bullying with an age range of 9-11 years. The instrument used in this study was Rosenberg Self Esteem (RSE). The data analysis used non-parametric with Wilcoxon test and Mann Whitney test. The results showed that child-centred play therapy (CCPT) could enhance self-esteem in bullying victims children.

1. INTRODUCTION

Nowadays, bullying among children is one of the main problems in society. Bullying is often interpreted as an act of hurting another person. It causes health problems both physically and psychologically for the victim. Cases of bullying occur not only in society but also in the educational environment (**?**). School is a formal educational institution for children to develop their potential. On the other hand, some children are afraid to go to school because of bullying cases. It happened because of the lack of attention to cases of bullying, treatment, and victims in the educational environment.

There are some kinds of bullying: verbal, non-verbal, and psychological. Non-verbal bullying is in the form of behaviour: hitting, kicking, spitting, pressing, and pinching. Verbal bullying is like mocking the parent's name, threatening, embarrassing, also intimidating. The form of psychological bullying like spreading rumors, promoting social exclusion, extortion, or intimidation. These incidents seem ordinary because they are considered to be just joking even though they are all forms of bullying practices (Pavlich et al., 2017).

Children who behave in bullying are included in aggressive behaviour and are considered to be quite well-known in their circles (Ieff & Waasdorp, 2013). Bullying occurs in groups or individually. Several characteristics determine that children do the bullying. There is an element of intimidation towards the victim, the intensity of the repeated actions, and there is an imbalance of power between the perpetrator and the victim of bullying (Menesini & Salmivalli, 2017).

Several studies have shown that the main characteristic of bullies rather than their victims is the drive or need to dominate and be aggressive. Bullies are described as having a high level of aggression, while the victims' aggression seems non-existent. However, several other studies have shown that there is a similarity between victims and bullies, that is, emotional stability that does not develop properly during childhood (Yang & Salmivalli, 2013).

Bullying does not differentiate the gender. This behaviour can occur in all circles, both men and women (Pengpid & Peltzer, 2013; Saarento & Salmivalli, 2015). Several factors influence bullying that occurs among teenagers; (1) related to self-esteem, as well as the experience of the individual (Tsaousis, 2016b); (2) victims who are less assertive (Avşar & Ayaz, 2017); (3) peer or peers; (4) the role of parents and family (Georgiou et al., 2017); (5) the influence of social media (Whittaker & Kowalski, 2015). Low self-esteem is an important factor that makes this behaviour continue to develop. Even the low self-esteem makes victims desire revenge or even show the opposite behaviour such as depression, the emergence of other psychological symptoms to planning suicide (Rivers et al., 2009)

According to Carl Rogers' theory, the bully's acts of aggression against their victims result from too much conditional positive regard. When a person accepts only conditional positivity, they will change their behaviour to meet the set standard because the need for positivity is so strong. However, this will cause a person's preferences and feelings to result in frustration due to the resulting discrepancy. Thus, aggressive behaviour then emerges as a natural response to the rejection of one's needs and feelings (Cardwell, 1996). The problem of bullying is a psychosocial problem that is developing in various countries. Furthermore, various studies have attempted to find specific criteria for victims and perpetrators of bullying to explain the dynamics of this psychosocial problem, especially among children (Mishna et al., 2016).

Research conducted by Lereya & Wolke (2015), that victims of bullying will have a long negative impact until the individual is an adult. These impacts affect the individual's psychological condition, even disrupt the mental health condition of the victim. The impact of bullying can occur throughout the life span if the victim of bullying is not treated immediately. It causes a dangerous impact both in terms of physical, psychological and social problems. Psychological problems that occur include: low self-esteem, feeling depressed, anxious, lonely, unwillingness to socialize, decreased learning achievement, and some even experience depression and lead to suicide (Slonje et al., 2017).

Victims of bullying feel a lot of negative emotions (angry, annoyed, depressed, afraid, embarrassed, sad, feeling threatened) when they experience bullying, but this condition makes the victim powerless to deal with the bullying incident that happened to them. Conditions like this, if it persists, can lead to feelings of inferiority and feelings of worthlessness. A self-esteem is a form of self-assessment. It states the extent to which the attitudes of other individuals who consider themselves capable, meaningful, successful and feel valuable (Pollastri et al., 2010).

Bullying causes victims to have low self-esteem. Individuals who have low self-esteem will feel less confident, have no enthusiasm to learn, feel afraid or insecure, and tend not to have poor coping, so that children are challenging to develop in a more positive direction. Conversely, when individuals have positive self-esteem, they will feel confident, easy to get along with and manage emotions well so that they are far from anxiety and depression (Kostas & Christopher, 2014).

Self-esteem is the result of an individual's evaluation of itself, based on specific experiences that have been experienced, a person's high or low self-esteem is influenced by his daily behavior, the individual's ability to analyze how far the individual can assess himself so that he understands his abilities, significance, and a sense of worth that may or may not benefit him (Dayaksini, 2003). The individual's self-esteem is influenced by two factors: internal and external factors. Internal factors are in the form of an individual's assessment of himself based on the level of acceptance and appreciation obtained from others. External factors that affect an individual's self-esteem are the social environment in which the individual lives and interacts, the main factor in the social environment is the family, where each individual will learn to assess himself through the attitudes of parents or other family members. Acceptance and attention from the family will affect the formation of an individual's self-esteem (Bos et al., 2006). There are two aspects that affect self-esteem, namely aspects of self-confidence (self-confidence); the ability of individuals to assess themselves both positively and negatively and with self-respect (self-respect), the belief that we have the right to happiness, love, and being able to manage emotions well (Branden, 2001).

Research from Camodeca & Goossens (2005), shows interesting results that victims of bullying are predicted to have the opportunity to become perpetrators. So this result is likened that the more victims of bullying, the more perpetrators. Bullying behaviour can be handled early on, where to handle it requires support or roles from various parties, such as schools, parents, and individuals who are victims or spectators who see bullying practices (Connelly & Jiang, 2015). Based on the results of research by Skaar et al. (2016)), it is explained that anti-bullying school programs to reduce bullying behaviour in schools can be implemented properly when creating positive relationships between peers by increasing empathy between friends. Another study conducted by Safaria & Yunita (2014) on child victims of bullying given art therapy treatment could reduce anxiety among bullying victims. However, from several studies that have been carried out, it is still not effective so that currently, there are still problems of bullying in the educational environment.

Researchers are interested in researching with child-centred play therapy, providing opportunities for children to work through their emotional problems that interfere with their learning activities. CCPT helps children to learn problem-solving skills, social skills and reduce behavioural problems. CCPT helps children to gain self-control and self-confidence and increases self-esteem (Landreth, 2012).

Playing is one way to release negative emotions that are felt. In addition, playing can also be called a form of catharsis. This happens because play therapy can help someone to express something that bothers him. Based on this explanation, it can be said that play therapy can reduce negative emotions. Salter et al. (2016) explained that play therapy has an effect on increasing children's positive emotions so that children are able to develop better in the future Children Ray et al. (2015). Play therapy is different from conventional therapy techniques. Play therapy is very popular with children because children are free to express all forms of cognition and behaviour, so the therapist is not too involved in the therapy process. Therefore, intervention with a playful approach is an intervention that benefits children psychologically (Baggerly et al., 2010).

Play therapy, in this study, is child-centred play therapy, can increase self-esteem. CCPT believes that children's internal motivation encourages growth and self-actualization, so this therapy can be used so that children are able to develop an understanding of themselves (Guerney, 2001). CCPT emphasizes that the process of subject change can be seen when there is acceptance from the therapist (Baggerly & Parker, 2005). Child-centred play therapy is a form of play therapy based on Rogerian principles, namely therapy that emphasizes the relationship between subject and therapist, not on the technique used, where the relationship between therapist and subject is a factor that facilitates the development of the subject. The relationship was built on three main conditions: (1) congruence between therapist and subject, (2) unconditional positive attention to the subject, and (3) empathy for the subject. Child-centred play therapy is not directed at a specific problem or population but is generic. That is, it aims to increase self-esteem and feelings that underlie inappropriate behaviour. Feelings such as frustration, anger, anxiety, fear, worry and presenting these feelings with playing media so that the subject feels more secure (Baggerly et al., 2010).

The principles of Rogers' non-directive therapy theory that encourage change are: compatibility between the therapist and subject, unconditional positive attention to the subject, namely acceptance, or attention, or appreciation given to the subject and empathy for the subject. Based on the previous explanation, it was found that child-centred play therapy can increase the feelings of worthiness of the subject, where feelings are valuable. The therapist tries to understand the subject's feelings and reflects back on those feelings so that they get information about their behaviour. In addition, in this therapy, when he can make

choices about the problems he faces, the subject is given an award (Landreth, 2012). Through child-centred play therapy, subjects can use various other game media as a means to express what they feel and think, so that subjects can feel better because their feelings have been accepted by others (Sywulak & Sniscak, 2010).

Based on the explanation above, it is found that the subject in this therapy process will make their own problem solving, and the therapist gives encouragement and appreciation to the subject when doing it. Where this can affect the subject's assessment of his life, through child-centred play therapy, subjects can use various game media, such as drawing, role-playing or other things, and this aims to express the contents of their thoughts or feelings, to socialize and be responsible for what has been done. Media child-centred play therapy is felt to be able to increase self-esteem (self-esteem) pretend play & drawing (Sywulak & Sniscak, 2010). Through child-centred play therapy, subjects can use various kinds of game media to express what they think and feel. Games in this therapy are reliving real-life situations, acting out, aggressive release toys for expressing anger for emotional release. Toys and materials should facilitate various emotional expressions that are felt and be able to explore oneself (Robbinson, 2011).

One of the interventions used to improve self-esteem is using an art therapy approach, drawing media. Art therapy is a therapeutic process that uses art media as an assessment and intervention process. Art therapy through drawing media allows children to express their thoughts, feelings and experiences (Landreth, 2012). Pictures become an essential medium in increasing verbal exchange between subject and therapist and in gaining understanding. Each image produced makes the individual's awareness of the life experiences more developed so that it will help increase the positive potential in preventing or dealing with future problems (Wylie, 2007). In addition to using art therapy media, researchers also use pretend games to increase self-esteem in children who are victims of bullying.

Pretend play is a form of play that is done through imagination. Pretend play allows the subject to be able to project into the current situation in the form of a game, with pretend play, the subject learns to respect himself and be more confident in his abilities, besides this game can make the subject learn to work together and be responsible Baggerly et al. (2010). Pretend play as a symbol of the condition he feels. This symbol stores information about emotional events that are replayed in pretend play (Russ, 2016). The hypothesis of the study is that child-centred play therapy can increase self-esteem in children who are victims of bullying.

The purpose of this study was to determine the effectiveness of child-centred play therapy on increasing self-esteem (self-esteem) in victims of bullying (Lee et al., 2018). The benefits of this research can provide insight to parents, schools and the wider community regarding bullying behaviour that occurs in schools and the community. It can be taken into consideration in making an intervention plan for victims of bullying that occurs among children. The hypothesis of the study is that child-centred play therapy can increase self-esteem in children who are victims of bullying.

2. METHOD

2.1 Research Design

The research design is an experimental pretest-posttest control group design. This experimental design is carried out by giving a pre-test before treatment and a post-test after treatment (Campbell & Stanley, 1963). In addition, this study used the experimental group and the control group as a comparison. The variable measured was self-esteem. Self-esteem is the result of a person's evaluation of himself so that he can see the ability and significance to feel more valuable and increase confidence in himself.

2.2 Subjects

The sampling technique in this study was purposive sampling, which is one of the sampling techniques with certain considerations or goals (Sugiono, 2011). The subjects in this study were; (a) primary school children aged 9-11 years; b) victims of bullying and have low self-esteem. The subjects were 20 people (6 men and 14 women). The subjects (victims of bullying children) were screened through interviews and given scales (self-esteem scale and bullying victim scale). The screening results showed 20 people who were included in the category of low self-esteem and became victims of bullying which were then used as subjects in the study. Subjects were divided into the experimental group (10 children) and the control group (10 children). The division of groups was done by random randomization.

2.3 Instruments

The instrument used to measure self-esteem in this study was the Rosenberg Self Esteem (RSE) scale from Heatherton and Polivy (1991), with a Cronbach Alpha (α) value of .813 (10 items). The scale consisted of 10 items that used a Likert scale answer choice format with choices 1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree. The categories of the low self-esteem in ≤ 15 scores and the average self-esteem in 15-25 scores.

The subjects screened to participate in this study was used the Multidimensional Peer-Victimization Scale from Mynard & Joseph (2000). It had a Cronbach Alpha (α) value of .800. It consisted of 16 items using the answer choice format 1 = Not at all, 2 = Once, 3 = More than once. This scale consists of four aspects; 1). Physical bullying, 2). Verbal bullying, 3). Social bullying, 4). Property bullying.

2.4 Procedure

The procedure consisted of three stages; the pre-implementation, treatment and post-treatment stages. It was consulted to the expert supervisor. Then it was tried out by taking 3 participants. The module try-out aimed to see that the modules compiled are in accordance with the research objectives. The module complied to see the effect of providing child-centred play therapy interventions on children who are victims of bullying.

Furthermore, after fixing the try-out module, the researchers screened the bullying victims by giving a self-esteem scale pre-test. Then the researcher built a rapport with the subject chosen. The researcher asked the approvement from the children, teachers, or parents by filling the informed consent to approve the children to be the research subjects.

The second stage (treatment) was the intervention process starting. Subjects were divided randomly into two

groups; 10 children in the experimental group and 10 children in the control group. Intervention or treatment (child-centred play therapy) was given in the experimental group. While the control group was not given any treatment. The intervention process was carried out in 7 sessions, with a series of intervention activities as follows: (1st session) Building report cards and problem identification; (2nd session) Free drawing; (3rd session) Puppet play; (4th session) Rotation emotion; (5th session) A magic tree; (6th session) Block play, and (7th session) Termination. The time allotted for each intervention session ranged from 45-60 minutes. The game used was adjusted to the CCPT procedure, where this game has an effect on increasing the subject's self-esteem.

In the last stage (post-treatment), the researcher gave the post-test of the self-esteem scale. It was carried out in the experimental group and the control group. The aim was to see an increase in self-esteem in the subjects given the treatment in the experimental group. Meanwhile, in the control group, there was no self-esteem increasing scores.

2.5 Data Analysis

Data were analyzed by using the results of the pre-test and post-test scores of the self-esteem scale. Data were analyzed by non-parametric analysis that was Wilcoxon and Mann-Whitney test. The Wilcoxon test was used to see the difference scores of self-esteem between the pre-test and post-test group. While the Mann Whitney test was used to see the comparison between the control group and the experimental group. Researchers used SPSS 21 to carry out the data analysis process.

3. RESULT & DISCUSSION

3.1 Result

A homogeneity test was conducted to see the data variance of the two groups (experimental and control). The homogeneity test results showed that the data variance of the two groups was the same (p= .208; sig. $\geq$ 0.05). It showed that the data variance of the two groups before the intervention could be said to be homogeneous.

The results of the Wilcoxon test (see Table 1) on the pre-test and post-test scores in the experimental group showed that there was a significant difference between the pre-test and post-test scores (Z= -2.812; p= .004; sig$\leq$ .05). In the experimental group, the subject was given child-centred play therapy intervention. These results indicate that there was a significant difference in self-esteem scores before and after the intervention. Therefore, it could be said that there was an influence of child-centred play therapy intervention on the self-esteem of children who were victims of bullying.

Further tests were conducted to determine the effect of self-esteem on reducing bullying in the experimental group. Based on the linear regression test that had been carried out, a significant value was obtained (p= .030; sig$\leq$ .05), which indicated that self-esteem had a significant influence on bullying. The correlation coefficient value was .447, which meant that there was a strong enough influence between self-esteem and bullying.

The results of the Wilcoxon test (see Table 1) on the pre-test and post-test scores in the control group showed that there was no significant difference between the pre-test and post-test scores (Z = -.877; p = .380; sig $\leq$ .05). In

TABLE 1. Comparison of Pre-test and Post-test with Wilcoxon Test

Groups	N	Pretest		Post-test		Z	Asymp Sig
		X	SD	X	SD		
Experimental	10	14.00	1.155	21.70	1.567	-2.812	.004*
Control	10	13.90	1.287	13.50	1.650	-877	.380

*)sig$\leq$.005

the control group, subjects were not given any intervention. These results indicate that there was no significant difference in self-esteem scores between the pre-test and post-test. Therefore, it can be said that the control group functions as a control for the experimental group

Based on the results of Table 2, it was explained that there were differences in the increase in self-esteem (self-esteem) in the results of the Man Whitney test, which was carried out after giving the intervention to the experimental group and the control group. This could be seen from the Mann Whitney U value was .000 (sig < .01), and the Z score is -3.822. This showed that the increase in self-esteem scores in the experimental group was the result of the intervention. The increase in self-esteem in the experimental group occurs because of the child-centred play therapy, and the research hypothesis was accepted.

TABLE 2. Mann Whitney Test Results between Groups After being given Treatment

Group Influence	N	U	P	Z
Post-test	20	,000	.000*	-3822

*)sig$\leq$ .05

3.2 Discussion

Bullying victims who have low self-esteem need treatment as soon as possible. One way that can be done to increase self-esteem is play therapy. Child-centred play therapy provides opportunities for children to understand their emotional problems that interfere with their learning activities. According to Wixson (2015), child-centred play therapy helps children learn problem-solving skills, social skills and reduce behavioural problems. Child-centred play therapy helps children to gain self-control and self-confidence and increase self-esteem.

The results of research that have been carried out for 7 sessions show that child-centred play therapy is able to increase self-esteem in children who are victims of bullying. Child-centred play therapy using play media makes the subject feel happy, builds a feeling of permissiveness in the relationship between the therapist and the subject so that the subject feels free to express his feelings fully. The therapist does not try to direct the action or conversation, in child-centred play therapy, the child leads, and the therapist follows. The type of toys used can help children to explore (Sywulak & Sniscak, 2010).

Child-centred play therapy intervention can increase self-esteem in children who are victims of bullying. This can be seen from the increase in scores before and after the intervention process. Besides being seen from the increase

in self-esteem scores, the success of the intervention was also seen by using check manipulation. Researchers used check manipulation based on the results of interviews in accordance with the principles of child-centred play therapy. Based on the results obtained, it is known that the subject feels appreciated, feels accepted during the intervention process, the subject is able to express his thoughts and feelings. Thus, the subject feels more relieved and happy. Based on the results of the interview, the intervention process that has been given to the subject has an influence on changes in the subject's condition.

This therapy is a form of self-expression of the subject, where the subject is free to express his thoughts and feelings to release the negative emotions that have been buried so that it reduces pressure or stress, and the subject understands the problems better. Child-centred play therapy is based on the principle of Rogers' theory, namely the compatibility between the therapist and the subject. The therapist provides unconditional positive attention such as; acceptance or attention, appreciation was given and feelings of empathy for the subject (Baggerly et al., 2010).

Child-centred play therapy model, the underlying theory is Rogers' theory, which holds that children's internal motivation encourages growth and self-actualization. Play therapy with a Client-centred non-directive approach (indirect child-centred therapy) is suitable for children who experience a discrepancy between life events and themselves. Child-centred play therapy utilizes games, children's natural language, and therapeutic relationships to provide a safe and consistent therapeutic environment in which a child can experience full acceptance, empathy, and understanding from the counsellor and process inner experiences and feelings through play and symbols (Ray et al., 2015).

Child-centred play therapy games can be done in groups, where children are given the opportunity to connect with one another. By playing, children can develop skills to see another person's point of view, cooperate with each other, share, and be able to solve problems. Play is also an experience that can help children think about the social environment and indirectly teach them to understand themselves (Cochern et al., 2011).

Child-centred play therapy can form the basis of a learning experience about facilitating change in a child. These include; children learn to respect themselves and others more, children learn to express their feelings and understand that their feelings can be understood and accepted by others, children learn to take responsibility for their own choices, children can be more creative in solving problems, and children learn to control himself.

The type of game given by the therapist in this intervention used drawing media and pretend play. Drawing media is called art therapy, which is a form of therapy used to express thoughts, feelings, and experiences of the subject. Image is one of the media between the therapist and subject in gaining understanding, solving problems, and creating new perceptions. Thus, resulting in a change in a more positive direction. In addition to drawing media, the therapist invites the subject to do pretend games. This game is a symbol of the condition of the subject's feelings, where the subject plays a role according to the conditions that are thought and felt, so that the subject is able to express his emotional state (Charles et al., 2002).

Child-centred play therapy can increase the subject's self-esteem. The games given in the intervention cover several aspects, including; the subject has the ability to control himself, the subject feels himself more appreciated and accepted. Subjects learn to deal with all the problems they experience. Child-centred play therapy makes the subject have more positive hopes and life goals, whereas previously, the subject felt inferior due to being bullied by his friends (Ray et al., 2015). According to research from Tsaousis (2016b) the results explain that victims of bullying who have positive self-esteem can increase their positive view of themselves, the ability to socialize so that the subject can avoid bullying behaviour.

4. CONCLUSION

Based on the results of the research that has been done, it can be concluded that there is an increase in scores in the experimental group. This means that the provision of child-centred play therapy interventions can increase self-esteem (self-esteem) in children who are victims of bullying. This research implies that schools can work together with psychologists to carry out child-centred play therapy interventions as a way to increase self-esteem in children who are victims of bullying. Recommendations for further researchers can use child-centred play therapy (CCPT) interventions to solve other problems that children have, such as externalizing behaviour, ADHD, and other problems.

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