

ENHANCING SELF ESTEEM OF WOMEN RESIDING IN SHELTER HOMES

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ABSTRACT

Self-esteem is essential for psychological health and it has enormous influence on women's well-being. It has been defined as a positive or negative orientation toward oneself based on an overall evaluation of one's worth or value. In the present study self-esteem of women residing in shelter homes was assessed with the help of Self-Esteem Scale for Women (SESW) in four different aspects of their life. Women having low self-esteem have undergone training program so that they can build a positive sense of identity, and achieve a sense of wholeness. Results show the positive impact of this training program on their self-esteem. The feedback report and observations revealed that they felt satisfied and worthy.

Key Words: Self-esteem, self-identity, shelter home, training program

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Introduction

Self-esteem has been defined as either being about a sense of worthiness (feeling good about oneself) or about a sense of effectiveness or competence. Branden (1969) believed it was about both and defined self-esteem as confidence in our ability to think, confidence in our ability to cope with the basic challenges of life and confidence in our right to be successful and happy. Branden also believed that self-efficacy affected our feelings of self-respect, which in turn affects our behavior and actions. In short, if a person feels worthy and valued, then acts accordingly and by undertaking new tasks will increase the sense of own worth and value.

Childhood experiences and upbringing form the basis on which our self-esteem is built, but experiences in our life and how we deal with them also affect our self-esteem levels. The demands of life are continuously challenging for women in our society and self-esteem levels fluctuate depending on what is happening in their life. Redundancy, bereavement, illness, parenthood, poverty, being a victim of crime, divorce, promotion at work will all have an impact on self-esteem levels of women.

With the patriarchal mindset, the expected roles from women are extremely resistant to change. In spite of globalization and development still women face the ruthless customs of patriarchal society and male arrogance leave long-lasting scars on womanhood. They are subjected to poor living conditions, strained family relationships, violence, sexual abuse, subordination, and devaluation (Jeffreys, 1990). Child marriage, infanticide, feticides, wife battering, widowhood, beggary, prostitution, sexual harassment, physical fatigue, mental torture, rape by intimates or strangers, police and army, dowry extortion, and dowry murder have become customary practices in our society. Female children, teenagers, and older women flee their homes for fear of severe battering, sexual abuse, and mental torture. Victims of deceit and cheating, discarded by husbands or parents after becoming victims of rape and single mothers pushed out of their houses into the street. It is the cruelty against women in various forms such as sexual abuse, neglect, battering and male chauvinism that is responsible for the reason that women take the help of shelter homes.

In most of the shelter homes, the care provided is inadequate and primitive. This type of care merely provides shelter, food, and clothing, which is far from rehabilitation. Several women share a large dormitory, dining room, and living room. This type of care implies regimentation of routine and loss of identity. In such shelter homes, most of the inmates do not like to talk to their superiors about their problems. Only physical illness is being consulted. Inmates are not shown love and affection by the institution authorities. In Shelter homes majority of women fail to maintain an identity of their own. These women's positive identity is destroyed when batterers' criticize and question everything about them, their actions, beliefs, opinions, strengths, abilities, intelligence, physical appearance, relatives, career, and interests.

Review of Literature

Individual talents, skills or potentials are not considered at all. All the inmates are treated in the same way. The de-personalizing and handicapping effects of institutionalization on their residents are well-documented by social scientists like Barton (1959), Goffman (1961) and Wing and Brown (1970). According to them, prolonged periods of stay in any institution are found to create identity confusion among the inmates, which in course of time manifests itself in feelings of insecurity, and inferiority. Women face a number of chronic burdens in everyday life as a result of their social status and roles relative to men. Evidence based studies have reported that these strains could contribute to their higher rates of depression (Nolen-Hoeksema, 1990).

The institutions hardly make attempts in the area of distress management and legal aid for the abandoned and deserted women. Moreover, the inmates have frequent complaints about the manner in which they are treated in sheltered homes. They feel that the home authorities always exploit their pervasive sense of powerlessness and helplessness. The inmates are often made to feel de-personalized and sub-standard. The home authorities are said to behave in ways so authoritative and inhuman that the destitute inmates are forced to feel more and more destitute and depressed (Razeena, 2000).

A study by Pagelow (1981) and Dobash (1979) highlights that patriarchy legitimizes intra-family violence and gives men right to hit and assault their wives and hinders the women's growth as

independent members of the society. The only aim of the homes to provide temporary shelter to distressed women until they can either be reconciled with the family or married off. This is the only message they give and their training only facilitates this process. Overall, the homes have not provided a viable alternative to deal with the problems of violence against women.

All these studies have emphasized the importance of care provided to women in shelter homes but very few have actually done efforts to improve their life. The investigator had visited many shelter homes during community service which created an interest in her mind to find out psychological distress present and occur in these women and an effort was made to improve their life. Battered and abused women residing in shelter homes say ongoing assaults lead them to feel confused and their life takes on an unreal quality. They don't know who and what they are, what's happening, what's right and what's wrong. Eventually they are unable to rely on their own judgments. Thus in the present study an attempt was made to assess the level of self-esteem of sheltered women and to provide training program to enhance their self-esteem so that they can build a positive sense of self identity, and achieve a sense of wholeness.

Objectives of Study

1. To identify self-esteem level among women in shelter homes
2. To provide training program to enhance self-esteem among sheltered women

Methodology

Sample of this study consist 60 women of 18- 45 years old residing in state government shelter home of Lucknow city. The method of sampling was purposive. Permission was taken from the authorities to undertake the training program.

Instruments

Scale used to facilitate collection of data include "Self-Esteem Scale for Women" (SESW) constructed by Kapadia and Verma(2000). It comprised 41 items out of which 15 were positive and 26 statements were negative. Reliability was assessed by pre testing on a sample of 216 and found to be .65. The categories of self-esteem as given in the scale are as follows:

Table 1 Scores in Various categories

Self-esteem scores	Categorization
Up to 62	Low self esteem
63-87	Medium self esteem
Above 87	High self esteem

Training Program

Training included ten interactive sessions of self-esteem boosting exercises

Table 2 Training Sessions

Training Sessions	Training Schedule
Session 1	Self-assessment to identify strengths, weaknesses, hobbies and interests of women (SWOT analysis)
Session 2	Encouraged to list and share good feelings of their achievement and getting feedback from others(using encouragers)
Session 3	Asking for what they need, to be listened to and taken seriously and to say NO without feeling guilty(applying attending skills)
Session 4	Discovering, challenging and minimizing shoulds and musts (confronting technique)
Session 5	Identifying core beliefs and altering false beliefs by breaking off self-limiters (cognitive restructuring).
Session 6	Combating cognitive distortions by rational positive thinking(CBT technique)
Session 7	Role play to learn and practice assertive skills in various situations

Session 8	Responding to criticism (fogging technique)
Session 9	Utilizing effective self-esteem visualizing exercises
Session 10	Understanding the skills involved in establishing, maintaining and ending any relationship in a constructive way.

The overall goal of the training program was to help women become aware of their self-esteem, ways to improve it so that they can stand up for themselves, find the strength within them, learn the coping skills, modify their own attitudes, and build self-regard and esteem to face adverse situations and family conflicts.

Procedure

Self-Esteem Scale for Women was administered on 60 women inmates of shelter home and it was assured that they had been staying in shelter home since ten months. Training was conducted for two and half hours in groups of 20 participants each in ten sessions to build a positive sense of identity, maintain positive relationships and to achieve a sense of wholeness among participants. Feedback was taken from participant after training sessions. Besides this researcher observed participants behavior. Percentages were calculated for the data obtained..

Results and Discussions

Self-esteem is a person’s judgments about one’s own self, which includes positive and negative evaluation. Self-esteem can be low, medium or high depending on the individual and the environment. Self-esteem levels of sheltered women in various categories are shown in Table

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Table 3 Self-esteem among sheltered women in various categories

Levels of S-E	S-E in Personal life		S-E in Family Relations		S-E in Social Relations		S-E in Career		Overall S-E	
	N	%	N	%	N	%	N	%	N	%
Low	32	53.33	40	66.67	20	33.33	34	56.67	32	53.33
Medium	22	36.67	18	30	32	53.33	24	40	25	41.67
High	6	10	2	3.33	8	13.34	2	3.33	3	5

In personal life 53.33 percentage of women have low level of self-esteem Medium level of self-esteem in personal life of women is found by 36.67 per cent and high self-esteem was found among 10 percent of women. These findings are consistent with studies in which stronger correlation between female body esteem and general self-esteem was identified. There is a stronger relationship between depression and body dissatisfaction among females (Cindy 1997). When one's self esteem is high, the person feels confident, trusts their judgments and knows what they are capable of. Moreover, they respect themselves for what they do and who they are. When one lacks self-esteem, the person feels weak and helpless and becomes uncertain of the value of anything he does. Low self-esteem is associated with depression, anxiety and maladjustment. Children whose estimations of self-worth are negative, experience feelings of inadequacy and incompetence and fear rejection (Damon, 1983).

In relation to family majority of sheltered women having low self-esteem(66.67 percentage), 30% women fell in the category of medium level while 3.33% women were having high level of self-esteem. Here once again it revealed that more battered or destitute women have low self-esteem in family relations. This could be due to shattered self-identity of these women as family members are the core in boosting or deteriorating in a person's self-worth.

Most of the women residing in shelter home have medium levels of self-esteem in social relations (53.33%) followed by 33.33% having low self-esteem while 13.34% women have high self-esteem. Although destitute women feel very low on family relations but they feel considerably confident while relating to other members of society where they can share and feel a comfortable place for them. It was revealed in a study that whether people's self-esteem is high or low has a tremendous impact on their ability to derive joy and satisfaction from life. It affects how they feel about themselves, how they anticipate that others will respond to them and what they think they can accomplish (Gecas, 1971).

Majority of sheltered women have low level of self-esteem in career (56.67%). The medium level of self-esteem in career, i.e., 40% was found among women while 5% women have high level of self-esteem in career. This could be due to the conditions of after-care homes that make these women feel miserable. The institutions and the care homes have not given any importance to rehabilitation of these women in the areas of health, education, and self-employment that would make them self-dependent.

Overall self-esteem of women residing in shelter homes is of low level (53.33%) followed by medium level (41.67%) and only 5% women have high self-esteem. Its reason might be that due to the psychological distress of women in shelter homes, majority of the women reported significant emotional problems, sad mood, ideas of hopelessness, worthlessness, crying spells, anxiety about the future, social anxiety, death wishes and suicidal ideas. Apart from this, they reported difficulty in relating to others because of lack of trust, interpersonal problems, and demanding undivided attention and approval from others. In a study it was found that 25% of the women viewed themselves as inferior to others, lacked social skills, and were submissive with little faith in their own abilities. Few women described themselves as distrustful, suspicious of others motives, cold and distant (Suman, 2005).

A study on the behaviors of destitute women in destitute homes have found that the women living in care homes consistently have a profile of low self-esteem, lack of self-confidence and a tendency of withdrawal reflected in their general apathy, lack of self-care, poor adjustment to routines in residential institutions and poor adjustment to staff and co-inmates, etc. Many

preferred to remain aloof, adopt critical and uncompromising attitudes, and express a sense of discomfort while relating to others. Such behaviors should be examined against the possibility of poor relationships in early life. Some genuine states are anxiety and situational stress about finances, household responsibility, and employment (Toufexis, 1987).

Some Qualitative Observations

During and after every session, the researcher along with fellow supporter observed participants' behaviors and recorded their observations with respect to self-esteem. At the end of the interactive session these records were collected from them and feedback from participants was also taken.

Researcher's Observations

Participants were enthusiastic and cheerful during the sessions. They participated in and enjoyed the role plays, achievement sharing and visualizing exercises mostly. Especially in a role play activity when they acted like an achiever and successful persons, they performed the tasks successfully and wanted to repeat this activity over and over at the other sessions. The participants were open to reveal their thoughts and feelings with other women of their age groups.

During the sessions some participants who described themselves as shy at the early sessions, later shared their experiences as better when they acted assertively. This sharing impressed all the other members positively. In another session, it was observed that they were using the techniques of coping with criticism. A woman, who showed the most passive behavior in the group, began to speak more and participated in group discussions. She seemed gradually more enthusiastic to accomplish tasks in role play situations.

Feedback from participants

The training was evaluated by the participants as "efficacious and useful". Many of them reported that they were able to behave more comfortably at communicating and expressing their feelings.

Two of them said that now they can share their negative thoughts with other participants which also resulted in increase in their self-confidence level.

It is obvious from this intervention program that the training sessions resulted in positive outcome as the respondents gave their feedback as “feeling better”.

Conclusion

The results of this study revealed that most of the women in shelter homes have low level of self-esteem. Self-esteem promotion can benefit from lifestyle-oriented activities. Individuals with poor self-esteem often rely on how they are doing in the present to determine how they feel about themselves. They need positive external experiences to counteract the negative feelings and thoughts that constantly plague them. To sustain good and positive feeling training programs are effective.

Humanistic psychologists strongly believe that every human being, when provided with favorable conditions, would be friendly, co-operative, and constructive. Selfishness, cruelty, and aggression constitute pathological behavior resulting from denial, frustration or distortion of one's basic nature. Therefore, any welfare program designed for destitute women must include activities to increase their capabilities for personal growth, choice, and fulfillment. Training must be given for fostering personal growth to maintain satisfying relationship with others. Freedom to express ideas and opportunities to exhibit talents must be given importance while planning welfare activities.

Vocational training centers must be started in order to impart training to the sheltered women in various vocations. The women would thus get opportunity to mingle with other women and join the mainstream culture. This in turn would help in changing the public opinion about women living in shelter homes. It is obvious from the results that self-esteem is an important aspect of one's life which may help a person to develop and retain a positive and healthy self-image. Although the result of this study is encouraging, still limitation remains because of the limited number of training sessions. Much more can be included in the session. A more diversified training schedule would improve these results. Long range assessment of the impact of training should be planned for future research.

References:

- Barton.(1959). Institutional Neuroses, Bristol, Wright.
- Branden, N. (1969). The psychology of self-esteem. New York: Bantam.
- Cindy D (1997). Charting New Territory: Body Esteem,Weight Satisfaction, Depression and Self-Esteem among Chinese Males and Females in Hong Kong. Journal of Research, 56(1): 288-305.
- Damon W. (1983).Social and Personality Development: Infancy Through Adolescence. New York: W. W. Norton.
- Dobash, S. (1979). Stressful life events, personality and health: An inquiry into hardiness. Journal of Personality and Social Psychology, 37:1-11.
- Gecas, S., 1971. Social class, Occupational conditions and Self esteem. Sociological Perspectives, 4, 1, 359-362.
- Goffman, E. (1961). Asylums, Harmondsworth, Penguin books.
- Jeffreys, S. (1990).Anticlimax, London.The Women Press.
- Kapadia S, Verma A 2000. Self-Esteem Scale for Women (SESW).Lucknow, National Psychological Centre.
- Nolen-Hoeksema, S. (1990).Sex differences in depression. Stanford, CA: Stanford University Press.
- Pagelow, M.D.(1981). Women Battering Victims and their Experiences, Berverly Hills, Calif, Sage Publication,
- Razeena P. M. S. (2003). Destitute Women in Kerala: Psychological resources and psycho-social needs. Discussion Paper.
- Suman, L. (2005). Psychosocial Issues in Relation to Homelessness Women: A Preliminary Study. Indian Journal of Clinical Psychology, 32(2), 85-90.
- Toufexis,A (1987).Home is where the hurt is in behavior, Time ;Dec 21ST ,No,51,p.35.
- Wing, J.R., and Brown, C. W. (1970).Institutionalism in Schizophrenia, Cambridge University Press.