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**ORIGINAL ARTICLE**

# MANAGEMENT OF NEGATIVE SELF-IMAGE USING RATIONAL EMOTIVE AND BEHAVIOURAL THERAPY AND ASSERTIVENESS TRAINING

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**Abstract**

***Objective*: Dissatisfaction with real or imagine defect in physical appearance could lead to manifestation of negative self-image. This study thus presented an eight session account of management strategies for negative self-image. *Method:* The following psychological test instruments were administered to 200 participants - Negative Self-image Inventory (NSII); Fear of Negative Evaluation (FNE); Index of Self Esteem (ISE); Illness Behaviour Questionnaire (IBQ); Physical Self-Efficacy Scale (PSE); Social Maladjustment Scale (SMS) and Adjective Checklist (ACL). Those that manifested high negative self-image (30 participants), were assigned randomly into three groups of: 1st treatment, 2nd treatment (placebo) and control groups of 10 participants each, comprising 5 males and 5 females. Participants were managed with cognitive emotive and behavioural therapy and assertivess training method. Collectively, the treatment sessions lasted 8 weeks. Therapy was in group therapy format, which gave room for guidance, insight, acceptance, ventilation of feelings, instillation of hope, self-disclosure, and interaction. *Result*: The 1st treatment group recorded significant reduction in negative self-image and its correlates - fear of negative evaluation and social maladjustment than 2nd treatment and control groups. *Conclusion*: Rational Emotive and Behavioural Therapy (REBT) and Assertiveness Training were found to be efficacious in the management of negative self-image. *ASEAN Journal of Psychiatry, Vol. 16 (1): January – June 2015: XX XX.***

**Keywords: Management, Negative Self-image, Rational Emotive Behavioural Therapy, Assertiveness Training**

## Introduction

Although beauty ideals have been modeled throughout history, the impact of today's visual media is felt by most. Images from the internet, television and magazines appear to have an especially negative influence on the viewers. Oftentimes models in these media are seen as realistic representation of actual people, rather than carefully manipulated artificially developed images. These could influence how people perceive themselves physically and how they think others see them, and thus act as triggers of negative perception of physical appearance.

Motivation for this study arose from an informal conversation with a young man of around 35 years, who was observed to be excessively concerned with his physical appearance. The man, referred to as Mr X, is muscular-looking and could be observed every morning lifting weights and over-exercising, obviously to maintain his muscular stature. A curious question was posed by the researcher – "Why do you exercise and lift weight for at least two hours every morning? Mr X responded:

*"I exercise everyday because I want to maintain my muscular build……I have been*

*building up my muscles for about eight years….Years past, my friends and peers used to refer to me as: 'short engine', 'match box', 'full stop' or whatever cruel term was the current, to describe the 'short in physical build. I know I am just 5-feet tall,* he laments, *but I felt I needed to be muscular in order to command respect from my peers……"* He paused to bring out old and recent pictures of himself, clad in men's brief, displaying different angles of muscular postures. He was however despondent that even after the marked increase in muscular build, he feels unsatisfied with himself and his relationships, as he complained that girls do not seem to find him attractive.

Developmental experiences show that it is usually easier for individuals to identify with disappointment and failure, and may externalize such difficulties. This is a phenomenon referred to as "destructive instinct" and could trigger self-defeating statements [1, 2]. As a result of such negative self-reinforcement, people could become anxious resulting in self-condemnation and self-hate with all the requisite reactions, feelings, and behaviours. Thus, negative self-image could be defined as 'thoughts, feelings and behaviours, formed from developmental experiences that intensify preoccupations with real or imagined defects in physical appearance. This could result in emotional and behavioural difficulties, as well as in poor social skills [1].

Anxieties associated with negative self-image could be somewhat embarrassing. This is because such appearance-related concerns could be misunderstood as vanity-driven obsession. However negative self-image when developed to a dysfunctional extreme could lead to a psychopathology known as Body Dysmorphic Disorder (BDD). This is defined as "preoccupation with an imagined or minor defect in appearance which causes clinically significant distress or impairment in social, occupational, or other important areas of functioning [3]. The disorder generally is diagnosed in those who are extremely critical of their physique or self-image even though there may be no noticeable disfigurement or defect, or a minor defect which is not recognized by most people. Individuals with such appearance-related anxieties could be ill-equipped with relevant skills to handle such self-defeating difficulties and this necessitates its management. The management in this study entailed the use of Rational Emotive Behavioural Therapy (REBT) and Assertiveness Training (AT).

The premise of REBT, which it shares with other cognitive-behavioural theories, is that almost all human emotions and behaviours are the result of what people think, assume or believe [4,5]. A useful way to illustrate the role of cognition is by using Elli's "ABCDE" model. In the model: A means: activating event (example., being rejected by a partner); B means: evaluative beliefs which sum up the individual's view of this event (example, I am ugly); C means: emotional and behavioural consequences largely determined by the individual's belief about this event (example, depression and negative self-image); D means: disputing disturbance-producing beliefs (example, why should I feel depressed, am I really ugly?); E means: new and effective rational outlook accompanied by emotional and behavioural changes (example, an improved self-esteem and social skills based on self-acceptance) [4].

Andrew Salter initially described assertiveness as a personality trait in 1949. It was thought that some people 'had it', while some people did not, just like extroversion or stinginess. Assertiveness was redefined as "expressing personal rights and feeling" [6, 7]. Assertiveness training involves learning the basic social skills that deal with clearly expressing oneself to others, persisting with goals in the face of opposition, and appropriately standing up for oneself in the midst of conflict or criticisms. Assertive behaviour also reduces anger and anxiety, and improves interpersonal relationships [7].

Studies show there is growing recognition that possessing a negative self-image may severely impair the quality of a person's life which accentuates the need for its management. Research [8] observed that the treatment of one's negative self-image is at the hub of psychotherapy and is the starting point of everything else that follows – improved self-

esteem, self-perception and presentation, and healthy interpersonal relationship.

Block and Glue [9] tested psychodynamic therapy with a woman who was preoccupied with her eyebrows, which she viewed as repulsive. The preoccupation was interpreted as providing her with an excuse to avoid heterosexual relationships and a defensive projection of her own negative self-image. They reported that the preoccupation stopped after experiencing psychodynamic therapy. Philippoulous [10] conducted psychoanalytic therapy two to three times per week for about a year with an adolescent girl who was disturbed with irrational thoughts of being ugly and fat. The preoccupation was interpreted as disguising unconscious sexual wishes. Therapy helped rid the patient of her preoccupation. Systematic desensitization was also reported to be effective in one of two cases of physical image concerns [11], while exposure plus response prevention was successful in four of five cases [12], of the self-image anxiety although only two of the cases were treated properly with behaviour therapy and medication. In comparison, Neziroglu and Yaryura-Tobias [13] and Watts [14], reported that the use of exposure therapy plus response prevention alone resulted in improved self-image.

Dworkin and Kerr [15] compared the efficacy of cognitive-behavioural and reflective therapies, relative to a wait-list control group, in increasing college women's body satisfaction and self-concept. Gains in body satisfaction and self-concept for those participating in treatment were significantly greater than those that occurred for the wait-list group. Cognitive-behavioural therapy was also found to be effective in producing positive self-perceptions and enhanced self-concept, and both were superior to reflective therapy. These highlighted the efficacy of cognitive-behavioural based therapy for disputing and acting out self-defeating thoughts and impulses. Butters and Cash [16], also examined the effectiveness of a more extensive cognitive-behavioural self-image therapy programme. They compared a 6-week cognitive-behavioural individual treatment with a wait-list control subject. The result confirmed significant self-image improvements for the 6-week cognitive-behavioural therapy individual, relative to the control subject. Changes were also maintained at a 7-week follow-up. Outcomes entailed more favourable and satisfying self-image cognitions, less appearance investment, reduction in dysfunctional self-image cognition, and less mirror exposure distress. Self-evaluation of fitness, sexuality, social self-esteem and global functioning were also differently enhanced by treatment. The study also confirmed the efficacy of cognitive-behaviour therapy in tackling self-image disturbances. However, the result is based on an individual treatment regime, rather than group therapy.

Maltz and Kennedy [2] in a bid to address this developed a Psycho-Cybernetics therapy. It was observed that after successful surgery for severe facial disfigurement, some patients continued to feel and behave as if they were still deformed. Certain methodological steps were thus proposed to aid in the management of faulty self-image and they are: 'CRAFT' which means Cancel, Replace, Affirm, Focus and Train. According to Dr Maltz, negative self-perception could best be managed when self-defeating thoughts are adequately canceled and replaced with more positive ones. Vanderecycleen, [17] insight on family therapy shows that symptoms of negative self-image could arise from developmental tensions that normally emerge within the family especially in transition to puberty and adulthood. The present study however managed negative self-image with Rational Emotive Behavioural Therapy (REBT) and Assertiveness Training. Rationale for this is that REBT could help participants dispute irrational thoughts sustaining negative self-image while Assertiveness Training could help them to positively express their bottled-up emotions in a more healthy way.

This study presents the following objectives: (1) to identify participants that manifested high level of negative self image and group them into treatment groups (2) to manage participants with high level of negative self image with REBT and Assertiveness Training and; (3) to determine the pre-and-post treatment scores of participants and thus, gains of therapy.

## Methods

### *Population and Characteristics*

Participants were university students in the age range of 16 to 26, drawn from University of Lagos, Nigeria. They comprised 100 males and 100 females. They were further categorised into low, medium and high negative self-image, based on their scores on Negative Self-Image Inventory (NSII). The 30 participants that scored high on Negative Self-Image Inventory (NSII) were further subjected to psychological treatment groups of first treatment, second treatment (placebo), and control groups.

### *Research design*

The study employed a pre-test, post-test experimental design. This involved 3 treatment (experimental) conditions namely: 1st treatment, 2nd treatment (placebo) and control group. The independent variable was psychotherapy and the dependent variables were scores obtained with the psychological instruments.

### *Instruments*

Instruments employed for this study were:

*Negative Self-image Inventory (NSII):* A 40-item instrument developed by Agbu [18] to measure symptoms and manifestations of negative self-image. Such symptoms include dissatisfaction with real or imagined defects in physical appearance as well as the associated behavioural, emotional, social, and interpersonal factors that sustain a negative perception of self. It has a norm score of 90.58, split-half reliability of .78 and test-retest reliability coefficient of .82 [18].

*Fear of Negative Evaluation (FNE):* The 30-item scale with a true-false response format was developed by Watson and Friend [19] to measure fear of negative evaluation due to general anxiety, fear of losing social approval and ineffective social behaviour. It has a Kuder-Richardson 20 (KR-20) reliability coefficient .94, and one month interval test-retest coefficient = .78.

*Index of Self Esteem (ISE):* This is a 25-item inventory developed by Hudson [20]. It was designed to measure self-perceived and self-evaluative component of self-concept which is the sum total of the self-perceived and other-perceived views of the self, held by a person. It has an alpha reliability coefficient of .93 and a two-hour test-retest coefficient of .92.

*Social Maladjustment Scale (SMS):* This is a 27-item inventory developed by Wiggins [21]. It was designed to measure inadequate social interaction, shyness, unassertiveness and a tendency to be reserved and reticent. It has a Cronbach alpha internal consistency reliability coefficient of .86 and .84 for males and females respectively.

*Physical Self-Efficacy Scale (PSE):* PSE is a 22-item inventory developed by Ryckman, Robins, Thorthon & Cantrell [22]. The purpose is to measure self-perceived physical competence, physical fitness, and feeling of well-being and wellness and physical self-concept. Cronbach Alpha reliability coefficients reported on PPA, PSC and PSE (sub scales of PSE) are .84, .74 and .81 respectively while the respective 6-week test-retest reliability coefficients are: .89, .69 and .80.

*Illness Behaviour Questionnaire (IBQ):* IBQ is a 62-item inventory developed by Pilowsky and Spence [23]. It has 8 sub-scales designed to measure those dimensions of attitude, belief and behaviour such as feelings, reactions and responses that an individual displays to the self and others when ill. The sub-scale employed for this study is scale B: *Irritability*. IBQ has 12-week test-retest reliability coefficients ranging from .67 to -.85

*Adjective Checklist (ACL)*: This is a 300-item instrument developed by Gough and Heilbrum [24], to assess 37 personality characteristics. Sub scale 23: Personal Adjustment was used for this study. It has a correlation coefficient of .56.

*Sampling*
Systematic random sampling was used to administer the test instruments to 200 participants. Their scores were rank-ordered from highest to lowest in order to identify

those with high scores on Negative Self-image Inventory (NSII). NSII has a maximum score of 240, while the 200 participants were constituted into low, medium and high negative self-image groups based on scores on NSII. The 30 participants with highest scores on NSII were further subjected to psychological treatment groups of first experimental, second experimental (placebo) and control groups. Study employed a 3 group pre-test, post-test experimental design.

*Treatment Package*

Negative self-image was managed with Rational Emotive Behaviour Therapy (REBT), and Assertiveness Training. Techniques include relaxation training, cognitive restructuring, cost-benefit analysis, psycho-education, role-playing, homework, and diary-keeping. There were three management conditions: experimental, placebo, and control (no treatment). This was done to establish the effectiveness of the therapeutic technique used for this study. The management phase has 30 participants selected on the basis of their high scores on Negative Self-Image Inventory (NSII). The 30 participants were assigned randomly into three groups of: 1st treatment, 2nd treatment (Placebo) and control groups of 10 participants each, comprising 5 males and 5 females. Collectively, the treatment sessions lasted 8 weeks. Therapy was in group therapy format, which gave room for guidance, insight, acceptance, ventilation of feelings, instillation of hope, self-disclosure, and interaction.

***The Management Procedure***

*1st Experimental Group*

The group had 10 participants. The sitting arrangement was in a semi-circular form and this gave all participants an equal opportunity to observe each other's body language and facial expressions. The venue was conducive, spacious, airy and well lit with comfortable cushion seats. The window blinds also provided adequate privacy. The duration of therapy was 45 minutes. The agreed time for therapy was in the evenings. There were 10 sessions altogether with two sessions per week, but sessions 7, 8 and 9 were conducted once a week while the final and 10th session was after a period of two weeks, to give room for therapy consolidation. Group maintenance functions performed by the facilitator were problem setting, goal setting, process moderation, sentiment testing, monitoring, idea development. All participants were drawn from the high negative self-image group.

*Session 1*: started with general introduction and explanation on how group members were chosen. Next was explanation on some basic rules on how group therapy works - attendance, active participation, punctuality, group exercises. Homework was diary keeping on developmental history of negative self-image. *Session 2:* entailed relaxation training exercises and review of homework on developmental history of negative self-image as well as psycho-education on the non-behavioural, genetic and physiological causes of self-image concerns. It also involved introduction of certain molecular components of social skill training such as appropriate use of facial expression and body language, gesture, posture, voice volume, to tackle self-defeating behaviours. For homework, group members were encouraged to draw up a more comprehensive list of appearance complaints, taking note of both the visible and imagined ones. *Session 3:* started with review of homework and list of appearance-related concerns. Next was analysis of self-image dissatisfaction in ABC sequence: activating events – belief - consequences. Homework was on practice of ABC sequence. *Session 4*: started with review of homework and identification of maladaptive beliefs that trigger negative self-image. Group members were further trained on how to use self-management technique to reduce body checking behaviours. For homework, group members were encouraged to measure the amount of time and the ability to resist body-checking behaviours. *Session 5:* cost-benefit analysis was introduced and this entailed asking participants the actual effect of not frequently viewing self in the mirror or weighing themselves as compared with the prediction they feared. Thought disputation and practice of neutral self talk were introduced to tackle repetitive intrusive thoughts of self-image dissatisfaction and social anxiety. *Session 6*: started with the identification of avoidance habits. To tackle

self-defeating thoughts, participants were encouraged to comment and discuss the situation in which body dissatisfaction occurred. Diary keeping exercise was also used to aid participants trace history of negative self-talk about physical appearance. For homework, participants were encouraged to use bi-dimensional model of assertiveness to draw up four response styles to different threatening interpersonal situations – assertion versus non-assertion; aggressive versus passive aggressive responses. *Session 7*: homework on assertiveness was reviewed and this was followed by thought disputation (D) and emotional changes (E) in completion of the ABCDE of the REBT principles. For homework, group members were asked to rate believability of negative self-image related thought disputation and self acceptance on a 0 – 100 scale next to the disputing of thought in their diary. *Session 8*: reviewed homework. Variables reviewed were thought disputation in relation to body weight, stomach size, breast size, and shape. Psychoeducation on the causes and manifestations of discrepancies about actual appearance and clients' mental picture of self were further discussed. *Session 9:* tackled unfinished businesses and other situations that might trigger relapse while *Session 10* entailed post assessment exercises. It involved administration of all psychological instruments administered during the pre-assessment phase. Therapy sessions ended with light refreshment and good wishes.

*2nd Experimental Group*

The group comprised 10 male and female participants randomly drawn from the group that scored high on Negative Self-Image Inventory. 10 sessions in a period of eight weeks were conducted just like the 1st experimental group. The sessions were devoted to discussing current affairs and challenges of life in Nigeria, and these have no direct bearing on issues of negative self-image. Participants were told that such group discussions formed part of a focus group study on the challenges of life in an era of social and economic reforms. This approach, otherwise called placebo management was designed to verify the claim that psychological disorders would be relieved by mere group interactions that did not involve specific psychological therapeutic techniques. Participants filled out post-test questionnaires and were debriefed at the last session.

*Control Group*

The control group comprised 10 male and female participants randomly drawn from the group that obtained high scores on Negative Self-Image Inventory. They did not participate in the type of treatment procedures conducted for the first and second groups. They were informed that the researcher had gone for further field studies and would return to re-administer the test instruments. The researcher contacted them again after eight weeks for another assessment. They all responded to the instrument again. They were thanked for being part of the study and debriefed.

**Results**

**Table 1. Mean and SD of the Pre-Treatment scores of the 1st and 2nd Experimental (Placebo) and Control Group**

| Measures | Groups | | | | | |
|---|---|---|---|---|---|---|
| | 1st Experimental (n = 10) | | 2nd Experimental (n = 10) | | Control (n = 10) | |
| | X | SD* | X | SD* | X | SD* |
| Negative Self-Image Inventory (NSII) | 156.00 | 18.51 | 138.10 | 11.09 | 130.90 | 10.41 |
| Index of Self Esteem (ISE) | 42.10 | 9.18 | 46.20 | 6.17 | 44.60 | 12.67 |
| Social Maladjustment | 13.30 | 2.98 | 12.90 | 3.73 | 13.20 | 2.97 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Scale (SMS) | | | | | | |
| Fear of Negative Evaluation (FNE) | 14.80 | 2.53 | 14.40 | 4.01 | 14.20 | 3.99 |
| Perceived Physical Ability (PPA) | 31.60 | 4.67 | 36.50 | 7.55 | 35.10 | 4.77 |
| Perceived Self Presentation and Confidence (PSC) | 39.90 | 6.18 | 43.10 | 4.10 | 41.17 | 5.36 |
| Irritability (IBQ scale B) | 1.30 | 0.68 | 2.20 | 0.79 | 1.70 | 1.47 |
| Personal Adjustment (ACL scale 23) | 46.20 | 13.58 | 44.80 | 8.87 | 45.50 | 11.14 |

*SD = Standard deviation

Result showed that the 1st experimental group recorded highest mean scores on the following measures: Negative Self Image Inventory (NSII), Fear of Negative Evaluation (FNE), Social Maladjustment Scale (SMS), and Personal Adjustment (ACL scale 23).

To find out if the observed differences in Table 1 are statistically significant, One-Way ANOVA was employed. The result is presented in Table 2.

**Table 2. One Way ANOVA of the Pre-Treatment Scores of the 1st, 2nd Experimental (Placebo) and Control Groups**

| **Measures** | **Between Group** | | **Within Group** | | |
|---|---|---|---|---|---|
| | **SSQ** | **MSQ** | **SSQ** | **MSQ** | **F** |
| Negative Self-Image Inventory (NSII) | 3340.87 | 1670.40 | 5163.80 | 191.25 | 8.73* |
| Perceived Physical Ability (PPA) | 127.40 | 63.70 | 913.80 | 33.84 | 1.88 |
| Perceived Self Presentation and Confidence (PSC) | 57.87 | 28.93 | 776.30 | 28.75 | 0.38 |
| Fear of Negative aluation (FNE) | 1.87 | 0.93 | 345.60 | 12.80 | 0.07 |
| Social Maladjustment Scale (SMS) | 0.87 | 0.43 | 284.60 | 10.54 | 0.04 |
| Index of Self Esteem (ISE) | 85.40 | 42.70 | 2542.90 | 94.18 | 0.45 |
| Irritability (IBQ B) | 4.07 | 2.03 | 29.80 | 1.10 | 1.84 |
| Personal Adjustment (ACL scale 23) | 9.80 | 4.90 | 3483.70 | 129.03 | 0.04 |

Significance, P < .05, df = 2/27, Critical F = 3.35

Result showed one significant measure: Negative Self-Image Inventory (NSII).

In order to find out the pair of groups in Table 2 between which the significant difference occurred, the Scheffe test was employed. The result is presented in Table 3.

**Table 3. Scheffe test for the 3 Pre-Treatment Experimental groups where significant F ratio was obtained**

| Measure | Groups | | |
|---|---|---|---|
| | Groups 1 & 2 | Groups 1 & 3 | Groups 2 & 3 |
| NSII | 17.90* | 25.10* | 7.20* |

Note * Significant, P < .05, Scheffe (fs) 6.70:
Group 1 = 1st experimental group, Group 2 = 2nd experimental (placebo) group, Group 3 = control group

The result in Table 3 indicates that NSII was significant in all the paired groups. This means that the random allocation of the participants into 3 groups is justified and the 3 groups have equivalent degree of manifestations of psychopathology before therapy.

To determine the relative post-treatment scores of the 3 experimental groups, their mean score and SDs were computed. The result is presented in Table 4.

**Table 4. Mean and SD of the post-treatment scores of the 1st, 2nd Experimental (placebo) and Control Groups**

| Measures | Post-treatment Scores | | | | | |
|---|---|---|---|---|---|---|
| | 1st Experimental n = 10 | | 2nd Experimental n = 10 | | Control = 10 | |
| | Mean | SD* | Mean | SD* | Mean | SD* |
| Negative Self-Image Inventory (NSII) | 69.30 | 10.90 | 104.90 | 27.16 | 97.80 | 12.95 |
| Perceived Physical Ability (PPA) | 37.60 | 6.10 | 35.70 | 6.55 | 39.30 | 5.56 |
| Perceived Self Presentation and Confidence (PSC) | 48.10 | 6.67 | 41.30 | 5.36 | 46.70 | 5.19 |
| Social Maladjustment Scale (SMS) | 13.30 | 3.02 | 14.00 | 3.02 | 11.30 | 2.58 |
| Index of Self Esteem (ISE) | 32.20 | 8.20 | 32.40 | 10.64 | 27.90 | 7.21 |
| Fear of Negative Evaluation (FNE) | 13.20 | 7.25 | 15.20 | 8.14 | 11.20 | 4.49 |
| Irritability (IBQ scale B) | 1.60 | 1.27 | 0.80 | 0.64 | 2.80 | 1.40 |
| Personal Adjustment (ACL scale 23) | 48.40 | 7.00 | 51.30 | 6.99 | 55.10 | 7.4751 |

*SD = Standard deviation

Result showed that the 1st experimental group obtained the lowest mean score on Negative Self-Image Inventory while the 2nd experimental group obtained the highest mean score on Negative Self-Image, Fear of Negative Evaluation (FNE), Social Maladjustment and Index of Self Esteem (ISE). However, the control group obtained the highest mean scores on the following 3 measures: Personal Adjustment (ACL scale 23), Irritability (IBQ. Scale B), and Perceived Physical Ability (PPA).

To find out if the observed differences in Table 4 are statistically significant, One Way ANOVA was used to compare the post–treatment scores of the experimental group, in each of the 8 measures.

**Table 5. One Way ANOVA for the Post-treatment Scores of the 1st, 2nd Experimental (Placebo) and Control Group**

| Measures | Between Groups | | Within Groups | | |
|---|---|---|---|---|---|
| | SSQ | MSQ | SSQ | MSQ | F |
| Negative Self-Image Inventory (NSII) | 7100.07 | 3550.03 | 9216.60 | 341.36 | 10.40* |
| Perceived Physical Ability (PPA) | 64.87 | 32.43 | 998.60 | 36.99 | 0.89 |
| Perceived Self Presentation and Confidence (PSC) | 257.87 | 128.93 | 901.10 | 33.37 | 3.86* |
| Fear of Negative Evaluation (FNE) | 80.00 | 40.00 | 1250.80 | 46.33 | 0.86 |
| Social Maladjustment Scale (SMS) | 39.27 | 19.63 | 224.20 | 8.30 | 2.364 |
| Index of Self Esteem (ISE) | 129.27 | 64.63 | 2090.90 | 77.44 | 0.835 |
| Irritability (IBQ scale B) | 20.27 | 10.13 | 35.60 | 1.39 | 7.69* |
| Personal Adjustment (ACL scale 23) | 225.80 | 112.90 | 1389.40 | 51.46 | 2.19 |

Significance, P < .05, Df = 2/27, Critical F = 3.35

The result in Table 5 indicated 3 significant measures, which are: NSII, Perceive Self Presentation and Confidence (PSC), and Irritability (IBQ scale B)

To find out the pair of the groups in Table 5 above, between which significant differences occurred, the Scheffe test was employed for the post hoc comparison. The result is presented in Table 6.

**Table 6. Scheffe Test for the 3 post-Treatment Groups where Significant F Ratio was obtained**

| Measures | Groups | | |
|---|---|---|---|
| | Groups 1 & 2 | Groups 1 & 3 | Groups 2 & 3 |
| Negative Self-Image Inventory (NSII) | 35.60* | 28.50* | 7.10* |
| Irritability (IBQ scale B) | 0.80 | 1.20 | 2.00 |
| Perceive Self Presentation and Confidence (PSC) | 6.80* | 1.40 | 5.40 |

Significance, P < .05, Scheffe = 6.70, Group 1 = 1st Experimental Group, Group 2 = 2nd Experimental Group (Placebo), Group 3 = 3rd Treated Group

The result in Table 6 showed that Negative Self-Image (NSII) was significant in all three paired groups.

**Discussion and Conclusion**

This study offers support for psychological management of negative self-image. The

treatment guidelines could aid practitioners in management of related disorder. Result showed that Rational Emotive Behavioural Therapy (REBT) and Assertiveness Training appeared efficacious in the management of negative self-image. The pre-treatment scores presented in Tables 1, 2 and 3 showed that the three experimental groups differed significantly only in NSII, an indication that they were equally matched in all the other variables before treatment. The post-treatment results presented in Tables 4 to 6 showed that the 1st experimental group had significantly lower scores in NSII and Irritability, and higher score in Perceived Self Presentation and Confidence (PSC) than the 2nd experimental and the control groups. This shows positive effects of the therapeutic technique and experience. With Rational Emotive and Behavioural Therapy (REBT) participants engaged in thought disputation and restructuring using the ABCDE principle. There were thought how to identify the: Activating events that trigger negative self-image (A); Belief that sum up the individual's view of this event (B); emotional and behavioural Consequences of such belief (C). They were also encouraged to Dispute such

negative belief about real or imagined defect in physical appearance (D) and identify Effective and rational outlook to self accompanied by emotional and behavioural changes (E) [4]. Also, with Assertiveness Training, participants learnt basic social skills required for expression of personal rights and feelings in a non-aggressive manner. It is important to note preoccupation with real or imagined defect in physical appearance, often viewed as vain by significant others could predispose individuals with such challenges to teasing and ridicule. Vanderecycleen, [17] insight on family therapy for example shows that symptoms of negative self-image could arise from developmental tensions that normally emerge within the family especially in transition to puberty and adulthood. Thus, assertiveness training equips individuals with the necessary skills needed to tackle such challenges in a non-aggressive manner. This adds to knowledge on psychological management of appearance-related anxieties. In previous studies psychoanalysis was found to be efficacious in the management of an adolescent girl who was disturbed with irrational thoughts of being ugly and fat [10]. Systematic desensitization and exposure therapy were also reported to be effective in one of two cases of physical image concerns [11, 13]. In addition, cognitive behaviour and reflective therapies triggered gains in body satisfaction and self-concept. Suffice it to note that the ultimate goal of an intervention research should lead to defining causal models and identifying antecedent condition associated with the increased likelihood of a disorder. Thus, intervention was designed to reduce and eliminate risk factors of negative self-image as well as strengthen its protective factors.

This study is not without limitations. The 8 week management period could be extended to 12 to allow for deeper training and insight on risk and protective factors of negative self-image. Study was also restricted to university students. Further research on the elderly, pregnant women and sports men and women could provide interesting insights in this area.

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