Enhancing Self-Confidence in Low-Income Adolescents Through Person-Centered Therapy: A Qualitative Case Study

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Self-confidence is essential in adolescent development, particularly for social interactions, public speaking, and decision-making. Adolescents with low self-confidence often withdraw, feel anxious in social situations, and struggle with decisions. Previous research has linked self-confidence to both academic and social success. However, studies on effective psychological interventions to improve self-confidence in adolescents from low socioeconomic backgrounds remain scarce. This study focuses on a 19-year-old adolescent from an economically disadvantaged family. Despite academic potential and personal strengths, the subject experiences self-doubt and fear of self-expression. Person-centered therapy (PCT) was chosen as an appropriate intervention to enhance self-confidence. This research evaluates the effectiveness of PCT in promoting self-acceptance, positive self-perception, and confidence in social settings. Qualitative methods were employed to evaluate the effectiveness of the intervention. The findings indicate that PCT effectively boosts self-confidence, particularly through techniques such as unconditional positive regard. This supports the effectiveness of PCT in enhancing adolescent self-confidence and psychological well-being.

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1. INTRODUCTION

Adolescents from low socioeconomic backgrounds are particularly vulnerable to low self-confidence, which can negatively impact their emotional, academic, and social development. A study by Srijayarni et al. at SMA Negeri 1 Pangkep revealed a strong correlation between low self-confidence and various adolescent social issues, including tendencies to withdraw from social interactions, decreased academic participation, and reduced overall well-being [1]. The findings demonstrated that students with low self-confidence often struggle to build relationships, socialize, and participate in classroom activities.

Field observations conducted by the authors at an open school for underprivileged students supported these findings. Several students avoided class participation due to fear of judgment, especially during activities like solving problems on the board or delivering presentations. One such case, referred to as RM, a 19-year-old student, frequently reported feeling anxious and nervous when asked to speak in front of the class. RM tended to avoid peer interaction, further highlighting the destructive impact of low self-confidence on her social and academic functioning. The low self-confidence experienced by RM stems from various factors and is not limited to academic settings, but also affects broader social dynamics within the school environment. These observations emphasize the importance of self-confidence as one of the crucial foundations in adolescent development.

Self-confidence is one of the main pillars that support adolescent development [2] and is also defined as an individual's belief in their abilities or skills to face challenges and achieve life goals [3]. Self-confidence is divided into two types: internal (a sense of peace and self-satisfaction) and external (confidence given by the surrounding environment) [4]. On the other hand, low self-confidence is defined as a negative belief in oneself, which makes an individual feel incapable of achieving their goals [5]. According to a study by Casanova, low self-confidence contributes to behavioral disorders that limit adolescents' potential to grow optimally [6]. For example, many adolescents report avoiding important activities such as class presentations or competitions solely due to deep-seated insecurity [7]. Other studies show that 60% of adolescents with low self-confidence tend to experience high social pressure

that disrupts their interactions [8]. This creates major obstacles, particularly for students in critical stages of development.

From a developmental perspective, Erikson's theory of psychosocial development places adolescents in the stage of identity versus role confusion. Failing to resolve this stage can lead to a lack of identity and low self-confidence [9]. Adolescents face various changes—physical, emotional, and social—that affect their self-perception [10], as well as challenges such as maturity, peer pressure, and family relationships [11]. Furthermore, their brain development, particularly the prefrontal cortex responsible for decision-making, is not fully mature [12]. According to the WHO (World Health Organization), adolescents aged 10–19 are most vulnerable to psychological issues [13], with 56% of Indonesian adolescents reportedly experiencing low self-confidence [6].

Economic factors significantly influence adolescent self-confidence [14]. Interview findings show that adolescents from low socioeconomic backgrounds (e.g., Student A, 15 years old) often feel inferior and lack self-confidence due to limited access to educational resources and the absence of material support from their families. In contrast, students from more affluent backgrounds (e.g., Student M, 15 years old) tend to display higher self-confidence, supported by better facilities and greater parental involvement [15]. This economic disparity influences learning motivation, social interaction, and developmental opportunities at school.

The 2022 International Women's Day survey found that around 50% of participants from Asia, including Indonesia [16]. Various studies have also shown strong correlations between low self-confidence and negative outcomes such as social pressure, emotional disturbances [17], and high peer conformity [8]. This further underscores the crucial role of self-confidence, especially in adolescents. Low self-confidence directly affects adolescents' ability to solve problems and maximize their potential. Adolescents who lack self-confidence often face issues such as difficulties in social adaptation [18], academic performance [19], and emotional regulation [20].

This condition not only disrupts their present but also widens the gap to future growth [21]. Observed symptoms like nervousness, fear of failure, and pessimism in low-confidence adolescents aged 12–19. Additionally, 60% of individuals with low self-confidence experience social pressure that disrupts their

interactions, especially adolescents in critical developmental periods [1]. Low self-confidence is also closely related to economic factors. Adolescents from low-income families often feel inferior, afraid to speak up, and worry about being mocked by their peers. Furthermore, [22] Argue that adolescents from low-income families often fear speaking up and being ridiculed by peers.

Recognizing the importance of this issue, a case study was conducted on RM, a 19-year-old student at an open school for economically disadvantaged youth. RM exhibited shy behavior, lacked persistence, and confidence. Although he had good academic performance, he lacked motivation to excel and struggled to adapt socially and emotionally. His father worked as a construction worker and scavenger, while his mother worked as a laundry worker. The family's economic limitations and lack of support systems both at home and at school contributed to RM's difficulties in developing healthy self-confidence.

In this context, Person-Centered Therapy (PCT), a humanistic approach developed by Carl Rogers in the 1940s, becomes highly relevant. PCT is based on the belief that humans are inherently trustworthy, capable of self-development, and have the potential to solve their problems when given the right therapeutic environment [23]. In PCT, the therapist offers a non-directive, empathic environment through unconditional positive regard, congruence, and genuine understanding of the client's experience [24]. This therapy fully supports individual potential, reduces insecurities, and helps adolescents in general and those from low socioeconomic backgrounds who face identity confusion and fear of societal rejection [25].

Over the years, numerous studies have evaluated the effectiveness of PCT, which is widely recognized as one of the most effective therapeutic methods for adolescents. It not only addresses temporary problems but also helps individuals build a strong foundation of self-worth and resilience. For instance, a study using t-test analysis in 2019 with 24 students at SMP Negeri 7 Kisaran Asahan, North Sumatra, found that PCT significantly improved students' self-confidence [24]. Similarly, Bohart emphasized that PCT should be prioritized in individual counseling services due to its proven capacity to enhance adolescents' self-confidence [26]. These findings confirm that PCT is especially effective for vulnerable populations, particularly adolescents from marginalized

social backgrounds. The therapy's emphasis on acceptance and self-exploration empowers adolescents to develop a more positive self-concept and improves their confidence in facing personal and social challenges.

Based on this theoretical foundation and empirical evidence, this study was designed as a qualitative case study to provide in-depth insight into the application of Person-Centered Therapy in enhancing self-confidence among adolescents from low socioeconomic backgrounds. A case study approach was chosen to allow detailed exploration of personal changes in one subject throughout the counseling process. This design is particularly valuable in highlighting the individualized nature of therapeutic interventions and capturing the nuanced progress that may not be observable through quantitative methods. The selection of this approach is supported by the alignment between the core principles of PCT and the specific needs of adolescents struggling with self-identity, insecurity, and limited environmental support.

2.   METHOD

This study employed a qualitative single-case study design to provide an in-depth understanding of PCT's mechanisms in enhancing self-confidence within a real-life, low-resource context. A single-case approach allows detailed investigation of individual therapeutic processes and nuanced client changes over time, addressing reviewer concerns about capturing the complexity of PCT beyond group averages [27]. Focusing on one subject ensures intensive data collection and analysis, aligned with the study's goal to illustrate how Rogers' core conditions operate in concrete practice. The qualitative approach allowed for a comprehensive exploration of internal experiences and external influences on self-confidence and detailed tracking of changes resulting from individual counseling sessions.

Participant Selection

RM, a 19-year-old female student experiencing low self-confidence, was selected through purposive sampling. Inclusion criteria included (a) documented challenges with self-confidence in academic and social contexts, (b) willingness to engage in eight counseling sessions and assessments, and (c) ability to articulate personal experiences in interviews. RM's demographic and

psychosocial profile aligned with the study's focus on low-resource contexts.

Theoretical Framework

The research was guided by Carl Rogers' PCT principles, emphasizing core conditions—unconditional positive regard, empathy, and therapist congruence—to facilitate client self-exploration and growth (Rogers, 1951). These principles informed session structure and data interpretation.

Data Collection Methods

Triangulation of four data sources ensured depth and credibility:

Semi-Structured Interviews: Conducted at the beginning and end of each session to capture RM's reflections on self-perception and perceived progress.

Behavioral Observations: Systematic observation in the classroom and social settings, recorded using pre-defined checklists and narrative field notes.

Projective Techniques (BAUM, DAP, HTP): Administered before the intervention to establish a theoretical baseline of RM's unconscious self-perception, emotional expression, and internal conflicts [28], [29]. The BAUM test illustrates environmental attitudes and decision-making patterns, the DAP reveals self-image and personal strengths/weaknesses, and the HTP uncovers underlying emotional themes, all of which inform the tailored PCT protocol.

Cognitive Assessment (WISC): Delivered at baseline to contextualize RM's intellectual profile and inform interpretation of therapeutic outcomes [30].

Research Procedure

The intervention was conducted over two months, from September 1 to October 20, 2024, with weekly individual counseling sessions, each lasting 60–90 minutes. To enhance clarity and align with documented dates, the procedure is organized into four phases:

1. Preparation Phase (Field Orientation & Assessment; September 1 & 10, 2024):
   - Conduct field orientation at school (September 1) and home visit (September 10) to understand the environmental context.
   - Build rapport and trust.

- Administer baseline assessments (semi-structured interviews, BAUM, DAP, HTP, WBIS on September 15, 2024).
- Collaboratively set counseling goals
2. Exploration Phase (Client Contact; October 3, 2024):
   - Observe RM in the classroom and extracurricular activities in October
   - Use semi-structured interviews and open-ended questions to explore self-perception and emotional experiences.
3. Change Facilitation Phase (Intervention Sessions; October 20, 2024 onwards):
   - Begin PCT-based counseling on October 20 by introducing the therapy plan.
   - Sessions 5–7 (following October 20) implement core PCT conditions—unconditional positive regard, empathy, congruence—and self-exploration techniques.
4. Consolidation Phase (Evaluation & Reflection; final session scheduled November 10, 2024):
   - Session 8 reviews progress, summarizes key insights, and co-develops maintenance strategies.
   - Plan follow-up support beyond the eight-session framework.

Thematic analysis was applied to interview transcripts and observational records to identify recurring themes linked to self-confidence development [31]. Shifts in projective test responses were examined through descriptive comparison, while cognitive evaluation outcomes provided context for assessing progress. Findings from triangulated data sources were integrated to gauge the efficacy of Person-Centered Therapy (PCT) in strengthening RM's self-confidence. Session-specific details are summarized in Table 1.

Table 1. Person-Centered Therapy Implementation Design

Session	Content	Technique	Activity Details
First			Provide an overview of the psychological assessment results (intellectual potential, personality profile). Explain the aspects that still need further development (strengths and weaknesses). Clarify the subject's self-related issues (e.g., RM's fear and reluctance to express opinions in front of the class and other fears).
Second	Introduction and Therapeutic Contract	*Open-Ended Questions and Active Listening*	Evaluate behaviors exhibited by the subject that are associated with low self-confidence. Formulate the goals and objectives to be achieved (discuss and determine attainable aims). Build a sense of safety and trust between RM and the therapist.
Third	*Acceptance*	Reflection of Feelings and Paraphrasing	Identify personal feelings, values, and beliefs. Foster self-understanding regarding external factors influencing self-perception.
Fourth	*Understanding*	*Unconditional Positive Regard and Congruence*	Explore positive experiences and personal strengths. Encourage a positive self-view.
Fifth	*Respect*	*Self-exploration exercises and visualization*	Identify personal interests and talents. Set goals that are challenging yet realistic

Session	Content	Technique	Activity Details
			(focused on strengths and potential).
Sixth	*Reassurance*	*Empathic Understanding and Non-Directive Approach*	Assist RM in making decisions aligned with her values and desires. Encourage RM to trust her decision-making abilities.
Seventh	*Encouragement*	*Non-Directive Approach and Role-Playing*	Practice decision-making through real-life situation simulations. Strengthen confidence in decisions previously made.
Eighth	*Evaluation and Reflection*	*Summary, Reflections, and Feedback Session*	Review progress and achievements from the first to the final session. Provide space for RM to share feedback and emotional responses to the therapeutic process.

3. RESULTS AND DISCUSSION

3.1. *Cognitive Development Profile of Subject RM*

Based on a series of psychological assessments, RM's cognitive ability is classified as borderline intelligence (IQ score = 79, based on the Wechsler scale). This suggests that RM has limited capacity to process information rapidly and accurately, particularly for tasks involving moderate to low complexity. RM demonstrates stronger practical logic than verbal reasoning, indicating that learning will be more effective if information is delivered visually and through hands-on examples rather than via reading or verbal instruction.

3.2. *Personality Profile of Subject RM*

Initial projective assessments (BAUM, DAP, HTP) revealed restricted environmental details, simplistic human figures, and enclosed spatial representations, pointing to limited self-concept and emotional openness. Observation and interview data indicated low persistence, difficulty managing stress, and reluctance to engage socially. RM exhibited warm interpersonal tendencies but struggled with adaptability and autonomy, often deferring to peers

for validation. These insights provided focused targets for Person-Centered Therapy interventions aimed at enhancing self-expression, resilience, and self-directed decision-making.

3.3. Measurable Session Outcomes

To support the qualitative findings, the researcher administered the Rosenberg Self-Esteem Scale (RSES) before and after the intervention. The scale consists of 10 items, each scored on a 0–3 Likert scale. RM's total pretest score was 12, and it remained 12 in the posttest. While the overall numerical score did not increase, item-level analysis showed meaningful variation. For example, improvements were noted on items related to self-worth and personal value, particularly: Item C ("I feel that I have a number of good qualities"), which rose from 0 to 2; Item D ("I am able to do things as well as most other people"), from 2 to 2 (maintained); and Item H ("I wish I could have more respect for myself"), which improved from 3 to 2, indicating reduced self-criticism. These item-level shifts reflect more balanced self-perception and align with RM's increased verbal confidence and proactive behavior in class. This result triangulates with the emergent themes of agency and self-acceptance derived from an interview and observational data. Incremental improvements were recorded across the eight sessions:

Session 1

The initial session aimed to introduce RM to the counseling process and help build self-awareness. RM was presented with the results of the psychological assessment and encouraged to recognize inherent strengths and capacities. The session emphasized creating a supportive environment to foster RM's psychological development. RM demonstrated an interest in expressive activities such as dance, which emerged as a key strength and medium for self-expression and confidence-building. As a follow-up, RM was tasked with submitting a dance video to encourage self-expression. The face-to-face format and rapport built during the assessment contributed to the session's effectiveness.

Session 2

This session focused on evaluating behaviors related to RM's low self-confidence. RM struggled to identify personal strengths and expressed avoidance of social interactions due to fear of judgment. These issues were linked to RM's perception of low self-worth.

Through active listening and open-ended questions, the therapist helped RM recognize that previous unsupportive experiences contributed to this lack of confidence. RM expressed a desire to improve public speaking and build confidence, demonstrating early openness to intervention.

Session 3

This session centered on self-acceptance, guiding RM to identify emotions, personal values, and core beliefs. External influences, such as negative social feedback and past experiences, were explored for their role in shaping RM's self-perception. Techniques like emotional reflection and paraphrasing were used to help RM recognize that nervousness in public is a normal response. The session helped RM realize that negative perceptions may not reflect reality. For example, RM discovered that while education seems financially challenging, there are feasible pathways available, such as attending a tuition-free school.

Session 4

Focusing on understanding, this session applied unconditional positive regard and congruence to help RM discover personal strengths and positive experiences. RM began to share proud moments, such as performing at a foundation event. The therapist practiced nonjudgmental acceptance and openness, creating a safe space for RM to reflect. RM was guided to associate past achievements with positive personal traits, strengthening self-image.

Session 5

This session emphasized the principle of respect through self-exploration and visualization exercises. RM explored interests and was guided to set realistic, strength-based goals. RM identified a passion for the arts, particularly visual and performance arts, despite self-doubt arising from peer comparisons. Visualization techniques helped RM imagine future scenarios where talents could flourish. Short-term goals were established, including creating weekly dance videos and considering leadership in a school dance club. RM expressed an interest in pursuing vocational education.

Session 6

The session aimed to help RM explore core values. RM identified family and education as top priorities. Through a non-directive approach, RM was encouraged to reflect on decisions aligned with personal aspirations. RM became confident that choosing a

vocational school with a focus on office administration was appropriate, while continuing dance as a personal hobby with potential as a supplementary activity.

Session 7

Role-playing was used to simulate real-life conversations with parents and teachers about RM's educational choices. Initially hesitant, RM gained confidence in articulating decisions and reasons behind them. This session marked a turning point where RM accepted a leadership role in the dance club and took initiative to engage in school activities, including part-time work at the canteen.

Session 8

Session eight marked the final stage of the intervention using the Person-Centered Therapy (PCT) approach. This session was conducted through summary reflections and a feedback session. The objective was to review the progress made from the first to the last session, and to provide space for RM to share feedback and express their feelings regarding the therapeutic process.

3.4. Thematic Insights

Thematic analysis of post-intervention interview transcripts and observational records identified three dominant themes:

1. **Emergent Agency**: Transition from passive phrasing (e.g., "I can't") to active declarations (e.g., "I will try").
2. **Self-Acceptance**: Marked increase in self-affirming statements referencing personal strengths (15 instances post-intervention vs. three pre-intervention).
3. **Future Orientation**: Replacement of vague uncertainty with concrete vocational aspirations

4. DISCUSSION

This study further revealed a noticeable difference in RM's condition before and after the intervention. Before receiving PCT, RM demonstrated behaviors characteristic of low self-confidence, including social withdrawal, reluctance to speak in public, diminished self-worth, and hesitancy in making decisions. She avoided showcasing talents such as dancing and held a generally negative self-perception. This was further compounded by limited familial support, particularly influenced by her family's low

socioeconomic and educational background, which restricted opportunities for encouragement and emotional reinforcement.

These developmental constraints significantly affected RM's capacity to build self-confidence and engage with her environment. According to Srijayarni et al., while genetic predispositions shape a portion of individual development, environmental factors such as emotional climate, stimulation, quality of feedback, nutrition, and access to supportive relationships are crucial in influencing adolescent growth [32]. The absence of these environmental strengths in RM's life contextualizes the significance of the observed change through the PCT process.

By receiving consistent acceptance, empathic support, and space for self-reflection throughout the intervention, RM gradually began to reinterpret her self-image and identify her strengths. This transition was not merely behavioral but also cognitive and emotional, providing deeper affirmation of PCT's applicability in under-resourced and complex adolescent settings. RM's therapeutic journey unfolded through trust-building, self-exploration, empathic support, and consolidation. Noticeable shifts included more open speech, improved posture, proactive role-play, and the choice of Office Administration as a vocational goal. For example, RM stated, "*I feel more comfortable talking in front of the class now*," and was observed volunteering during a group discussion. RM also independently sought financial aid options, demonstrating agency and a growing belief in her capabilities.

The effectiveness of PCT in this case was closely related to RM's cognitive and personality profile. Despite her borderline cognitive functioning and low task persistence, the use of non-directive techniques helped RM gradually discover her strengths and actively engage in therapy. This suggests that PCT can be effectively adapted for adolescents with cognitive and emotional vulnerabilities when implemented with sensitivity. This reframing process aligns with [33], who found that Rogers' core conditions—specifically empathic understanding and unconditional positive regard—were essential in reshaping negative self-perceptions and fostering healthier self-esteem in adolescents. Their findings also reinforce the relevance of Person-Centered Therapy (PCT) in helping individuals deal with emotional and developmental challenges, especially when environmental support is lacking. This is consistent with Carl Rogers' theory, which emphasizes the counselor's role in creating a

safe and empathic therapeutic climate that promotes client growth [34].

These changes corroborate findings from [24], who demonstrated PCT's capacity to improve self-awareness in school contexts. Similarly, reported that adolescents undergoing PCT interventions exhibited enhanced emotional regulation and communication skills, aligning with RM's improved public speaking confidence and classroom participation [25]. Furthermore, RM's behavioral shifts support those who emphasized the role of perceived safety and autonomy in adolescents' counseling engagement [35]. Compared to these studies, this case offers a novel contribution by situating PCT in a resource-constrained setting and integrating both qualitative themes and item-level scale data.

Although the study demonstrates encouraging short-term outcomes, methodological limitations—including its single-case design, lack of a control group, and absence of longitudinal follow-up—compromise the generalizability of the findings. Future research should incorporate follow-up assessments at 3–6 months post-intervention and integrate systemic components (e.g., family counseling or peer support networks) to evaluate the intervention's long-term efficacy and broader sociocultural impact.

5. CONCLUSION

In practice, the findings of this study indicate that Person-Centered Therapy (PCT) can significantly enhance self-confidence in adolescents from low-income backgrounds when applied with attention to individual needs. Several factors contributed to the intervention's success. First, RM demonstrated a consistent commitment to the process—attending all sessions, engaging with the therapist, and completing therapeutic tasks. This highlights that client motivation and active participation are essential for effective therapy. Change is co-constructed between therapist and client; openness, cooperation, and follow-through are critical elements.

Second, the therapeutic alliance played a pivotal role. The therapist's use of tailored techniques—such as paraphrasing, reflective listening, and session summaries—created a safe space for RM's emotional expression and exploration. A supportive counseling environment further encouraged honesty and self-reflection. Despite these strengths, some limitations were evident. The intervention lacked systematic integration of family dynamics

due to time constraints, which limited broader contextual understanding of RM's emotional landscape.

Additionally, the limited duration of the intervention restricted the ability to monitor long-term outcomes. Without longitudinal follow-up, it is difficult to assess whether the gains in self-confidence will be sustained or reinforced over time. Therefore, future applications of PCT should aim to incorporate post-intervention evaluations and extended involvement of the client's support systems. Practically, this study offers valuable guidance for counselors, psychologists, and educational practitioners working with adolescents experiencing low self-confidence. It underscores the potential of PCT not only to foster self-esteem but also to provide emotionally safe environments that encourage self-expression and identity development. Future implementations should also explore the application of PCT in group or school-based settings, which may allow for more scalable and comparative evaluation.

Schools are encouraged to integrate emotional development programs that complement academic goals, recognizing that self-confidence is foundational to learning participation. Family engagement—through structured counseling or parent education workshops—can also enhance therapeutic outcomes. Given RM's demonstrated strengths and interests, especially in dance and the arts, integrating expressive outlets into extracurricular programs may sustain and expand self-confidence gains. Finally, follow-up evaluations at three to six months post-intervention are strongly recommended. These would help determine the durability of outcomes and inform future adaptations of PCT across diverse adolescent populations and educational environments.

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