



Original Article

Determining the relationships between adolescent subjective well-being, self-efficacy, social acceptance level, and irrational beliefs in adolescents

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Abstract

Objectives: The research aims to examine the relationships between irrational thinking and subjective well-being, self-efficacy, and social acceptance of adolescents with disabilities. The study was designed as a descriptive and correlational study.

Methods: The research was conducted between October 25, 2017, and January 17, 2018, with 212 students. Data were collected using the "Adolescent Irrational Belief Scale", "Adolescent Subjective Well-being Scale", "General Self-Efficacy Scale", and "Social Acceptance Scale". The Spearman correlation coefficient was used in statistical analysis to determine the relationships and correlations.

Results: The level of irrational beliefs in adolescents revealed that there was a negative linear correlation between the subjective well-being level ($r=-0.265$), self-efficacy level ($r=-0.265$), and social acceptance of disability level ($r=-0.162$). Thus, the irrational belief levels of adolescents increased with decreasing levels of subjective well-being, self-efficacy, and social acceptance of disabled people. The results obtained from the social acceptance scale revealed that there was also a positive correlation between the subjective well-being ($r=0.205$) and self-efficacy ($r=0.260$) levels of adolescents.

Conclusion: Positive relationships between adolescents' self-efficacy, subjective well-being, and social acceptance were determined in the study, while they had a negative relationship with irrational beliefs. The findings suggested that adolescents develop rational thinking skills that include philosophical items.

Keywords: Adolescent; irrational belief; self-efficacy; social acceptance; subjective well-being; students with special needs.

School atmospheres are important in improving social adaptation and interaction in adolescents. Education and training systems in Turkey cover secondary and high school education, which continues for the duration of the adolescent period. In these education and training activities, mainstream education is carried out with inclusive students with special needs or disabilities in the same classes as their peers. Children diagnosed as inclusive students are children with "hearing and vision impairment, specific learning disability, language and speech impairment, mental retardation and physical disability, autism, at-

tention deficit, and hyperactivity disorder, and gifted children".

[1] Students with typical development have negative approaches such as not viewing the inclusive education in their schools positively, believing that inclusive students cannot fully acquire knowledge and skills needed in a typical classroom, and inclusive students will prevent course flow, distract their attention, and decrease their overall success level in class. The low social acceptance of mainstreaming students leads them not to interact with their typically developing peers and take their typical peers as a model while reducing their own social acceptance. [2-8]

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What is known on this subject?

- There is a relationship between irrational beliefs and subjective well-being and self-efficacy in individuals.

What is the contribution of this paper?

- There is a relationship between irrational beliefs and subjective well-being and self-efficacy in addition to the level of social acceptance towards people with disabilities. There is also a relationship between the level of social acceptance towards people with disabilities and subjective well-being and self-efficacy.

What is its contribution to the practice?

- The results of the research will contribute both to the development of the "rational thinking" skills for the social acceptance of mainstream/inclusive students with special needs or disabilities and to the development of school health programs that prioritize positive mental health in adolescents.

Studies have shown that irrational beliefs and subjective well-being levels can lead to problems of social cohesion and skills in adolescents.^[9-12] Accordingly, in his study, Gündoğan^[13] (2016) found that subjective well-being predicted aggression and there was a negative relationship between aggression and subjective well-being in children, which negatively affects social acceptance and interpersonal communication. Subjective well-being is a character trait that is effective in being harmonious and interact socially. Some adolescents, for example, are tolerant, open, and accepting when emotionally responding to a new event or situation, while others have an opposite personality.^[14] The personality traits of an individual are decisive for his/her behaviors. A high level of subjective well-being indicates a higher degree of positive emotions than that of negative emotions. In other words, the negative emotions of an individual are associated with their subjective well-being level.^[9,15]

Another concept that provides an important determinism in social relations between adolescents is the level of self-efficacy, which indicates the self-confidence and belief of an individual in being successful when overcoming difficult situations and being more popular among their peers.^[16] The fact that adolescents with low levels of self-efficacy may have difficulty both in solving problems and adapting to changing conditions suggests that supporting and strengthening self-efficacy activities will be effective in strengthening peer relationships and increasing social adaptation.

Providing individuals a perspective that strengthens social relations, which, then, enables them to cope with the challenges and demands of daily life, is important in the adolescent period. The Rational Emotional Behavioral Theory is a very old and pioneering theory that is the first and leading social-cognitive-behavioral theory frequently used in explaining social relations in adolescents. The Rational Emotional Behavioral Theory was introduced by Dr. Albert Ellis (1955) under the name of "Rational Therapy". Then, it was renamed as "Rational-Emotional Therapy" in 1961 and as "Rational Emotional Behavioral Therapy (REBT)" in 1993.^[17] Albert Ellis's theory is dominated by the philosophy that "the source of people's inconvenience is not the events but the perspective they use to interpret events". According to the REBT, rational beliefs are

flexible, don't contain compulsory phrases such as "must-have to", are compatible with the facts, and are supportive of personal and interpersonal relationships. On the other hand, irrational beliefs are rigid, exceedingly extreme, and incompatible with personal and interpersonal relationships.^[18] Irrational beliefs, intolerance, and delusional thoughts tend to increase depending on family and culture. Especially in the adolescent period during which the effects of family and social pressure are intense, experiencing irrational beliefs more intensely is an issue of discussion.^[19]

Studies have specified the relationships between rational thinking and subjective well-being and self-efficacy in adolescents.^[20-23] However, no study has determined the acceptance level of individuals with disabilities or disabilities. The positive feelings and thoughts of adolescents with typical development towards the students who share the same class atmosphere will increase social adaptation and improve the positive mental health of both themselves and other students. This study examines the relationship between rational thinking and subjective well-being, self-efficacy, and social acceptance levels in adolescences.

Research Questions

- 1) Is there a relationship between irrational beliefs and subjective well-being and self-efficacy in adolescents?
- 2) Is there a relationship between irrational beliefs and social acceptance of disabled individuals in adolescents?
- 3) Is there a relationship between the level of social acceptance and subjective well-being and self-efficacy in adolescents?

Materials and Method

Study Design

The research was designed as a descriptive and analytical study.

Research Setting

The research was carried out in the Yenimahalle district of Ankara, Turkey, in an easily accessible school with inclusive stu-

Table 1. Socio-demographic features of the students

Socio-demographic features	n	%
Age group		
12	207	98.0
13	5	2.0
Total	212	100.0
Gender		
Girl	108	51.0
Boy	104	49.0
Total	212	100.0

dents. The number of mainstreaming students in the schools was obtained from the Statistics Department of the Ministry of National Education by mail. Two secondary schools in the district were randomly selected and constituted the population of the research. The study was carried out with sixth-grade students since fifth-grade students would not have adapted to each other at the beginning of the education and training period and the real classroom atmosphere would emerge in the next months. The sixth-grade students were selected as they have been in the same class since the fifth grade and have exhibited real acceptance behavior towards the inclusive student with disabilities or inability. The seventh- and eighth-grade students were not selected because they were intensely preparing for the High School Transition Exam.

Participants

The study sample was composed of sixth-graders from eight different classes who had at least two inclusive students in their classes in two secondary schools. There were 212 typically developing students and 16 inclusive students in the classes, but the data forms of the inclusive students were not evaluated. The research was conducted with 212 typically developing students (Table 1).

Data Collection

The data were collected between 25.10.2017 and 30.10.2018. We used the "Irrational Beliefs Scale for Adolescents", "Adolescent Subjective Well-being Scale", "Social Acceptance Scale", and "General Self-Efficacy Scale" as the data collection forms to measure the irrational beliefs, subjective well-being levels, self-efficacy levels, and social acceptance levels of disabled individuals of the students, respectively. The researcher informed the school administration and guidance unit about the research and sent "consent forms" to students and parents. The data were not collected from two classes with parents who did not want to participate in the study. The data were collected from all students and their parents who agreed to participate in the study with their consent forms. The data collection forms were handed out by the researcher in the classroom and collected after an average of 90 minutes (two lesson hours).

Ethical Considerations

We applied to the Ankara Provincial Directorate of National Education with an information form comprising the purpose and scope of the study and written permission was obtained accordingly to collect the data (16.10.2017 / E, 16832834). In addition, ethical approval was obtained from the Non-Clinical Research Ethics Committee of Hacettepe University (Number / Date: 1442 / 24.10.2017). The purposes and benefits of the study were disclosed with the administrations of the schools and verbal permission was obtained. Participation was on a volunteer basis and parent and child consent forms were obtained in the written form. The research was supported by the

TUBITAK (The Scientific and Technological Research Council of Turkey) Domestic Ph.D. Scholarship Program.

Data Collection Instruments

Irrational Beliefs Scale for Adolescents (IBSA)

In the study, the "Irrational Beliefs Scale for Adolescents" (IBSA) that was developed by Çivitci^[24] (2006) was used to measure the irrational belief levels of sixth-, seventh-, and eighth-grade students. The scale consists of a total of 21 positive items and three sub-scales (Demand for Success, Demand for Comfort, Demand for Respect). The construct validity of the scale item-test correlations was calculated to range from 0.51 to 0.23. The reliability coefficient of the scale for the repeatability of the scale for repeated measurements was 0.82 for the total score. The Cronbach's alpha value was 0.71 for the total score.

Adolescent Subjective Well-Being Scale (ASWS)

The subjective well-being scale is a scale consisting of 15 items and 4 sub-dimensions and was developed by Eryılmaz^[25] (2009) (200). The scale was applied by Şirin and Ulaş^[26] (2015) to secondary school students. The Cronbach's alpha values of the scale were calculated to be 0.74 for the "Satisfaction in Family Relationships" subscale, 0.78 for the "Satisfaction in Relationship with Important Others" subscale, 0.79 for the "Satisfaction in Life" subscale, and 0.83 for the "Positive Emotions" subscale.

General Self-Efficacy Scale (GSES)

The "General Self-Efficacy Scale" provides a general assessment of self-efficacy. The scale was developed by Ralf Schwarzer and Matthias Jerusalem (1979). It can be applied to individuals of ages over 12 years. Yeşilay carried out (1996) the first adaptation of the scale to Turkish, which consisted of 10 items. The factor analysis for the validity of the GSES was carried out by Çetin and Fıkırkoca^[27] and revealed factor loads ranging from 0.43 to 0.69.

Social Acceptance Scale (SAS)

The scale was developed by Siperstein to measure the behavioral dimension between the components of attitudes and a high score on the scale is interpreted as a high social

Table 2. Results for the reliabilities of the scales and sub-dimensions

(n=212)	Number of item	Cronbach's Alpha
Irrational Beliefs Scale for Adolescents	21	0.773
Adolescent Subjective Well-being Scale	15	0.844
General Self-Efficacy Scale	10	0.715
Social Acceptance Scale	22	0.804

Table 3. The Distribution of the Relationships between the Adolescent Irrational Beliefs Scale (IBSA) and Its Sub-Dimensions and Adolescent Subjective Well-Being Scale (SWBS), Self-Efficacy Scale, and Social Acceptance Scale (SESAS)

Irrational Beliefs Scale for Adolescents and its sub-dimensions		ASWB	GSES	SAS
Demand for Success	r	-0.258	-0.248	-0.134
	p	0.001*	0.001*	0.051
Demand for Comfort	r	-0.273	-0.225	-0.189
	p	0.001*	0.001*	0.006*
Demand for Respect	r	-0.019	-0.102	-0.039
	p	0.788	0.139	0.572
IBSA	r	-0.265	-0.265	-0.162
	p	0.001*	0.001*	0.018*

acceptance by the typically developing peers of an inclusive student. The Turkish validity and reliability studies of the scale were conducted by Civelek (1990).^[28] In the research conducted by Özgönene^[29] (2012), the Cronbach's Alpha value was found to be 0.89 for the social acceptance scale items that were applied as a pre-test. Table 2 shows the reliability results for the data collection forms used in the study.

As shown in Table 2, the reliability analysis revealed that the reliability of all scales was sufficient (Cronbach Alfa>0.700).

Data Analysis

The data were transferred to the IBM SPSS Statistics 23 package program and the analyses were completed using the program. Descriptive statistics (mean, standard deviation, median, minimum, maximum) are given for numerical variables while the data were analyzed. The Cronbach's Alpha reliability analysis was applied to the four measurement instruments used in the study ("Social Acceptance Scale", General Self-Efficacy Scale", "Adolescent Subjective Well-being Scale", "Irratio-

nal Beliefs Scale for Adolescents"). Relationships between two independent numerical variables (scale and subscale scores) were interpreted using the Spearman correlation coefficient. The statistical significance level was accepted to be 0.05.

Results

According to Table 3, there was a statistically significant, negative, and weak linear correlation between the scores on the "Irrational Beliefs Scale for Adolescents" and scores on the "Adolescent Subjective Well-being Scale" ($r=-0.265$).

According to Figure 1, the subjective well-being levels of adolescents with high levels of irrational beliefs were low. According to Table 3, there was a statistically significant, negative, and weak linear correlation between the scores on the "Irrational Beliefs Scale for Adolescents Scale" and scores on the "General Self-Efficacy Scale" in adolescents ($r=-0.265$).

According to Figure 2, the self-efficacy levels of the students with high levels of irrational beliefs were low. According to Ta-

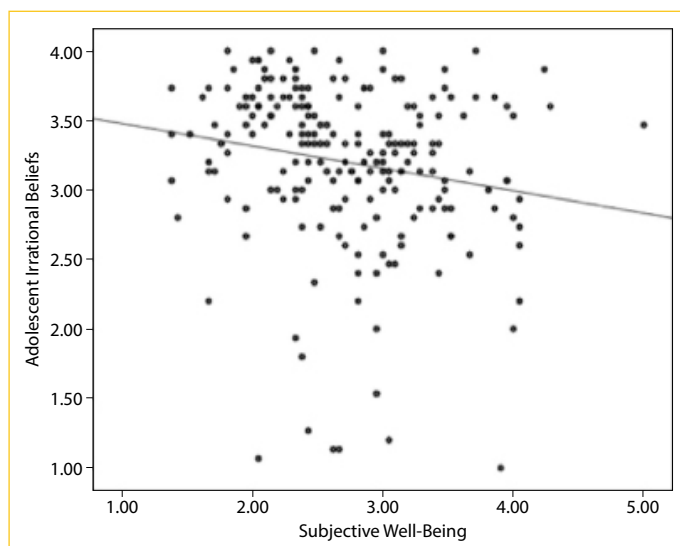


Figure 1. The relationship between the scores on the "Irrational Beliefs Scale for Adolescents" and the scores on the "Adolescent Subjective Well-Being Scale".

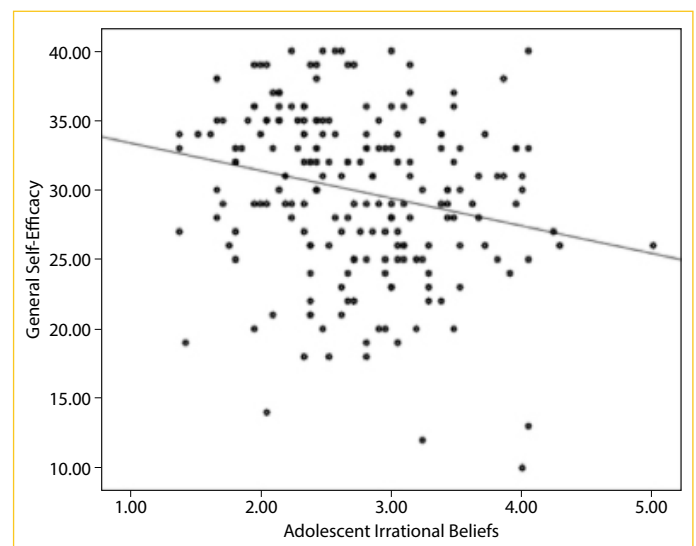


Figure 2. The relationship between the scores on the "Adolescent Irrational Beliefs Scale" and scores on the "General Self-Efficacy Scale".

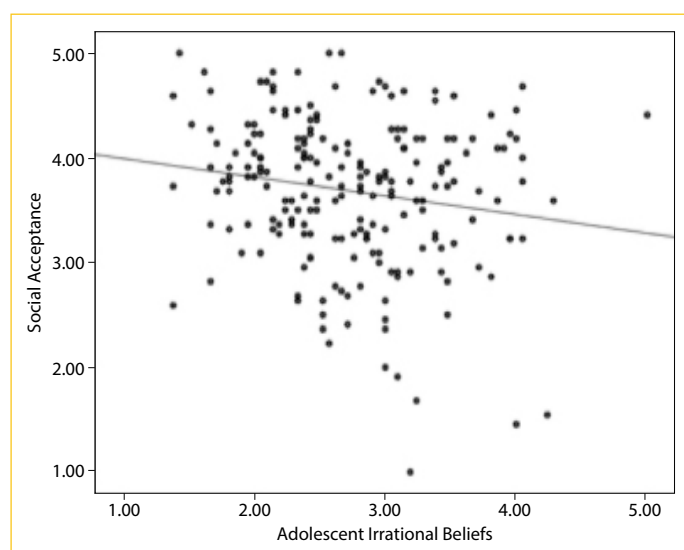


Figure 3. The relationship between the scores on the “Adolescent Irrational Beliefs Scale” and scores on the “Social Acceptance Scale”.

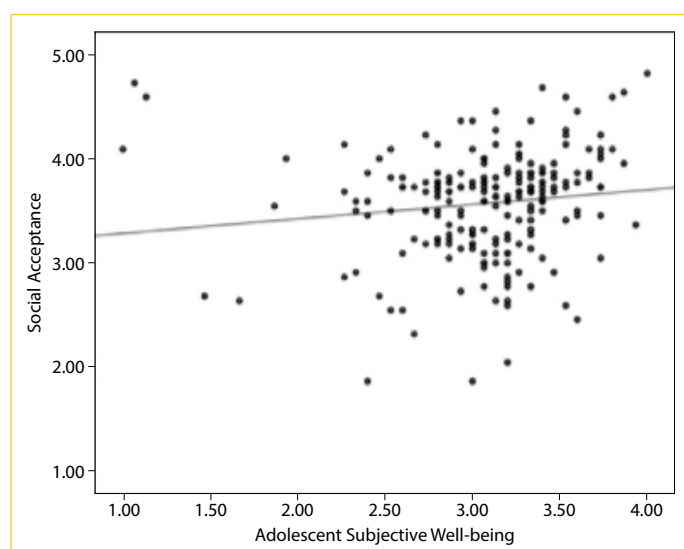


Figure 4. The relationship between social acceptance scores and adolescent subjective well-being scores.

ble 3, there was a statistically significant, negative, and weak linear correlation between the scores on the “Irrational Beliefs Scale for Adolescents Scale” and scores on the “Social Acceptance Scale” in adolescents ($r=-0.162$).

According to Figure 3, adolescents with high irrational beliefs had low social acceptance levels towards students with disabilities.

According to the correlation analysis given in Table 4, there were statistically significant, positive, and weak linear relationships between the scores on the “Social Acceptance Scale” and “Satisfaction in Relations with Others Important”, “Life Satisfaction”, and “Positive Emotions” subscales and the “Adolescent Subjective Well-Being Scale” in adolescents. The correlation analysis revealed that there were positive and weak linear cor-

Table 4. Distribution of the Relationships between the Social Acceptance Scale (SAS) and Adolescent Subjective Well-Being (SWB) and its Sub-dimensions, and General Self-Efficacy (GSES) Scale and its Sub-dimensions

SAS	
Adolescent Subjective Well-Being (ASWB) and its Sub-dimensions	
Satisfaction in Family and Relationships	r 0.115
	p 0.095
Satisfaction in Relationship with Others Important	r 0.198
	p 0.004*
Life Satisfaction	r 0.151
	p 0.028*
Positive Emotions	r 0.154
	p 0.024*
ASWB	r 0.205
	p 0.003*
General Self-Efficacy Scale (GSES) and its Sub-dimensions	
Effort and Resistance	r 0.181
	p 0.008*
Talent and Confidence	r 0.274
	p 0.001*
GSES	r 0.260
	p 0.001*

*:p<0.05 (Statistically significant).

relations between the sub-dimensions of “Social Acceptance Scale”, “Effort and Resistance”, “Talent and Confidence”, and “General Self-Efficacy Scale” in adolescents (Table 4).

According to Figure 4, there was a statistically significant, positive, and weak linear relationship between the “Social Acceptance Scale” score and the “Adolescent Subjective Well-being

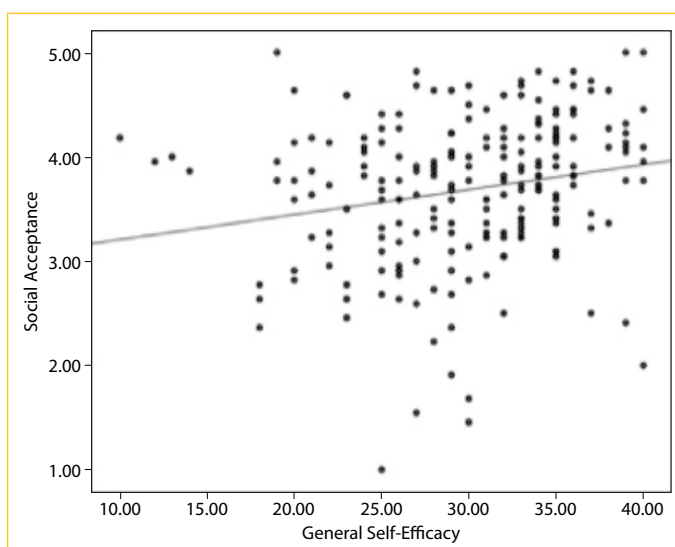


Figure 5. The relationship between the social acceptance scores and general self-efficacy scores of adolescents.

Scale" score ($r=0.250$). According to Table 4, the level of social acceptance towards disabled individuals of students with high levels of subjective well-being was also high.

According to Table 4, there was a statistically significant, positive, and weak linear relationship between the scores on the "Social Acceptance Scale" and scores on the "General Self-Efficacy Scale" ($r=0.260$).

Discussion

The importance of school life in the social relationships of individuals in the adolescent period cannot be denied. A positive classroom atmosphere can be achieved through psycho-socially supportive education and training activities in which the individual is socially in harmony and interacts with his peers. In this context, in addition to the inclusive student with disabilities or inabilities, for the future, students with typical development should be prepared as healthy individuals in a positive classroom atmosphere. In this study, the level of social acceptance of their peers with typical development towards inclusive students or, in other words, individuals with disabilities, was found to be associated with the concepts of rational belief, subjective well-being, and self-efficacy (Table 3, Table 4). The weak linear relationship between the level of social acceptance of adolescents and irrational belief indicates that the level of social acceptance towards the disabled decreases as the level of irrational belief increases (Fig. 3). This situation points to the importance of rational thinking in increasing the level of social acceptance towards disabled individuals in schools. According to Ellis, children can acquire irrational behavior through learning in addition to biological predisposition. With the implementation of REB, students can develop rational thoughts by giving up thoughts that are not rational. Harmony and interaction between peers in adolescents can be made possible by developing a positive perspective on events.^[29] This approach is related to the concept of "subjective well-being" and reflects the individual's personality traits as a way of thinking.^[30]

While there was a decrease in the irrational beliefs of the adolescents, the relationship showing an increase in the subjective well-being levels (Fig. 1), namely positive affection, supports the literature regarding the relationship between subjective well-being and rational beliefs.^[31] Irrational beliefs were shown among the factors of low subjective well-being in REBT interventions. The psychopathology relationship between rational beliefs and subjective well-being was confirmed in a study on the modeling of the subjective well-being, rationality, and irrational beliefs in a clinical sample. The study showed that perceptions of individuals about their own beliefs significantly affected the possibility of developing psychopathological symptoms and subjective well-being was a strong psychotropic predictor in irrational beliefs.^[32]

The cross-sectional study conducted with the student population revealed that the current irrational beliefs in students

affected negative life tendency (subjective well-being).^[33] These results will reflect negatively on the peer relationships of students. Gaining a different perspective, the development of positive mood in students will positively affect peer relationships. In this context, it can bring favorable emotions and support peer relationships for students in the adolescent period as a positive and preventive mental health activity of the Rational Emotion Education programs containing cognitive and emotional components.

Considering the relationship between the level of rational beliefs and self-efficacy level in an individual, irrational thoughts are known to be effective in guiding the motivation of an individual. In this study, the negative and weak linear correlation between the individuals' self-efficacy levels and their irrational beliefs supports this notion (Fig. 2). The motivation characteristics of an individual are effective in taking preventive measures against harmful situations and situations leaving him/her in difficulty.^[34] The fact that students with a low level of self-efficacy may have difficulty in solving problems and adapting to changing conditions suggests that supporting and strengthening self-efficacy activities will be effective in strengthening peer relationships and increasing social cohesion.^[35,36] As a matter of fact, the problematic peer relationships that have a very important place for adolescent individuals will increase unhappiness.^[37] Negative self-efficacy will increase with increasing unhappiness. On the contrary, if the ability of an individual to cope with negative emotions increases, their level of happiness will also increase.^[38] Therefore, developing rational thoughts in an individual will provide a connection between emotion and thought and allow them to cope with negative emotions. This situation will increase the motivation of the individual. This can go in circles and is explained by the relationship between subjective well-being and self-efficacy.

Self-efficacy perception is related to the level of subjective well-being and affects an individual's positive emotions regarding the changes in this process. Both foreign^[9,11,15,39,40] and domestic literature has shown that the positive relationship between subjective well-being and self-efficacy is a significant predictor of life satisfaction and self-efficacy.^[10,9,41,42]

The results of this study showed that the subjective well-being levels of adolescents increased with increasing social acceptance levels (Fig. 4) This result suggests that increasing the positive thinking level of adolescents will be effective in increasing the social acceptance towards an inclusive student. Teaching students positive thinking skills and emphasizing their positive abilities and characteristics will lead students to know their talents and acquire satisfaction.^[43] These improvements will increase the motivation of students to improve their level of social acceptance and facilitate coherence with inclusive students with disabilities or incapability. In this study, a positive relationship was found between the social acceptance levels and self-efficacy levels of the students (Fig. 5). In other words, increasing student motivation increases social

acceptance as well. In this context, improving rational thinking in a classroom with inclusive students will increase the level of self-efficacy and social acceptance of students. In addition, the increase in self-efficacy will be effective in improving social acceptance. Thus, the positive affect and motivation of students with typical development in a classroom with inclusive students will contribute to a positive classroom atmosphere for the inclusive students by increasing peer communication in the classroom.

Conclusion

In this research, a statistically significant relationship was found between rational thinking, subjective well-being, self-efficacy, and social acceptance. Future studies can evaluate these relationships across different age groups by applying the Rational Emotive Education programs to schools as a positive and preventive mental health service, which includes cognitive and emotional components that are specific to the needs of students in the adolescent period, and as a positive emotional and motivational booster. We also suggest investigating its effects on subjective well-being, self-efficacy, and social acceptance levels.

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