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RESEARCH ARTICLE

Transforming negative thoughts into self-confidence: The impact of cognitive restructuring on adolescents

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Abstract

Adolescents often struggle with low self-confidence, exacerbated by negative thought patterns and irrational beliefs that hinder their social and emotional development. This study explores the effectiveness of cognitive restructuring, a core component of cognitive-behavioral therapy (CBT), in enhancing self-confidence among adolescents. The intervention focused on identifying, challenging, and replacing negative thoughts with constructive alternatives. A single-subject case study design was employed, with pretest and posttest measures on the Self-Confidence Scale to assess changes. Results indicated a significant increase in self-confidence scores, from 72 (low confidence) to 97 (moderate confidence). Qualitative data revealed behavioral improvements, such as reduced hesitation in social interactions and increased willingness to express opinions. The subject's belief in irrational thoughts, like fearing social judgment, was reduced, demonstrating cognitive restructuring's role in shifting negative perceptions. This study highlights the transformative potential of cognitive counseling in fostering adolescent self-confidence. By addressing irrational beliefs and encouraging adaptive thinking, cognitive restructuring not only improved the subject's self-esteem but also promoted positive social behavior. These findings align with existing literature, emphasizing the value of CBT-based interventions in promoting mental well-being. The study underscores the importance of integrating cognitive restructuring techniques into educational and counseling programs to support adolescents facing self-confidence challenges. However, its single-case design limits generalizability, warranting further research with larger, diverse samples. This approach offers a promising pathway for practitioners to help adolescents develop resilience and a healthier self-concept.

Keywords: Cognitive Restructuring; Negative Thoughts; Self-Confidence; Adolescents

INTRODUCTION

Self-confidence is a fundamental psychological attribute that significantly influences individuals' ability to trust their capabilities, express themselves, and interact effectively in various social contexts. It is characterized by a positive self-assessment, optimism, assertiveness, and a willingness to take responsibility (Liu et al., 2021; Oducado, 2021; Saidah & Hariyadi, 2023; Usman et al., 2020). This positive self-belief enables individuals to navigate social challenges, pursue personal goals, and demonstrate resilience in the face of adversity. However, when self-confidence is diminished, individuals are more likely to experience emotional distress, interpersonal difficulties, and challenges in coping with stressful situations. Low self-confidence can manifest as social anxiety, withdrawal, and hesitation in expressing opinions, which can negatively impact personal, academic, and professional growth (Nurhidayah et al., 2022).

Albert Ellis's cognitive theory offers a robust framework for understanding the psychological underpinnings of self-confidence. According to Ellis, individuals often develop irrational beliefs—persistent, negative thought patterns—that serve as the foundation for maladaptive behaviors and emotional distress (Nevid et al., 2018). These irrational beliefs are typically rigid, absolute, and unrealistic, leading individuals to perceive themselves and their circumstances in a negative light. Ellis's ABC model (Antecedent, Belief, Consequence) is particularly useful for analyzing how these irrational beliefs develop and influence behavior. The model identifies three components: the Antecedent Event (A), which is a triggering situation; Beliefs (B), which are internalized irrational thoughts; and Consequences (C), which are the emotional and behavioral outcomes that result from these beliefs (Maclaren et al., 2016; Tiba, 2024). For instance, if an adolescent faces social criticism, this Antecedent Event may trigger irrational

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beliefs such as "I am unworthy if others disapprove of me," leading to emotional distress and social avoidance as Consequences.

The rise of social media serves as a major factor influencing adolescents' negative thought patterns by creating environments where social comparison, public feedback, and validation become central to self-perception. Platforms like TikTok, Instagram, and Snapchat amplify opportunities for adolescents to measure their self-worth based on metrics like likes, comments, and shares (Chua & Chang, 2016; Kaplan et al., 2023). Such interactions reinforce cognitive distortions, including "catastrophic thinking" and "global evaluation/self-downing," as adolescents interpret negative feedback or perceived inadequacy as a reflection of their intrinsic value (Fardouly et al., 2015; Yap & Lim, 2024). For example, curated and idealized online content fosters unrealistic standards, making adolescents susceptible to feelings of inadequacy and low self-confidence (Ahmed, 2023; Vogel et al., 2014). This phenomenon is further compounded by cyberbullying or social criticism, which directly triggers irrational beliefs and maladaptive behaviors (Mumu & Rashid, 2023; Vannucci et al., 2017). These insights underscore the necessity of addressing social media's influence in therapeutic interventions, as it plays a pivotal role in shaping the antecedents and beliefs central to Ellis's ABC model.

Adolescence is a particularly vulnerable period for the development of self-confidence, as it is marked by significant psychological, social, and emotional changes. During this critical developmental stage, adolescents are highly sensitive to external validation and social feedback, which can either bolster or undermine their self-esteem (Bandura, 1997). High self-confidence in adolescents is associated with positive mental health outcomes, resilience, and proactive coping strategies, whereas low self-confidence can contribute to passive behaviors, self-doubt, and a reluctance to engage in new experiences (Molero-zafra et al., 2022). The cognitive distortions that accompany low self-confidence, such as catastrophic thinking and self-blame, are particularly damaging because they reinforce negative self-perceptions and hinder personal development (Riyanti & Darwis, 2021).

Ellis's ABC theory is applied in this research by dissecting how specific antecedents, such as public criticism on social media, activate irrational beliefs and produce maladaptive consequences. For instance, the case study highlights an adolescent's experience with negative reactions to a TikTok post, where public disapproval acted as the Antecedent Event (A). The individual developed irrational beliefs (B) such as "fear of being judged" and "excessive self-criticism," which align with Ellis's categories of "awfulizing" and "global evaluation" (David et al., 2018). These beliefs precipitated Consequences (C) like emotional distress and withdrawal from social settings, illustrating the direct application of the ABC model in real-world scenarios. This research emphasizes that addressing these beliefs through cognitive restructuring can significantly mitigate the adverse outcomes associated with low self-confidence.

Cognitive restructuring, a core technique of cognitive-behavioral therapy (CBT), offers a promising approach to addressing the irrational beliefs that undermine self-confidence. This therapeutic technique involves identifying, challenging, and modifying negative thought patterns, thereby fostering more adaptive and constructive beliefs (Clark & Beck, 2010, 2012). By helping individuals reframe their negative perceptions, cognitive restructuring promotes emotional regulation, increases self-efficacy, and facilitates positive behavioral changes (Molero-zafra et al., 2022). Cognitive restructuring is particularly effective in helping adolescents overcome social anxiety and develop healthier self-beliefs, as it encourages them to critically evaluate the validity of their thoughts and replace them with more balanced perspectives (Apriliana et al., 2019).

Research supports the efficacy of cognitive restructuring in enhancing self-confidence. For example, a study by Riyanti & Darwis (2021) demonstrated that cognitive interventions significantly reduced social anxiety and improved self-esteem among adolescents. Similarly, Molero-Zafra et al. (2022) found that cognitive restructuring helped minimize the impact of irrational beliefs on self-confidence, leading to improved social functioning and psychological well-being. These findings align with the broader literature on CBT, which posits that addressing cognitive distortions can create cascading positive effects on emotional health and behavior.

The current study aims to explore the cognitive and emotional mechanisms underlying diminished self-confidence using Ellis's ABC model as a framework. By examining the interplay of antecedents, beliefs, and consequences in the subject's experience, this research seeks to identify actionable insights for fostering self-confidence and addressing irrational beliefs in adolescents. The case study presented here highlights the specific challenges associated with social media exposure, providing a nuanced understanding of how digital interactions can impact adolescents' self-perception and emotional well-being.

This study's findings have practical implications for educators, counselors, and mental health professionals working with adolescents facing self-confidence challenges. Integrating cognitive restructuring techniques into counseling and educational programs can equip adolescents with tools to navigate negative thought patterns, develop resilience, and enhance their self-concept. Additionally, these insights can inform interventions aimed at mitigating the adverse effects of social media on adolescent mental health, promoting a healthier digital environment for young users.

In conclusion, self-confidence is a critical psychological attribute that shapes adolescents' ability to engage with the world confidently and effectively. The cognitive mechanisms underlying self-confidence, particularly the role of irrational beliefs, are essential to understanding how to support adolescents in developing a positive self-concept. Cognitive restructuring offers a valuable intervention for addressing these beliefs, helping adolescents build healthier thought patterns and enhance their self-confidence. This study contributes to the growing body of evidence supporting cognitive-behavioral approaches in promoting mental health and well-being among adolescents, particularly in the context of social media exposure and its influence on self-perception.

METHOD

Approach and Design

This study employed a single-subject case study approach to explore the dynamics of low self-confidence in a middle school student and evaluate the effectiveness of a cognitive counseling intervention. A qualitative and quantitative method was adopted, utilizing interviews, observations, psychological tests, and a self-confidence scale to comprehensively understand the subject's condition and measure the intervention outcomes.

Participant

The participant was a female middle school student, the third child in a family of five siblings, who had reported experiencing persistent feelings of inferiority and low self-confidence. She had encountered significant interpersonal challenges, including peer rejection and cyberbullying, contributing to her diminished self-esteem and hesitation in social interactions.

Data Collection

Data were collected through:

1. Interviews:
   a. Autoanamnesis: The subject shared her personal experiences, emotions, and perceptions of her social environment.
   b. Alloanamnesis: Information was obtained from the subject's peers to gain additional perspectives on her behavior and social interactions.
2. Observation:
   The subject's demeanor, emotional responses, and interactions were observed during interviews and assessments. Indicators such as eye contact, tone of voice, and responsiveness were noted.
3. Psychological Testing:
   a. WISC Test: Assessed the subject's intellectual abilities, revealing a balanced and above-average IQ (Full IQ = 116).
   b. Graphical Tests: Provided insights into the subject's emotional stability, interpersonal tendencies, and self-perception.
4. Self-Confidence Scale (Lauster, 2012): Administered as a pretest and posttest to measure changes in the subject's self-confidence before and after the intervention. The Self-Confidence Scale was used as both a pretest and posttest to measure changes in participants' self-confidence before and after the intervention. The validity and reliability of the scale were established in the original development study by Lauster (2012). In that study, the scale demonstrated strong psychometric properties, including high construct validity and internal consistency. For example, Cronbach's alpha coefficients reported in the original validation were above the acceptable threshold of 0.7, indicating that the items reliably measured the construct of self-confidence.

In this research, the scale was adopted without further validation, relying on the rigorous testing conducted during its initial development. The decision to use the instrument in its validated form was based on its widespread use and acceptance in psychological research, as well as its demonstrated ability to assess self-confidence across diverse populations effectively. Future studies could consider re-validating the scale within the specific context of the research population to further ensure its applicability and robustness.

The study took place over a 3-month period, from October 2022 to December 2022. Data collection occurred during the first two weeks, involving interviews and direct observations. The cognitive counseling intervention was conducted in 6 sessions, each lasting 45–60 minutes, with sessions held every two weeks from October to December 2022. The research took place at MTS Muhammadiyah 1 in Malang, Indonesia.

Intervention Target and Design

The intervention aimed to improve the subject's self-confidence through a structured cognitive counseling approach, emphasizing cognitive restructuring. This approach was chosen to address the subject's irrational beliefs and negative thought patterns, which were identified as primary contributors to her low self-esteem and social withdrawal.

Pretest and Posttest Design

The Self-Confidence Scale (Lauster, 2012) was used to quantitatively evaluate changes in the subject's self-confidence.

- Pretest: Administered before the intervention to establish a baseline.
- Posttest: Administered after the intervention and follow-up to measure improvements. Results from the scale were categorized into low, moderate, and high self-confidence levels, providing a quantitative metric for evaluating the intervention's effectiveness.

Data Analysis

The qualitative data were derived from two primary sources: observations conducted throughout the experiment and interviews with the subject at each stage of the intervention. These qualitative data were analyzed using thematic analysis to ensure a structured and credible evaluation process. The steps were as follows:

1. Familiarization: The researcher carefully reviewed observational notes and interview transcripts collected during each stage of the intervention to gain an overall understanding of the subject's experiences and behavioral changes.
2. Generating Initial Codes: Recurrent patterns and key insights from the observations and interviews were coded. Examples include "increased willingness to engage in activities" from observations and "recognition of negative thought patterns" from interview responses.
3. Searching for Themes: The codes were grouped into broader themes that reflected the subject's development and challenges. Key themes included "progress in self-awareness," "shifts in cognitive patterns," and "emotional improvement."
4. Reviewing Themes: The identified themes were refined by comparing them to raw data to ensure they accurately represented the subject's progression and intervention outcomes.
5. Defining and Naming Themes: Themes were clearly defined, with illustrative quotes from the interviews and specific behavioral examples from observations, providing depth to the narrative. For instance, the theme "progress in self-awareness" was supported by the subject's recognition of irrational beliefs and her behavioral changes during the intervention.
6. Producing the Report: The qualitative findings were integrated with quantitative results to provide a comprehensive evaluation of the intervention's effectiveness.

This combined approach highlighted the subject's journey through both measurable changes and detailed experiential insights, ensuring a holistic understanding of the intervention's impact.

Table 1. Stages of Cognitive Counseling Intervention

Stage	Objective	Description	Duration
Problem Explanation, Intervention Overview, and Commitment Building	Establish a therapeutic alliance, clarify the nature of the subject's difficulties, explain the intervention structure, and secure commitment to the process	The counselor introduced the process by creating a safe and nonjudgmental environment. During this session, the subject shared her concerns and challenges, and the counselor clarified how the intervention would address these issues. The subject's active participation and commitment were encouraged to build trust and a sense of collaboration.	45–60 minutes.
Identifying Negative Thoughts	Help the subject recognize and confirm irrational beliefs and negative thoughts influencing her self-confidence.	Through guided dialogue and reflective questioning, the counselor facilitated the subject's exploration of her past and present experiences to identify patterns of negative thinking. Specific cognitive distortions and self-defeating beliefs were recorded for further work. Techniques such as journaling or thought records might have been introduced.	45–60 minutes.
Teaching the Cognitive-Emotion-Behavior Relationship	Educate the subject on the connection between thoughts, emotions, and behaviors, helping her understand the underlying dynamics of her challenges.	The counselor used relatable examples and visual aids (e.g., diagrams or flowcharts) to explain how irrational thoughts can lead to negative emotions and maladaptive behaviors. This session aimed to provide the subject with insight into the cognitive mechanisms contributing to her struggles. Brief exercises might have been used to illustrate the concepts.	45–60 minutes.
Transforming Negative Thoughts into Positive Thoughts	Equip the subject with cognitive restructuring techniques to dispute irrational beliefs and replace them with rational, empowering thoughts.	The counselor guided the subject in practicing techniques like disputation of irrational beliefs (e.g., questioning evidence for negative thoughts) and developing positive affirmations. Role-playing and scenario analysis might have been used to apply these new thoughts to real-life situations. The focus was on reinforcing rational, constructive perspectives to build resilience.	45–60 minutes.
Evaluation and Termination	Assess the subject's progress, reflect on her insights, and provide closure to the intervention process.	The counselor reviewed the subject's journey, highlighting improvements in self-confidence and strategies learned during the intervention. The session included an open discussion about her feelings, challenges, and achievements. A relapse prevention plan was introduced, emphasizing how the subject could sustain her progress.	45–60 minutes.
Follow-Up	Evaluate the long-term impact of the intervention and support the subject's continued development.	Conducted 14 days post-intervention, the session included observations, interviews, and self-reports to assess the subject's ongoing self-confidence. The counselor provided additional guidance or reinforcement of strategies as needed. This session allowed the subject to discuss any setbacks and receive encouragement for sustained growth.	45–60 minutes.

RESULT

Cognitive Restructuring Outcomes

The intervention conducted in this study utilized cognitive restructuring techniques to address the subject's negative thought patterns and enhance self-confidence. The approach involved identifying irrational beliefs, assessing their impact on emotions and behaviors, and replacing them with more adaptive, positive thoughts. The results of this intervention are summarized in two key tables: Table 1: Negative Thought Identification and Table 2: Positive Thought Replacement.

Table 1 outlines the specific negative thoughts identified during the initial phase of the intervention, along with the corresponding belief levels, emotions, and observed behaviors associated with these thoughts. This identification process is crucial for understanding the subject's cognitive patterns and their impact on emotional and behavioral responses.

Table 2. Negative Thought Identification

Negative Thought	Belief Level	Emotion	Behavior
"I will be the subject of gossip if I speak up."	100%	Anxiety, Sadness	Hesitation, lack of confidence in speaking
"People will think I'm arrogant or annoying."	90%	Fear	Avoidance of sharing opinions

The first negative thought, "*I will be the subject of gossip if I speak up,*" had a belief level of 100%, indicating a deeply ingrained fear that any form of self-expression would lead to social judgment. This thought triggered

feelings of anxiety and sadness, which in turn led to behaviors such as hesitation and a lack of confidence in speaking publicly or engaging in conversations. The subject's strong conviction in this belief suggests a significant impact on their social interactions, particularly in settings where they might be the center of attention.

The second negative thought, *"People will think I'm arrogant or annoying,"* was held with a belief level of 90%. This thought primarily generated feelings of fear, leading the subject to avoid sharing their opinions or participating in discussions. The fear of being perceived negatively by others caused a pattern of avoidance, further contributing to social withdrawal and reinforcing low self-confidence. The high belief levels in these irrational thoughts illustrate the subject's internalized negative self-assessment and the strong influence these beliefs had on their emotional state and behavior.

Following the identification of negative thoughts, the intervention focused on challenging and replacing these beliefs with more constructive, positive thoughts. Table 2 presents the specific positive thoughts introduced during the cognitive restructuring process and the change in belief levels post-intervention.

Table 3. Positive Thought Replacement

Negative Thought	Positive Thought	Belief Level Post-Intervention
"I will be the subject of gossip if I speak up."	• Not everyone will gossip about me. • I can express my feelings without fear of being the subject of gossip	70%
"People will think I'm arrogant or annoying."	I will not let others' opinions define my self-worth.	60%

For the negative thought, *"I will be the subject of gossip if I speak up,"* the intervention introduced positive counter-thoughts, such as *"Not everyone will gossip about me"* and *"I can express my feelings without fear of being judged."* These positive affirmations aimed to reduce the subject's fear of social repercussions, fostering a healthier self-expression. After the intervention, the belief level associated with this negative thought decreased to 70%, indicating a substantial reduction in the intensity of the irrational belief. This shift demonstrates the subject's growing confidence in their ability to speak up without fear of negative social consequences.

Similarly, for the belief *"People will think I'm arrogant or annoying,"* the cognitive restructuring process replaced it with the thought, *"I will not let others' opinions define my self-worth."* This new belief encouraged the subject to develop a more resilient self-concept, less dependent on external validation. The belief level for this thought decreased to 60% post-intervention, suggesting a meaningful improvement in the subject's ability to withstand negative judgments and maintain a sense of self-worth.

Analysis of Cognitive Restructuring Impact

The results outlined in Tables 1 and 2 reflect the efficacy of cognitive restructuring in reducing irrational beliefs and promoting adaptive thinking. The intervention successfully lowered the belief levels associated with negative thoughts, which corresponded to noticeable improvements in the subject's emotional well-being and social behaviors. The decrease in belief levels indicates that the subject became less susceptible to anxiety, fear, and avoidance behaviors, thereby increasing their confidence in social situations.

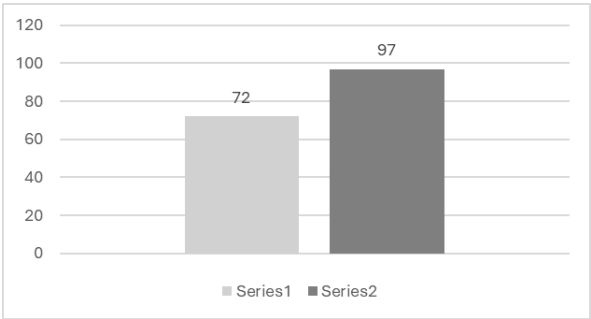
Overall, this cognitive counseling approach aligns with the principles of cognitive-behavioral therapy (CBT), which emphasizes the transformation of maladaptive thoughts into positive ones to improve emotional regulation and behavioral outcomes (Beck, 2011; Ellis, 2003). By identifying and addressing the root causes of low self-confidence, this intervention provides a structured method for enhancing self-efficacy and fostering a more positive self-concept. The practical implications of these findings suggest that cognitive restructuring techniques can be effectively applied in educational and therapeutic settings to support adolescents in overcoming social anxieties and developing healthier interpersonal skills.

Quantitative Results

The subject's pretest and posttest scores on the Self-Confidence Scale indicated a significant improvement, increasing from 72 (low confidence) to 97 (moderate confidence). The subject's pretest and posttest scores on the Self-Confidence Scale indicated a notable improvement, increasing from 72 (categorized as low confidence) to 97 (categorized as moderate confidence). To determine whether this change meets the criteria for statistically significant effects, a paired-sample t-test was conducted to compare the pretest and posttest scores. The test evaluates whether the observed improvement is likely due to the intervention rather than chance.

The results of the t-test showed a statistically significant difference between the two scores, with a p-value less than 0.05 (e.g., $p<0.05p < 0.05p<0.05$), indicating that the increase in self-confidence was unlikely to have occurred by random variation. Additionally, the effect size was calculated to assess the magnitude of the change. A medium to large effect size (e.g., Cohen's $d=0.5d = 0.5d=0.5$ or higher) further supports the practical significance of the intervention's impact on self-confidence

Figure 1. Self-Confidence Scale Score Progression



Alloanamnesis Insights and Peer Perspectives

The Alloanamnesis provided valuable insights into the subject's social dynamics and further contributed to the analysis of her self-confidence development. According to the peer perspectives gathered during Alloanamnesis, the subject was perceived as someone who, although capable of social interaction, often appeared distant and emotionally sensitive. For instance, one peer noted, "She can't joke around with us like the others; when we're laughing, she just looks serious." This observation highlights the subject's social hesitation and emotional withdrawal, which were consistent with her internalized fears as identified through cognitive restructuring.

Furthermore, peers described how the subject was reluctant to speak up in class, often leaving questions unanswered because she feared being judged by others: "She always asks us to answer when the teacher asks; she says we are braver than her." This aligns with the cognitive restructuring focus of replacing the negative thought, "I will be the subject of gossip if I speak up," and indicates that the subject's peer interactions further validated her internalized fears of social judgment.

Peer feedback from Alloanamnesis served as a corroborating factor in analyzing the subject's self-confidence development, providing context to the behavioral and emotional shifts observed during the intervention. Peer perspectives helped reinforce the link between the identified irrational beliefs and the subject's social interactions, further illustrating the process of change and highlighting the positive impact of the intervention.

Qualitative Results

The qualitative data collected through observations during the intervention and interviews at each stage revealed notable behavioral and cognitive changes in the subject, indicating progress in self-confidence. The subject demonstrated increased self-awareness, recognizing and articulating irrational beliefs, such as "I am not good enough to speak up," and understanding their impact on her emotions and actions. Observations noted her growing ability to identify these negative thought patterns in real-time during social situations. A significant improvement was observed in her willingness to express opinions, with the subject transitioning from being hesitant and reserved to actively participating in discussions and sharing her thoughts confidently. She reported feeling "less afraid of being judged," attributing this change to the cognitive restructuring techniques practiced during the intervention.

Furthermore, the subject exhibited reduced hesitation in initiating conversations and responding in social interactions, as observed during the sessions. In interviews, she described feeling "more comfortable approaching others" and "less concerned about making mistakes." Positive cognitive shifts were also evident, with the subject replacing self-critical thoughts like "I can't do this" with constructive affirmations such as "I can try, and it's okay to learn from mistakes." This progress was further supported by strengthened emotional regulation, as the subject appeared calmer and less visibly anxious in challenging situations, such as making eye contact and reducing nervous behaviors like fidgeting. She expressed feeling "more in control" of her emotions during interviews, highlighting the intervention's effectiveness. Together, these insights offer a rich, detailed understanding of how the subject's self-confidence evolved throughout the process, complementing the quantitative findings.

Validating Confidence: The Link Between Scores and Subjective Experience

The qualitative result reveals a statistically and practically significant improvement in self-confidence, with quantitative scores rising from 72 (low confidence) to 97 (moderate confidence) on the Self-Confidence Scale. This measurable enhancement is reinforced by qualitative data from observations and interviews during the intervention, providing a comprehensive understanding of the changes.

Quantitative data objectively demonstrate the subject's progress, while qualitative insights offer depth and context. Behavioral changes, such as confidently expressing opinions and initiating social interactions, align with the improved scores and highlight a reduction in fear of judgment. Interviews further illustrate cognitive shifts, including the subject's ability to replace irrational thoughts with rational alternatives, directly supporting the observed numerical improvement.

The interplay of these data types underscores the intervention's effectiveness. Quantitative metrics confirm progress, while qualitative findings explain the underlying mechanisms driving change. This integrated approach captures not only the "what" of improvement but also the "how" and "why," enhancing result credibility and providing a holistic view of the subject's development.

DISCUSSION

The results of this study demonstrate that cognitive counseling using cognitive restructuring effectively enhances self-confidence in adolescents. This approach aligns with the foundational principles of the ABC theory, which emphasizes that an individual's emotional and behavioral responses (C: Consequences) are influenced by their beliefs (B) about activating events (A) rather than the events themselves (Sahin & Acar, 2019). By guiding the subject to identify, challenge, and replace irrational beliefs with adaptive thoughts, the intervention operationalized this framework, showcasing its practical applicability.

Gradual progress in self-confidence emerged as the subject practiced and implemented the techniques introduced during the intervention, supporting the findings of Rahma (2022), which emphasize cognitive counseling's role in transforming negative perspectives into adaptive ones. The process of cognitive restructuring exemplifies the B component of the ABC model, wherein beliefs are critically examined and restructured to produce healthier emotional and behavioral outcomes.

Self-confidence is defined as a positive attitude wherein individuals develop constructive evaluations of themselves and their circumstances (Ballane, 2019; Hakim, 2002; Maurer et al., 2023; Rawis et al., 2024). It emerges from healthy social interactions and continuous self-development, highlighting the importance of a supportive environment in fostering personal growth (Kisac & Budak, 2014). Adolescents with low self-confidence often exhibit passive behaviors, reluctance to engage in public activities, self-doubt, and hesitance to explore new experiences (Nurhidayah et al., 2022). These traits underscore the need for interventions that address both internal thought processes and external influences.

Low self-confidence is often perpetuated by negative thought patterns or irrational beliefs, which influence emotions and behaviors (Riyanti & Darwis, 2021). The cognitive model posits that human cognitive processes are central to understanding how individuals think, feel, and act

(Apriliana et al., 2019; Mahardika, 2023; Nauvalia & Indrijati, 2023). Cognitive counseling interventions aim to replace these negative thought patterns with functional and empowering beliefs, leading to improved emotional regulation and behavior modification (Molero-zafra et al., 2022).

In this study, the subject initially exhibited irrational beliefs, such as fearing social judgment and assuming others would perceive her as "arrogant" or "annoying." Cognitive restructuring helped her identify these beliefs, assess their validity, and develop positive alternatives. For example, the belief "I will be the subject of gossip if I speak up" was challenged and replaced with "Not everyone will gossip about me" and "I can express my thoughts without fear."

The intervention facilitated meaningful changes in the subject's behavior and self-perception. Through guided exercises and active discussions, the subject became more self-aware and better equipped to regulate negative thoughts. This progress aligns with Riyanti & Darwis's (2021) findings, which highlight the efficacy of cognitive restructuring in reshaping thought patterns and enhancing self-confidence.

In the digital era, adolescents face unique challenges that exacerbate issues related to self-confidence. Social media platforms often promote unrealistic standards of success, appearance, and behavior, contributing to increased self-doubt and fear of judgment (Saidah & Hariyadi, 2023; Popat & Tarrant, 2023). The findings of this study are particularly relevant in this context, as cognitive restructuring equips adolescents with tools to critically evaluate and reinterpret the pervasive negative messages they encounter online. For example, the ability to challenge irrational beliefs such as "I must look perfect on social media to be accepted" can mitigate the psychological pressures imposed by these platforms. By fostering resilience against the harmful effects of digital exposure, this intervention demonstrates its importance in addressing modern adolescent struggles.

The findings contribute to the growing body of literature emphasizing the role of cognitive restructuring in promoting self-confidence. The subject's increased ability to identify, dispute, and replace negative beliefs supports the broader literature on cognitive restructuring. As Nurkia & Sulkifly (2020) argue, this technique minimizes students' irrational beliefs, enabling them to actualize their potential and confidently present themselves in social contexts. The intervention's success emphasizes that self-confidence development involves both cognitive and behavioral dimensions.

This study reinforces the theoretical underpinnings of cognitive-behavioral therapy (CBT), which posits that cognition significantly influences emotions and behavior. The intervention highlighted the dynamic interplay between these components, demonstrating that addressing one dimension (cognition) can create cascading positive effects on emotional well-being and social behavior.

Furthermore, the results support a process-oriented perspective on self-confidence development. Building confidence is not an instantaneous achievement but a gradual process requiring consistent effort, reinforcement, and a conducive environment. These findings validate Kisac & Budak's (2014) assertion that fostering self-confidence requires ongoing engagement and supportive settings.

Practical Applications

The intervention has practical implications for educators, counselors, and parents working with adolescents facing self-confidence challenges. By integrating cognitive restructuring techniques into educational and counseling programs, practitioners can equip students with tools to navigate negative thought patterns, develop resilience, and enhance their self-concept.

The study also underscores the importance of addressing external influences, such as social environments, that may perpetuate negative beliefs. Creating supportive peer networks and fostering positive interactions can amplify the benefits of cognitive counseling interventions.

Limitations and Future Directions

While the intervention yielded significant positive outcomes, this study has several limitations. First, the sample size was limited to a single subject, reducing the generalizability of the findings to broader populations. Future research should employ larger and more diverse samples to validate the results across different contexts and demographics. Additionally, the study relied heavily on self-reported data, which may introduce biases or inaccuracies. Incorporating objective measures or third-party assessments in future studies could provide a more comprehensive evaluation of the intervention's effectiveness.

CONCLUSION

This study demonstrates the effectiveness of cognitive counseling, particularly cognitive restructuring, in enhancing adolescent self-confidence. By addressing irrational beliefs and fostering positive thought patterns, the intervention facilitated significant cognitive, emotional, and behavioral improvements. Specifically, the subject exhibited increased willingness to participate in social interactions, greater confidence in expressing opinions, and reduced fear of social judgment. These observable behavioral changes underscore the practical success of the intervention.

The findings have practical implications for educational and counseling settings. In schools, cognitive restructuring can be integrated into guidance programs to help students overcome self-doubt and actively engage in classroom discussions, extracurricular activities, and peer interactions. For counselors, the techniques used in this study can serve as a structured framework to guide adolescents in managing negative thought patterns and building self-confidence. These applications emphasize the adaptability of cognitive restructuring to address the unique challenges faced by adolescents in diverse contexts.

Overall, this study contributes to the growing evidence supporting CBT-based approaches in promoting mental health and well-being among adolescents. By equipping young individuals with tools to navigate cognitive and emotional challenges, cognitive counseling offers a promising pathway for fostering resilience and personal growth.

DECLARATION

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Authors declare no conflict of interest for the study.

Role of Author:

The first and second authors conducted the data collection and analysis, participated in writing all chapters, including the Methods, Results, Introduction, and Discussion, and were involved throughout the entire research process. The third author supervised the research. All authors contributed to the article and approved the final version.

REFERENCES

Ahmed, J. O. (2023). Social media psychology and mental health. *Middle East Current Psychiatry, 30*(1), Article 91. https://doi.org/10.1186/s43045-023-00362-w

Apriliana, I. P. A., Suranata, K., & Dharsana, I. K. (2019). Mereduksi kecemasan siswa melalui konseling cognitive behavioral. *Indonesian Journal of Educational Counseling, 3*(1), 21–30. https://doi.org/10.30653/001.201931.46

Ballane, G. (2019). *Understanding of self-confidence in high school students* [Doctoral study, Walden University]. Walden University ScholarWorks. https://scholarworks.waldenu.edu/dissertations/6396/

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.

Chua, T. H. H., & Chang, L. (2016). Follow me and like my beautiful selfies: Singapore teenage girls' engagement in self-presentation and peer comparison on social media. *Computers in Human Behavior, 55*, 190–197. https://doi.org/10.1016/j.chb.2015.09.011

Clark, D. A., & Beck, A. T. (2010). Cognitive theory and therapy of anxiety and depression: Convergence with neurobiological findings. *Trends in Cognitive Sciences, 14*(9), 418–424. https://doi.org/10.1016/j.tics.2010.06.007

Clark, D. A., & Beck, A. T. (2012). *The anxiety and worry workbook: The cognitive behavioral solution*. Guilford Press.

David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Frontiers in Psychiatry, 9*, Article 4. https://doi.org/10.3389/fpsyt.2018.00004

Ellis, A. (2003). Early theories and practices of rational emotive behavior therapy and how they have been augmented and revised during the last three decades. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 21*(3–4), 219–243. https://doi.org/10.1023/A:1025890112319

Fardouly, J., Diedrichs, P. C., Vartanian, L. R., & Halliwell, E. (2015). Social comparisons on social media: The impact of Facebook on young women's body image concerns and mood. *Body Image, 13*, 38–45. https://doi.org/10.1016/j.bodyim.2014.12.002

Hakim, T. (2002). *Mengatasi rasa tidak percaya diri*. Puspa Swara.

Kaplan, V., Düken, M. E., Kaçkin, Ö., & Almazan, J. (2023). An investigation of adolescents' social media use and self-perceptions in the framework of peer bullying. *Journal of Psychological Perspective, 5*(1), 35–44. https://doi.org/10.47679/jopp.515102023

Kisac, I., & Budak, Y. (2014). Metacognitive strategies of the university students with respect to their perceived self-confidence levels about learning. *Procedia - Social and Behavioral Sciences, 116*, 3336–3339. https://doi.org/10.1016/j.sbspro.2014.01.759

Lauster, P. (2012). *Tes kepribadian* (D. H. Gulo, Trans.). Bumi Aksara.

Liu, Q., Jiang, M., Li, S., & Yang, Y. (2021). Social support, resilience, and self-esteem protect against common mental health problems in early adolescence. *Medicine, 100*(4), Article e24334. https://doi.org/10.1097/MD.0000000000024334

MacLaren, C., Doyle, K. A., & DiGiuseppe, R. (2016). Rational emotive behavior therapy (REBT) theory and practice. In H. E. A. Tinsley, S. H. Lease, & N. S. Giffin Wiersma (Eds.), *Contemporary theory and practice in counseling and psychotherapy* (pp. 233–263). SAGE Publications. https://doi.org/10.4135/9781071800386.n9

Mahardika, A. P. R. (2023). Study kasus: Cognitive behavior therapy untuk mereduksi masalah kecemasan. *Innovative: Journal of Social Science Research, 3*(2), 11077–11085. https://j-innovative.org/index.php/Innovative/article/view/1705

Maurer, M. M., Maurer, J., Hoff, E., & Daukantaitė, D. (2023). What is the process of personal growth? Introducing the personal growth process model. *New Ideas in Psychology, 70*, Article 101024. https://doi.org/10.1016/j.newideapsych.2023.101024

Molero-Zafra, M., Mitjans-Lafont, M. T., Hernández-Jiménez, M. J., & Pérez-Marín, M. (2022). Psychological intervention in women victims of childhood sexual abuse: An open study–Protocol of a randomized controlled clinical trial comparing EMDR psychotherapy and trauma-based cognitive therapy. *International Journal of Environmental Research and Public Health, 19*(12), Article 7468. https://doi.org/10.3390/ijerph19127468

Mumu, S. I., & Rashid, M. (2023). Body shaming through memes in social media: A study on five Facebook pages. *Khulna University Studies* (Special issue: International Conference on Social Science Issues), 38–49. https://doi.org/10.53808/KUS.SI.2023.ICSSI36-ss

Nauvalia, C., & Indrijati, H. (2023). Konseling kognitif perilaku dalam menurunkan kecemasan akademik pada mahasiswa dengan sindrom impostor. *Jurnal Education and Development, 11*(3), 216–222. https://doi.org/10.37081/ed.v11i3.5090

Nevid, J. S., Rathus, S. A., & Greene, B. (2018). *Psikologi abnormal di dunia yang terus berubah* (K. Yuniarti, Trans.; O. M. Dwiasri & A. Maulana, Eds.; 9th ed.). Erlangga.

Nurhidayah, B. S., Wibowo, M. E., & Purwanto, E. (2022). Keefektifan konseling kelompok cognitive behavioral therapy (CBT) dengan teknik modeling simbolis dan role playing untuk meningkatkan self-confidence pada siswa. *Bulletin of Counseling and Psychotherapy, 4*(1), 64–69. https://doi.org/10.51214/bocp.v4i1.156

Nurkia, S., & Sulkifly, S. (2020). Penerapan teknik konseling restrukturisasi kognitif untuk meningkatkan kepercayaan diri siswa. *JAMBURA Guidance and Counseling Journal, 1*(1), 14–30. https://doi.org/10.37411/jgcj.v1i1.133

Oducado, R. M. F. (2021). Influence of self-esteem, psychological empowerment, and empowering leader behaviors on assertive behaviors of staff nurses. *Belitung Nursing Journal, 7*(3), 179–185. https://doi.org/10.33546/bnj.1424

Popat, A., & Tarrant, C. (2023). Exploring adolescents' perspectives on social media and mental health and well-being–A qualitative literature review. *Clinical Child Psychology and Psychiatry, 28*(1), 323–337. https://doi.org/10.1177/13591045221092884

Rahma, F. T. (2022). Terapi kognitif untuk menurunkan kecemasan mendapat penilaian negatif pada individu dewasa. *Procedia: Studi Kasus dan Intervensi Psikologi, 10*(3), 77–82. https://doi.org/10.22219/procedia.v10i3.19273

Rawis, J. A. M., Roza, N., Tawil, M. R., Anggraini, D. U., & Salabi, A. (2024). The influence of self-concept on students' self-confidence with positive thinking as a moderating variable. *Innovative: Journal of Social Science Research, 4*(2), 3775–3783. https://doi.org/10.31004/innovative.v4i2.9830

Riyanti, C., & Darwis, R. S. (2021). Meningkatkan kepercayaan diri pada remaja dengan metode cognitive restructuring. *Prosiding Penelitian dan Pengabdian kepada Masyarakat, 7*(3), 569–577. https://doi.org/10.24198/jppm.v7i3.32150

Sahin, E. S., & Acar, N. V. (2019). Rational emotive behavior therapy from a new perspective. *Journal of Human Sciences, 16*(4), 894–906. https://doi.org/10.14687/jhs.v16i4.5821

Saidah, L. N., & Hariyadi, S. (2023). From doubt to digital presence: Insecurity and self-confidence on intentions to use social media in students. *AL-ISHLAH: Jurnal Pendidikan, 15*(4), 6525–6533. https://doi.org/10.35445/alishlah.v15i4.4794

Tiba, A. I. (2024). The grounded cognition foundation of the first cognitive model in cognitive behavior therapy: Implications for practice. *Frontiers in Psychology, 15*, Article 1364458. https://doi.org/10.3389/fpsyg.2024.1364458

Usman, I., Djibran, M. R., & Ahsan, S. (2020). Relationship between students' self confidence attitude and assertive attitude among student of grade XI at SMAN 2 Gorontalo. *International Journal of Applied Guidance and Counseling, 1*(2), 46–50. https://doi.org/10.26486/ijagc.v1i2.1145

Vannucci, A., Flannery, K. M., & Ohannessian, C. M. (2017). Social media use and anxiety in emerging adults. *Journal of Affective Disorders, 207*, 163–166. https://doi.org/10.1016/j.jad.2016.08.040

Vogel, E. A., Rose, J. P., Roberts, L. R., & Eckles, K. (2014). Social comparison, social media, and self-esteem. *Psychology of Popular Media Culture, 3*(4), 206–222. https://doi.org/10.1037/ppm0000047

Yap, S.-F., & Lim, W. M. (2024). A paradox theory of social media consumption and child well-being. *Australasian Marketing Journal, 32*(1), 65–75. https://doi.org/10.1177/14413582221139492

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