

Improving Psychology Strength Self Efficacy of Orphan Adolescents Through Structure Counselling and Bibliotherapy

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ABSTRACT

The present study aimed to evaluate the effectiveness of structured counselling and bibliotherapy in improving the psychological strength, specifically self-efficacy, of orphan adolescents. An experimental pre-test–post-test control group design was adopted, involving 30 adolescents residing at Gandhi Ashram, Pollachi. The samples were selected using a purposive sampling technique and were divided into an experimental group (8 females and 7 males) and a control group (6 females and 9 males). Data were collected using a demographic profile and the Generalized Self-Efficacy Scale (GSES). The collected data were analysed using frequency distribution and t-test. Findings revealed that, in the pre-test, the majority of adolescents demonstrated low levels of self-efficacy. A highly significant improvement was observed in the post-test scores of the experimental group following structured counselling and bibliotherapy. No significant association was found between post-test self-efficacy scores and demographic parameter such as age, sex, and education. The study concludes that structured counselling combined with bibliotherapy is an effective intervention for enhancing self-efficacy among orphan adolescents.

Keywords: *Counselling, Bibliotherapy, Self-Efficacy, Orphan Adolescents*

Orphan adolescents often experience psychological challenges due to the lack of consistent parental care, emotional support, and stable family environments. These factors may negatively affect their self-efficacy, which is an essential component of psychological strength. Self-efficacy refers to an individual's belief in their ability to successfully perform tasks, handle challenges, and achieve goals. Enhancing self-efficacy during adolescence is crucial, as it influences academic performance, emotional regulation, behavior, social competence, and future life success. To address these issues, structured counselling and bibliotherapy have been widely recognized as effective psychosocial interventions. Structured counselling provides a systematic approach to helping adolescents understand their problems, develop coping strategies, and build confidence. Bibliotherapy, which involves the use of selected reading materials—stories, real-life narratives, and motivational books—helps adolescents identify with characters, understand their emotions, and learn effective ways of handling difficulties. The present research was designed to examine the effectiveness of structured counselling combined with bibliotherapy in

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improving the psychological strength (self-efficacy) of orphan adolescents residing in institutional homes.

Self-Efficacy

Self-efficacy refers to an individual's belief in their own ability to perform tasks, overcome challenges, and achieve goals. In orphan children, self-efficacy is often lower due to the absence of parental support, guidance, and emotional security. Growing up in institutional care can limit opportunities for independent decision-making, problem-solving, and self-confidence, which are essential for developing strong self-efficacy.

Improving self-efficacy in orphan adolescent is critical as it helps them:

- Build confidence in their abilities
- Develop coping skills to manage stress and challenges
- Enhance academic and social performance
- Strengthen emotional resilience and decision-making

Counselling

Orphan children and adolescents are among the most vulnerable groups because they grow up without parental love, guidance, and emotional security. As a result, they often experience loneliness, low self-worth, fear, and unresolved grief. Counselling is essential to help them cope with these emotional and psychological difficulties. It provides a safe space to express feelings, understand their experiences, and develop healthy coping skills. Through structured counselling, orphan adolescents learn important life skills such as communication, problem-solving, emotional regulation, and decision-making. Counselling also helps them improve self-confidence, overcome behavioural challenges, and build positive relationships. For those who have lived in orphanages for long periods, counselling supports healthy development and prepares them for independent living. Overall, counselling is vital for improving the mental health, social adjustment, and future well-being of orphan children and adolescents. Unique challenges that deeply influence their psychological, social, and academic development.

In Pollachi District, several institutional homes provide shelter, education, and basic needs for orphan children. While these institutions offer safety and structure, they may not fully meet the emotional and psychological requirements essential for healthy adolescent development. Orphan adolescents in Pollachi often experience feelings of loneliness, insecurity, fear of rejection, and limited opportunities for personal expression. The absence of parental guidance frequently leads to difficulties in building self-confidence, managing emotions, and developing strong social relationships. Gender differences further shape their experiences. Female orphan adolescents tend to show higher emotional sensitivity, increased vulnerability, and lower levels of self-esteem due to social pressures and cultural expectations. Male orphan adolescents may display behavioral issues, reduced emotional expression, or risk-taking tendencies as they struggle to cope with the institutional environment.

Individual Counselling

Individual counselling is a one-on-one professional interaction between a trained counsellor and a client, designed to help the individual understand personal issues, express emotions, and develop coping strategies. It provides a safe and confidential space where clients can discuss their thoughts, feelings, and challenges openly.

- Cope with grief, trauma, and feelings of abandonment

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- Build self-confidence and self-efficacy
- Improve decision-making and problem-solving skills
- Manage emotions such as fear, anger, or sadness
- Develop personal goals and strategies for social and academic adjustment
- One-on-one sessions between a counsellor and the adolescent
- Focuses on personal issues, emotions, behavior, and coping strategies
- Highly personalized and confidential

Bibliotherapy for Orphan Adolescents

Bibliotherapy is a therapeutic approach that uses books, stories, poems, and other reading materials to help individuals cope with emotional, psychological, and social challenges. For orphan adolescents, bibliotherapy is particularly beneficial because they often grow up without parental guidance, emotional support, or stable family attachments, which can affect their self-esteem, coping skills, and overall psychological well-being. Bibliotherapy is cost-effective, simple to implement, and non-intrusive, making it suitable for orphanage settings where professional mental health resources may be limited. When combined with counselling, it provides a supportive framework for orphan adolescents to strengthen their emotional, cognitive, and social skills, helping them face challenges more confidently and adaptively.

Through structured bibliotherapy, orphan adolescents can:

- Reflect on personal experiences and emotions
- Develop self-efficacy and confidence
- Learn effective problem-solving and coping strategies
- Enhance empathy, social understanding, and emotional resilience
- Improve behavioral adjustment and decision-making skills

Bibliotherapy is cost-effective, simple to implement, and non-intrusive, making it suitable for orphanage settings where professional mental health resources may be limited. When combined with counselling, it provides a supportive framework for orphan adolescents to strengthen their emotional, cognitive, and social skills, helping them face challenges more confidently and adaptively.

Types of Bibliotherapy

Bibliotherapy can be broadly classified based on how it is delivered and its purpose. The main types include:

1. Developmental Bibliotherapy

- Focuses on the personal growth of orphan and adolescents.
- Helps in understanding emotions, relationships, and moral values.
- Example: Stories that teach resilience, empathy, or self-confidence.

2. Clinical/Directive Bibliotherapy

- Conducted under the guidance of a trained mental health professional.
- Targeted at addressing specific psychological or behavioral issues.
- Example: Reading materials designed to manage anxiety, depression, or grief.

3. Non-Directive Bibliotherapy

- The individual selects reading materials independently or with minimal guidance.
- Encourages self-reflection and personal insight.

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- Example: Allowing adolescents to choose stories that resonate with their feelings.

4. Group Bibliotherapy

- Conducted in a group setting with shared reading and discussion.
- Encourages peer interaction, empathy, and social learning.
- Example: Orphan adolescents read a story together and discuss characters' coping strategies.

5. Individual Bibliotherapy

- One-on-one sessions tailored to the specific needs of an individual.
- Focuses on personal reflection, emotional processing, and skill development.
- Example: An adolescent reads a story about overcoming challenges and discusses insights with a counsellor.

REVIEW OF LITERATURE

Orphan adolescents often face emotional deprivation, instability, and lack of parental guidance, which significantly affects their psychological development. Several researchers have highlighted that institutionalized children commonly exhibit low self-esteem, poor coping skills, and reduced self-efficacy compared to children raised in family environments. Strengthening their psychological resilience has therefore become an important area of study. Counselling has been widely recognized as an effective therapeutic intervention for promoting emotional stability and personal growth among adolescents. Studies have shown that structured counselling helps adolescents understand their emotions, gain insight into their difficulties, develop problem-solving skills, and enhance their confidence. Counselling also provides a safe environment for expressing feelings, receiving guidance, and building coping strategies, which contributes to improved self-efficacy. Bibliotherapy, another powerful psychotherapeutic tool, uses carefully selected books, stories, and narratives to support emotional and behavioral development. Research indicates that adolescents often identify with characters in stories, recognize their own struggles through reading, and learn healthier ways of thinking and responding to challenging situations. Bibliotherapy has been found to reduce anxiety, improve self-awareness, and strengthen self-belief in children and adolescents, particularly those who lack adequate emotional support. Studies on self-efficacy emphasize that it is a strong predictor of motivation, behavior, academic performance, and mental health. Orphan adolescents frequently score lower on self-efficacy measures due to limited encouragement and lack of supportive adult role models. Researchers have consistently reported that therapeutic interventions such as counselling, bibliotherapy, and life-skills programs significantly improve their confidence and ability to handle daily challenges. The Generalized Self-Efficacy Scale (GSES) is commonly used in many studies to assess the impact of these interventions and has shown reliable improvements after structured psychosocial support.

- B.Beemasri, J..Anbarasu effectiveness of yoga therapy in enhancing emotional intelligence among orphanage adolescents girls (2025) Emotional intelligence is defined as the ability to sense, understand and effectively apply power of acumen of emotions as a source of human energy, information connection and influence. Bar-On defines emotional intelligence as “an array of non-cognitive abilities, competencies and skills that influence one’s ability to succeed in coping with environmental demands and pressures”. Emotional intelligence is considered as a successful predictor of Academic Achievement. Aim of the present study is to find

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out the effectiveness of Yoga therapy in enhancing emotional intelligence among Orphanage Adolescent girls. Emotional intelligence plays a major role on academic and family success. Once it is identified at an early stage, Orphanage Adolescent. Girls can be helped to enhance emotional intelligence so that they can be successful on academic and family life. Schuttle uses Emotional Intelligence Scale to find out the level of emotional quotient among adolescents. Out of 200 low Emotional quotient Orphanage Adolescents girls, 120 adolescents girls are allotted randomly to control and experimental group, 60 adolescents girls on control and experimental group. Experimental group is exposed to certain selected yogic exercises for one month. Results clearly indicate that there is an extremely significant difference ($p > 0.001$) existing in the performance. Experimental group Orphanage Adolescent girls enhance Emotional quotient faster ($p > 0.001$) than the control group girls after intervention. Yoga therapy is less time consuming more economical and one of the best techniques in enhancing emotional quotient among Orphanage adolescent girls. Orphanage Adolescent girls, who are high on Emotional quotient, are successful on academic examination.

- Muthukumaraswamy Akilandeswari & Narayanan Annalakshmi Virtues, Psychological Problems, and Resilience Among Orphan and Non-orphan Adolescents (2025) Due to parental deprivation orphan adolescents undoubtedly deserve to be considered an at-risk population. Character strengths help individuals thrive. However, there is a dearth of studies that explore character strengths in orphan adolescents compared to those done on non-orphan adolescents. The objectives of the present study were (a) to explore the interaction of gender (male and female) and group (orphan and non-orphan) on virtues; (b) to explore whether gender and virtues predict psychological problems and resilience among orphan and non-orphan adolescents. A purposive sample of 300 orphan and 300 non-orphan adolescents, both boys and girls, in the age group 12–17 years were recruited for the present study. The participants completed self-report measures of psychological problems, character strength, and resilience. Two-way ANOVA main effect results revealed that females were higher on virtues such as courage, justice, temperance, and transcendence; non-orphan adolescents were higher on all the virtues compared to orphan adolescents. Interaction effect revealed that non-orphan adolescent boys had higher scores in virtues including, wisdom and knowledge, courage, humanity, temperance, and transcendence than other counterparts apart from the virtue justice. Multiple linear regression analyses revealed that orphan girls positively predicted psychological problems, while non-orphan girls negatively predicted resilience. Humanity negatively predicted psychological problems and positively predicted resilience in orphan adolescents. Temperance negatively predicted psychological problems and positively predicted resilience in non-orphan adolescents. The results of the present study revealed that distinct virtues predict psychological problems and resilience in the expected direction. Also gender influences both psychological problems and resilience. Further research should focus on developing interventions based on virtues for promoting positive adaptation among both orphan and non-orphan adolescents.
- B.Beemasri . scholar effect of yogic practices on emotional intelligence of orphans children (2024) Orphan children suffer greatly from much physical, physiological and emotional disorders leading to the bad effect on their, over-all adjustment, emotional stability autonomy, security-insecurity, intelligence and self-concept. Yogic practices are providing the best method to achieve good mental health. Thus

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keeping in view the benefits of yogic practices, an attempt has made to investigate scientifically the effect yogic practices on emotional intelligence of orphan children. In this study the investigator has selected the 100 Girls orphan children from Department of Social Security in Annai Sathiyammayar Ninaivu Government Orphan Home Cuddalore District, Tamilnadu, India. After the pre-test subjects were divided into two groups i.e. Yogic group (experimental) and Control Group (nonexperimental). Emotional intelligence scale by Sterrett (2000) was applied to collect the data. Training of yoga practices was given to Yogic group for eight weeks. No training was imparted to control group. The results of the investigation shown significant effect of yogic practices on the different parameters of Emotional intelligence i.e. overall Emotional intelligence, Self -Awareness, Self- Management, Social Awareness and Relationship Management which were tested on 0.05 level of confidence.

- B. Beemasri a study effect of yogic practice on lung capacity in orphanage females during recent years, a lot of research work has been done to show the beneficial effects of yoga training. The present study was undertaken to assess the effects of yogic practice on some pulmonary functions. Sixty orphanage female subjects (age group 13-18yrs.) were selected. They had to do the yogic practices daily for about one hour. The observations were recorded by MEDSPIROR, in the form of FVC, FEV-1 and PEFr on day-1, after 6 weeks and 12 weeks of their yogic practice. There was significant increase in FVC, FEV-1 and PEFr at the end of 12 weeks
- Hayley Redman & G J Melendez-Torres, Alison Bethel & Judith Green the impact of school-based creative bibliotherapy interventions on child and adolescent mental health: a systematic review and realist synthesis protocol. (2024) There is a need to identify evidence-based interventions to be delivered in schools that can be used to improve child and adolescent mental health and wellbeing. Creative bibliotherapy is one proposed intervention. However, there has been, to date, no comprehensive assessment of the evidence for its impact on mental health and wellbeing. To fill this gap, we will conduct a systematic review and realist synthesis. A systematic search of the bibliographic databases APA PsycINFO, Medline (via Ovid), CINAHL, ERIC, Education Research Complete (via EBSCOhost) and Web of Science (SCI, SSCI, AHCI, ESCI) for school-based creative bibliotherapy interventions on child and adolescent mental health. Types of study to be included: cohort studies, non-randomised comparative evaluations, randomised controlled trials. The data from all included studies will be summarized descriptively and strength of evidence appraised. This is a potentially large field of practice, with heterogeneous interventions; we will use methods from intervention components analysis to describe and categories the range of components and approaches used in included interventions. To understand how interventions work and in which contexts, we will use methods from realist synthesis to develop an exploratory account of mechanisms in different settings and for different young people (contexts). Findings will assess the range of evidence for the impact of creative bibliotherapy on child and adolescent mental health and wellbeing, the strength of evidence for the impact identified, and describe potential mechanisms. This review will be useful for a wide range of stakeholders considering implementing or developing interventions using creative bibliotherapy in school-based settings.

METHODOLOGY

Methodology plays a crucial role in scientific research. According to Edward (1971), research observations should not be made randomly; instead, they must be focused on answering the specific question of the study. The objective of research is to use observation as a basis for understanding the problem. When conducting any scientific study, appropriate research design, standardized tools, suitable sampling techniques, proper data collection procedures, and correct statistical methods must be used to draw meaningful conclusions. Methodology provides the correct procedures to make the study systematic. It helps the researcher explore different aspects of the study and measure them accurately. The chosen method should match the research problem and answer questions about materials, tools, data sources, data collection procedures, and suggestions. The method depends on the topic, purpose, and type of data needed.

Research Design

The purpose of the present study is to evaluate the improving psychology strength self-efficacy of orphan adolescent through structure counselling and bibliotherapy. Since the study uses an experimental intervention, it follows a quantitative approach. Therefore, an experimental pre-test–post-test control group design was adopted for conducting the investigation using systematic scientific procedures.

Statement of the Problem

The study aims to analyze the improving psychology strength self-efficacy of orphan adolescent through structure counselling and bibliotherapy. Thus, the problem is stated as: improving psychology strength self-efficacy of orphan adolescent through structure counselling and bibliotherapy.

Research Objectives

1. To assess the level of self-efficacy among orphanage adolescent
2. To determine the effectiveness of counselling and bibliotherapy on self-efficacy among orphanage adolescent
3. To compare the level of self-efficacy before and after the intervention.
4. To find the association between the pre-test level of self-efficacy and selected demographic parameter of orphanage adolescent

Research Hypothesis

- **H1:** There will be a significant difference in the self-efficacy scores of orphanage adolescent between the experimental and control groups in pre- and post-test following the administration of counselling and Bibliotherapy.
- **H2:** There is no significant difference in the pre-test and post-test self-efficacy scores between the experimental and control groups in relation to gender.
- **H3:** There is no significant difference in the pre-test and post-test self-efficacy scores between the experimental and control groups based on age.
- **H4:** There is no significant difference in the pre-test and post-test self-efficacy scores between the experimental and control groups based on physical status.

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Demographic Parameter

- ✓ Age
 - 13–15 years
 - 16–18 years
- ✓ Gender
 - Female
 - Male
- ✓ Physical Status
 - Normal
 - Differently abled

Sample Size

The total sample 77 selects sample size consisted of 30 orphanage adolescent from Pollachi.

- Experimental group: **15 participants** (7 males and 8 females)
- Control group: **15 participants** (9 males and 6 females)

Inclusion Criteria

- Adolescent with **low self-efficacy** were included in the intervention.
- Age range: **13–18 years**.

Exclusion Criteria

- Participants with high self-efficacy were excluded from the intervention.

Sampling Technique

Sampling refers to the selection of individuals or units from a larger population for statistical analysis. In this study, purposive sampling was used. This technique helps the researcher select samples that best represent the characteristics required for the study. Thus, the selected samples serve as the representative units of the population.

Instrument Used

The Generalized Self-Efficacy Scale (GSES) was developed by *Matthias Jerusalem and Ralf Schwarzer (1981)*. It is used to measure an individual's general sense of perceived self-efficacy, especially related to coping with daily difficulties and stressful life events.

Scale

- The scale is **self-administered**.
- It consists of **10 items**, typically selected from a larger pool with uniform response format.
- **Time required:** Approximately **4 minutes**.
- **Scoring:** Responses are rated on a **4-point scale**.
- The total score is obtained by summing all 10 responses, producing a score between **10 and 40**.
- Higher scores indicate **greater self-efficacy**.

Reliability: Internal consistency reliability for the GSES shows Cronbach's alpha values between .76 and .90, indicating good reliability.

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Validity: The scale is positively correlated with emotion, optimism, and work satisfaction. Negative correlations were observed for depression, stress, burnout, health complaints, and anxiety, supporting its construct validity.

Procedure

The data were collected from 30 participants at Gandhi Ashram, Pollachi. Prior permission for data collection was obtained from the management. Convenient dates and timings were arranged for the participants. Participants first completed a demographic data sheet. A pre-test was administered on Day 1 using the Generalized Self-Efficacy Scale (GSES) after obtaining informed consent. From Day 2 onwards, bibliotherapy sessions were conducted for 30 minutes per day, for 15 consecutive days (15 sessions). At the end of each session, students informally shared their satisfaction with the activity. On the 16th day, a post-test was administered using the same scale to evaluate the effectiveness of the intervention.

Statistical Analysis

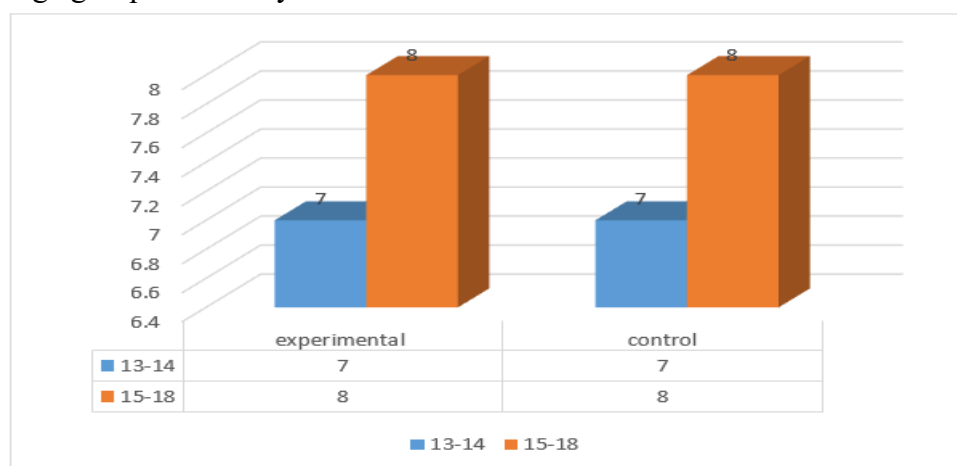
The qualitative study data collected through the survey method were analysed using the statistical software IBM SPSS version 25.0. The following statistical techniques were used to analyse the data: frequency distribution and t-test.

Table 1 Frequency Distribution

S.No	Parameter	Sub.Parameter	Experimental Group		Control Group	
			F	%	F	%
1.	Age	13-15	7	53.33	9	60
		16-18	8	60	6	40
2.	Gender	Female	8	53.33	6	40
		Male	7	60	9	60
3.	Physical status	Normal	11	73.33	11	73.33
		Differently abled	4	26.67	4	26.67

AGE

In the **experimental group**, 7 adolescents (46.66%) belonged to the 13–15 age category, while 8 adolescents (53.33%) were in the 16–18 age group. In the **control group**, 9 adolescents (60%) were in the 13–15 age category, whereas 6 adolescents (40%) belonged to the older age group of 16–18 years.

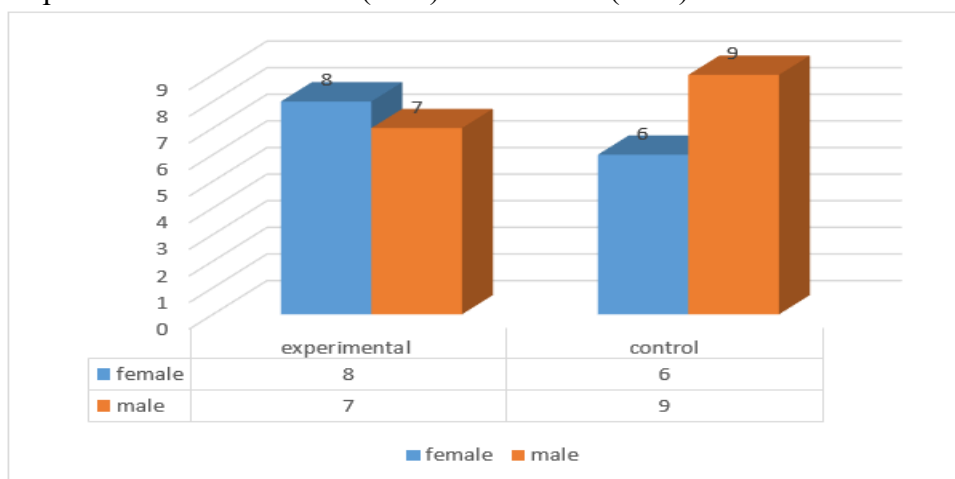


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This indicates that the experimental group had a slightly higher proportion of orphan adolescents, the control group had a higher proportion of younger adolescents. However, both groups include participants from both age categories, maintaining adequate variation for comparative analysis.

GENDER

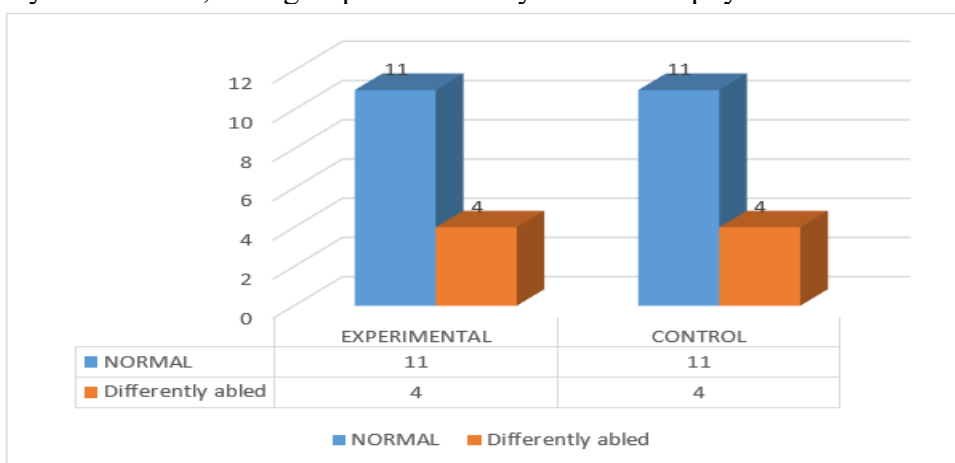
The gender-wise distribution of adolescents in both the experimental and control groups was analyzed to understand the comparability between the groups. In the experimental group, out of 15 participants, 8 (53.33%) were females and 7 (46.66%) were males. In contrast, the control group consisted of 6 females (40%) and 9 males (60%).



These findings indicate that the experimental group had a slightly higher proportion of female adolescents, whereas the control group had a greater proportion of male adolescents. Although there is a variation in gender distribution, the differences are not substantial enough to affect the outcomes of the study, as both groups contain a mix of male and female participants.

PHYSICAL STATUS

The physical status of adolescents in both groups was similar. In the experimental group, 11 participants (73.33%) had normal physical status and 4 (26.67%) were differently abled. The control group also showed the same distribution, with 11 (73.33%) normal and 4 (26.67%) differently abled. Thus, both groups were evenly matched in physical status.



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Table 2 Showing mean SD t-value and P-value of association between pre-posttest of experimental group and control on self –efficacy scores base on gender

Intervention		Gender	N	Mean	SD	t-value	p-value
Experimental Group	Pre- test	Male	7	19.14	3.925	2.110	.055
		female	8	15.38	2.976		
	Post -test	Male	7	27.71	2.690	1.870	.084
		female	8	4.598	1.870		
Control Group	Pre –test	Male	9	18.89	4.595	1.765	.108
		female	6	16.00	1.414		
	Post-test	Male	9	19.56	4.475	1.773	.100
		female	6	16.17	1.472		

The experimental group, the male participants recorded a higher mean self-efficacy score (M = 19.14, SD = 3.925) compared to female participants (M = 15.38, SD = 2.976). The calculated t-value of 2.110 with a p-value of 0.055 indicates that the difference was not statistically significant at the 0.05 level, although it was close to significance. This suggests that at the baseline level, males and females did not differ meaningfully in their self-efficacy. During the post-test, male participants again demonstrated a higher mean score (M = 27.71, SD = 2.690) compared to females (M = 4.598, SD = 1.870). However, the t-value of 1.870 with a p-value of 0.084 shows that this difference was also not statistically significant. Therefore, gender did not have a significant impact on post-intervention self-efficacy scores among adolescents in the experimental group. the control group’s pre-test, males recorded a mean score of 18.89 (SD = 4.595), while females obtained a mean of 16.00 (SD = 1.414). The t-value (1.765) and p-value (0.108) indicate that the observed difference was not significant, suggesting no gender-related variation in initial self-efficacy levels among adolescents in the control group. Similarly, in the post-test, males had a slightly higher mean score (M = 19.56, SD = 4.475) compared to females (M = 16.17, SD = 1.472). The t-value (1.773) with p = 0.100 again confirms that the difference was not statistically significant. This indicates that gender did not influence post-test self-efficacy outcomes among control group participants. Overall, the findings indicate that gender did not have a significant effect on self-efficacy scores in either the experimental or control groups, both at the pre-test and post-test levels.

Table 3 Showing mean SD t-value and P-value of association between pre-post-test of experimental group and control on self –efficacy scores base on Age

Intervention		Age	N	Mean	SD	t-value	p-value
Experimental Group	Pre- test	13-15	7	16.86	4.947	2.42	.814
		16-18	8	17.38	2.925		
	Post -test	13-15	7	27.29	3.498	1.395	.186
		16-18	8	24.38	4.438		
Control Group	Pre –test	13-15	9	16.44	3.644	1.683	.116
		16-18	6	19.67	3.615		
	Post-test	13-15	9	17.11	3.756	1.367	.195
		16-18	6	19.83	3.817		

The experimental group, adolescents aged 13–15 years had a mean score of 16.86 (SD = 4.947), whereas those aged 16–18 years scored slightly higher with a mean of 17.38 (SD =

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2.925). The t-value (2.42) with a p-value of 0.814 indicates that there was no statistically significant difference in pre-test self-efficacy scores between the two age groups. During the post-test, the 13–15 age group recorded a mean score of 27.29 (SD = 3.498), while the 16–18 age group achieved a mean of 24.38 (SD = 4.438). The obtained t-value (1.395) with a p-value of 0.186 shows that the age difference was not statistically significant in post-test scores. Thus, the intervention improved self-efficacy irrespective of age within the experimental group. the control group, the 13–15-year-olds recorded a mean self-efficacy score of 16.44 (SD = 3.644), whereas participants aged 16–18 scored 19.67 (SD = 3.615). The t-value (1.683) and p-value (0.116) suggest that the difference between age groups was not statistically significant at the pre-test level. During the post-test, the younger age group (13–15 years) scored a mean of 17.11 (SD = 3.756), while the older group (16–18 years) scored 19.83 (SD = 3.817). The t-value (1.367) with a p-value of 0.195 again indicates no significant age-related difference in post-test scores. Overall, the results clearly demonstrate that age did not influence self-efficacy scores in either the experimental or control group across both pre-test and post-test assessments.

Table 4 Showing mean SD t-value and P-value of association between pre-post-test of experimental group and control on self –efficacy scores base on Physical status

Intervention		Physical status	N	Mean	SD	t-value	p-value
Experimental Group	Pre-test	Normal	11	17.36	4.056	.372	.716
		Differently abled	4	16.50	3.697		
	Post-test	Normal	11	26.18	4.792	1.063	.510
		Differently abled	4	24.50	1.291		
Control Group	Pre-test	Normal	11	18.73	4.077	1.775	.099
		Differently abled	4	15.00	.816		
	Post-test	Normal	11	19.18	4.020	1.730	.107
		Differently abled	4	15.50	1.915		

The experimental group during the pre-test, adolescents with normal physical status had a mean score of 17.36 (SD = 4.056), whereas differently abled adolescents recorded a mean of 16.50 (SD = 3.697). The calculated t-value of 0.372 with a p-value of 0.716 indicates that the difference was not statistically significant, showing that both groups started with similar self-efficacy levels. During the post-test in the experimental group, the mean scores increased in both categories. Adolescents with normal physical status scored a mean of 26.18 (SD = 4.792), while differently abled adolescents scored 24.50 (SD = 1.291). The obtained t-value 1.063 and p-value 0.510 again indicate a non-significant difference. This suggests that the intervention (structured counselling and bibliotherapy) effectively improved self-efficacy for both groups regardless of physical status. the control group during the pre-test, adolescents with normal physical status had a mean score of 18.73 (SD = 4.077), while those who were differently abled scored 15.00 (SD = 0.816). The t-value of 1.775 with a p-value of 0.099 shows that this difference was not statistically significant, although a slight variation was observed. During the post-test of the control group, adolescents with normal physical status scored a mean of 19.18 (SD = 4.020), whereas differently abled adolescents scored 15.50 (SD = 1.915). The calculated t-value of 1.730 with a p-value of 0.107 indicates that the difference remained statistically non-significant, suggesting that regular routine care did not create significant changes across physical status groups. Overall, the findings clearly demonstrate that physical status does not have a

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significant association with self-efficacy scores in either the experimental or control groups. Furthermore, the structured counselling and bibliotherapy intervention was effective in improving self-efficacy equally for both normal and differently abled adolescents, confirming that physical status did not influence the intervention's impact.

Table 5 Comparison between difference of pre-post-test experimental and control group on self-efficacy of the respondents

		Mean	N	Std. deviation	Std. Error mean	t-value	p-value
Experimental Group	Pre-test	17.13	15	3.852	.995	7.038	.000
	Post-test	25.73	15	4.166	1.076		
Control group	Pre-test	17.73	15	3.863	.997	.646	.529
	Post-test	18.20	15	3.895	1.005		

The table compares the self-efficacy scores of adolescents in both the experimental group and the control group before and after the intervention. The experimental group showed a large improvement, with the mean score increasing from 17.13 in the pre-test to 25.73 in the post-test. The statistical test (t-value = -7.038 , $p = .000$) shows that this improvement is highly significant. On the other hand, the control group had almost no improvement, with scores changing only slightly from 17.73 to 18.20, and the results were not statistically significant ($p = .529$). Overall, the findings indicate that counselling and bibliotherapy significantly improved the self-efficacy of adolescents in the experimental group compared to the control group. The hypothesis about the effectiveness of counselling and bibliotherapy is therefore accepted.

CONCLUSION

The present study was undertaken to evaluate the effectiveness of counselling and bibliotherapy in enhancing self-efficacy among orphanage children. The results of the study clearly demonstrated that counselling and bibliotherapy had a significant positive impact on the experimental group when compared with the control group. The pre-test and post-test scores of the experimental group showed a notable improvement in self-efficacy levels after the intervention, whereas the control group exhibited minimal change. The findings confirm that counselling and bibliotherapy is an effective psychological technique for strengthening self-efficacy in adolescents, particularly those living in orphanage settings who may experience emotional, social, and developmental challenges. The intervention helped in improving confidence, coping abilities, motivation, and belief in one's own capability—factors that are essential for healthy psychological development.

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Conflict of Interest

The author(s) declared no conflict of interest.

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