

Self-esteem Changes of Third Culture Kids When Havruta Discussion Reading Therapy Classes Were Applied

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Abstract

Background: Cultural attachments among third culture kids (TCKs) are indefinite because of frequent encounters with different cultural environments. This study was concerned with the changes in the self-esteem of TCKs when havruta discussion reading therapy classes were conducted.

Methods: This study used an experimental design. Two international schools in the Philippines were selected, and 26 students aged 13–18 years were randomly assigned to the experimental and control groups. A scale reconstructed by Ga Yeon (1993) was used to measure the respondents' self-esteem.

Results: The results indicated that the havruta program positively impacted TCKs' self-esteem, especially at the overall and social levels. Both groups showed no significant differences in overall social, family, and school self-esteem rankings.

Conclusion: The findings of this study have implications for education, stakeholders, and future researchers seeking to address the needs of TCKs.

Keywords: Havruta, reading therapy, self-esteem, third culture kid, Philippines

Introduction

Due to rapid globalization, the population of third culture kids (TCKs) is increasing. TCKs spend a certain amount of their growth period in cultures other than their parents (De Waal & Born, 2021; Ernvik, 2019). Thus, they blend cultural aspects throughout a particular growth period. Cultural attachments among TCKs are indefinite because of several encounters with different cultural environments (De Waal & Born, 2021).

TCKs face identity problems (Ernvik, 2019; Pollock et al., 2017). They often experience emotional shock due to constant movement, shifting, meeting, and parting (Tan et al., 2021; Pollock et al., 2017). Due to the lack of a single cultural identity, unstable self-concept among TCKs has specific effects. This leads to low self-esteem because individuals under 18 years old easily succumb to the changing factors around them (Branden, 2021; De Waal & Born, 2021). Consequently, identity and emotional crises affect TCKs' health, learning, and social wellness of TCKs.

This study was concerned with the self-esteem of TCKs based on their psychological opinions. Self-esteem is a positive or negative view of oneself (Orth & Robins, 2022). It is a mindset of loving and respecting oneself, regardless of career or physical appearance (Branden, 2021; Snyder et al., 2021). Similarly, the Jewish havruta approach to education contains an educational philosophy that promotes self-esteem (Chazan, 2022).

For Jews, havruta is more than just teaching and studying. Its core educational philosophy is learning by asking questions (Shapiro, 2022). Questioning promotes thinking among children; therefore, they can surmount the influence of others' opinions (Salmon & Barrera, 2021; Ladson-Billings, 2021).

Although there are studies on identity crisis and self-esteem problems among TCKs and possible solutions (Jeon et al., 2016; Munn & Ryan, 2016; Sobre-Denton, 2017), there has been no study in the reviewed literature proposing reading therapy to increase TCKs' self-esteem. Several studies have been conducted on the use of havruta methods in the classroom and their effects on social issues and problem-solving skills (Jeong, 2017; Kim, 2016; Seo, 2016; Yoon, 2016). However, no known studies exist on the effects of havruta reading therapy (HRT) on TCKs.

The challenge of TCKs is a global and complex issue. Considering institutions such as schools where learner development should occur, effective instruction is urgently needed to enhance learning (Munna & Kalam,

2021; Ornstein & Hunkins, 2018). Learning should transform learners' mental, physical, and spiritual faculties (Hoque, 2016; White, 1952). The lack of any of these faculties retards the learning process. Unfortunately, most TCKs suffer from this deficiency, as shown by their low self-esteem.

This study aimed to analyze changes in the self-esteem of TCKs when HDRT classes were applied. Reading therapy based on the principles of havruta could help increase TCKs' self-esteem and reduce their psychological void. Hence, this study investigated whether reading therapy for TCKs affects their self-concept and self-esteem and helps them develop empathy.

Literature Review

The cornerstone of the Havruta instructional approach (HIA) is *beit-midrash*—the Jewish pipeline for education (Cohen, 2020; Ladon, 2021). *Beit-midrash* is “a learning methodology through dialogue . . . with a learning partner, using close reading and interpretation” (Cohen, 2020, p. 93). Therefore, it is an avenue for learning.

In HIA, students interact in pairs through constructive discussions (Menachem & Livnat, 2021; Menachem & Ilana, 2022). They shared personal opinions on the content discussed and asked questions. Consequently, HIA enables students to merge their views as they work together (Chung & Lee, 2019; Menachem & Ilana, 2022). HIA offers learners an opportunity for interpretative, social, and ethical participation.

Reading Therapy

Also known as bibliotherapy, reading therapy constitutes the use of literature for health promotion among people of all ages (Bergqvist & Punzi, 2020; Malyn et al., 2020). Reading therapy imparts new facts, reveals different ways of approaching problems, and teaches how to think differently about problems (Álvarez-Herrero, 2023; Bergqvist & Punzi, 2020; Malyn et al., 2020; Sharma, 2023). This study considered three types of reading therapies: information-based reading, interactive reading, and expressive art reading. The counselor, client, and text (literature) were the major entities for each type of reading therapy.

Information-Based Reading Therapy

This therapy is based on the psychology of connecting the right book to the right person at the right time (Smolen et al., 2020). The therapist responds to readers' needs by providing materials after grasping their emotional problems, reading levels, and difficulty with books. Therefore, self-help reading is a type of reading therapy (Lee, 2006).

Interactive Reading Therapy

In this case, the emphasis is on the facilitated relationship between the counselor and client (Malyn et al., 2020). The reading therapist provides appropriate data to clients and employs therapeutic interventions to enable them to interact with the data therapeutically. Posing questions is a method used to promote therapeutic interaction, which

promotes identification, catharsis, and insight (Bergqvist & Punzi, 2020; Xu et al., 2021).

Expressive Art Reading Therapy

Expressive art reading therapy shows that a person with a problem can find a solution when they speak about their inner issues, primarily through poetry (Álvarez-Herrero, 2023; Sharma, 2023). Writing treatment through poetry began as an approach to problem-solving by speaking, writing, or expressing one's shocking experiences (Lee, 2006).

Third Culture Kids

As stated before, TCKs spend most of their formative years in foreign countries where their parents reside (Pollock et al., 2017). Often, TCKs possess a distinctive cultural individuality that is neither the host environment's culture nor their parents' culture (Mosanya & Kwiatkowska, 2021). This individuality can be understood as a characteristic of the TCK.

Characteristics of Third Culture Kids

Useem et al. (1963) asserted that TCKs have a unique lifestyle in their context, different from their own country's or local culture. Useem et al. (1963) added that the culture of the TCK parents' country is the first culture, and the local culture where they live with their families is the second. The typical lifestyle of the migration community is a gap culture or culture between cultures, called the Third Culture.

Two significant facts shape the lives of TCKs (Pollock et al., 2017). First, TCKs grow up in multiple cultures. Hence, they are flexible and adaptive; have broader perspectives; and manifest wider perceptions of world affairs (De Wall & Born, 2021; Mosanya & Kwiatkowska, 2021). They barely have any love for their mother country because they have an objective attitude rather than subjective single-sided patriotism in their understanding of the world (Tan et al., 2021). Second, TCKs grow in a frequent emigration world, often composed of farewells, which can hinder intimate human relationships (Ernvik, 2019; Tan et al., 2021).

The worldview of TCKs undergoes several changes depending on when and where the TCK dwells during numerous migrations (Ernvik, 2019; Tan et al., 2021). These changes often appear as cultural shocks (Pacheco, 2020), where a loss of sense of direction occurs. There are also known emotional problems associated with TCKs. Unresolved sorrow from regular migrations and failure to deal with feelings of sadness are the most common elements (Mosanya & Kwiatkowska, 2021; Pollock et al., 2017). TCKs might renounce and be angry about their environment; they might be depressed and direct their anger toward themselves (Tan et al., 2021). In severe cases, TCKs might display a developmental delay and forget things more quickly (Mosanya & Kwiatkowska, 2021).

TCKs may lack a sense of belonging by experiencing two or more cultural contacts before becoming adults

(Mosanya & Kwiatkowska, 2021; Tan et al., 2021). Lee (2017) studied the mediated effect of adaptive flexibility on the relationship between the absence of a sense of belonging, psychological well-being, and cultural belonging. The results showed the need to reduce confusion caused by a lack of psychological well-being (Lee, 2017).

Third Culture Kids and Self-Esteem

Self-esteem is the overall positive evaluation of the self (Orth & Robins, 2022). It consists of two domains: competence and value (Hewitt, 2020). The competence domain is the degree to which others see a person as able and the value domain is the degree to which individuals feel that they are precious. Hence, it encompasses self-efficacy and self-respect (Branden, 2021).

Self-esteem is largely formed by age eight, as children develop their self-image based on physical appearance, social acceptance, academic achievement, physical and artistic abilities, and behavior (Branden, 2021; Ornstein & Hunkins, 2018). Self-esteem formed in this way becomes evident between nine and ten years and shows a stable pattern at 12. This achievement is an essential self-esteem factor among TCKs who have reached adolescence in unfamiliar cultural areas (Mosanya & Kwiatkowska, 2021).

Adolescents with high self-esteem are more active, stable, worthy of themselves, confident in the future, friendly to others, and have realistic expectations (Poudel et al., 2020). However, adolescents with low

self-esteem have unstable relationships with others, are anxious about their future, and struggle with delinquency, depression, and suicide. Hence, there is a strong correlation between self-esteem and adolescence (Poudel et al., 2020). According to Mosanya and Kwiatkowska (2021), healthy self-esteem is obtained when emotions are respected and basic psychological needs are met; yet, living as a TCK in an unfamiliar environment at a sensitive time results in extremely low self-esteem.

While expounding on the power of self-esteem, Branden (2021) underscored the possibilities of self-esteem in the context of family, school, and social interactions. He showed that family self-esteem denotes a person's assessment of their value concerning the dynamics and connections of their family. Additionally, school self-esteem underscores a person's assessment of their worth in connection with their relationships, experiences, and accomplishments in an educational setting (Lim & Ahn, 2017). Moreover, social self-esteem explains a person's assessment of their worth in connection with their relationships, social interactions, and a sense of acceptance from others (Lim & Ahn, 2017).

Factors that affect the development of self-esteem—factors related to parents, gender differences, race, and the economy—have received attention from scholars. For instance, Arsandaux et al. (2023) studied the relationship between student backgrounds and self-esteem. Doi et al (2020) focused on the connection between parental engagement and the

self-esteem of children of low economic status.

Self-Esteem and Havruta

Regarding the reality that parental behavior affects children's self-esteem, the most meaningful factors are acceptance, recognition, and affection parents show their children (Branden, 2021; Hewitt, 2020). Thus, recognition and acceptance are necessary. Undoubtedly, the parents' influence extends to adolescence and adulthood (Doi et al., 2020).

Menachem and Holzer (2023) proposed three types of Havruta learning: listening and checking, wondering and focusing, and supporting and challenging. To them, the vital principle in havruta is to face and listen to each other, and when one person speaks, the other listens, even to thoughts they disagree with.

The Jews read and talk about Talmud together. From a young age, debate learning methods at home, elementary, middle, high, and college are at the core of the Jewish learning system (Menachem & Livnat, 2021). Jewish parents connect to the conviction that children are born with God's unique purpose (Menachem & Livnat, 2021; White, 1952). The Bible—God's word—is a manual for raising children (White, 1952). Hence, the Jews try to find the God-given strengths of each child.

Havruta's true educational philosophy is rooted in asking questions to learn (Menachem & Livnat, 2021). Parents are encouraged to ask questions to learn the thoughts of the children (Chazan, 2022).

Therefore, Jewish havruta education includes an educational philosophy that promotes children's self-esteem. The leading questions in this study are as follows:

1. Does havruta reading therapy for TCKs affect their self-esteem?
2. Does havruta reading therapy for TCKs affect their self-concept?

Methodology

A quantitative approach is used in this study. TCKs' self-esteem (on family, school, and social) and HRT results were measured through pre and post-assessments for a clear understanding of the phenomenon.

Research Design

This study is part of an extensive cross-sectional study that utilized an experimental research design. The dependent variable was self-esteem, and the independent variable was HRT. The researcher conducted a pre-test of self-esteem to verify this study's hypothesis and ensure homogeneity between the experimental and control groups.

Research Setting

This study was conducted in Silang Municipality in the Philippines. Two international schools (A and B) were selected as the experimental subjects. Both schools had transnational students, most of whom were TCKs of overseas expatriates and missionaries.

Sampling

Purposive sampling was used to select 26 students aged 13–18 from the two schools: 14 from School A and 12 from School B, randomly assigned to the experimental and control groups, respectively. The experimental group participated in havruta discussion reading (HDR) activities, while the control group did not.

Data Collection

The researcher conducted a preliminary design process to organize reading and discussion activities based on the principles of havruta. He conducted a self-esteem test to ensure the homogeneity between the experimental and control groups. The researcher explained and distributed the pre-test tool directly. The pre-survey of students in the control group was conducted in the same way as in the experimental group.

Each HDR session involved a pre-reading, reading, and post-reading section. This study consisted of 11 sessions, each lasting 45 minutes. Maxwell's interesting Bible stories were used to capture participants' attention. A post-test was conducted on students in both groups to verify the impact of reading activities on TCK students' self-esteem. The researcher administered the same self-esteem test as the pre-test to 14 and 12 participants in the experimental and control groups, respectively.

Data Analysis

A scale reconstructed by Ga Yeon (1993) based on Coopersmith's (1967)

self-esteem inventory was used to measure the quantitative analysis results of respondents' self-esteem. The researcher conducted frequency analysis to confirm the general characteristics of the research subjects, calculated Cronbach's α to verify the reliability of the measurement tool, performed χ^2 analysis and the Mann-Whitney U test to ensure prior homogeneity between the two groups, and used the Wilcoxon signed rank test to verify the effectiveness of the HRDP. Differences between the two groups were confirmed using the Mann-Whitney U test. At the .05 level, the researcher analyzed all statistical significance tests in this study.

Ethical Considerations

Approval was obtained from participating schools and parents of TCKs under 18 years. The participants were oriented to clarify the study's aim, yet anonymity, confidentiality, and physical and mental safety were ascertained.

Results

The experimental group had an equal number of male (50%) and female (50%) participants. The control group had more female students (58.3%) than males (41.7%). All participants in the experimental group were between 14 and 16 years of age, while most control group participants were aged 14 (41.7%) and 16 (33.3%). In both groups, most students spoke one language besides their native language.

The reliability of the self-esteem scale showed an acceptable level of consistency.

Cronbach's alphas for overall self-esteem was .755, social self-esteem was .879, family self-esteem was .895, and .725. The overall self-esteem was .856.

The differences in participant characteristics between the experimental and control groups were examined. Gender differences were not statistically significant ($\chi^2=.18$, $df=1$, n.s.). The considerable difference in the age distribution between the experimental and control groups was not statistically significant ($\chi^2=4.76$, $df=4$, n.s.). Measurement of the distribution according to the number of years living abroad showed that the proportion of people who lived abroad for less than one year was 14.3% in the experimental group and 66.7% in the control group. This difference was not statistically significant ($\chi^2=14.53$; $df=8$; n.s.). The two groups had prior homogeneity in their general characteristics.

Overall, self-esteem, total self-esteem, social self-esteem, family self-esteem, and school self-esteem were not statistically significant between the experimental and comparison groups. The Z value for overall self-esteem was -1.26 ($p=.207$). For overall self-esteem, the Z value was -1.84 ($p=.065$), and for social self-esteem, the Z value was $-.47$ ($p=.642$). For home self-esteem, the Z value was -1.47 ($p=.142$), and for school self-esteem, the Z value was $-.16$ ($p=.876$). These results indicated that the initial self-esteem level was the same between the two groups.

Therefore, further analysis should be conducted on the effectiveness of the HRDP to understand its impact on self-esteem.

Verification of Program Effectiveness

To evaluate the effectiveness of the HRDP, the researcher compared and analyzed the participants’ pre and post-self-esteem. Table 1 presents the results of these comparisons and analyses.

Table 1

Experimental Group Pre-Post Verification

Comparison variable	Period	N	Average rank	Rank sum	Z	p
Overall self-esteem	Negative rank	1	4.50	4.50	-2.71**	.007
	Positive rank	11	6.68	73.50		
Social self-esteem	Negative rank	0	0.00	0.00	-3.18**	.001
	Positive rank	13	7.00	91.00		
Family self-esteem	Negative rank	3	6.83	20.50	-2.01*	.044
	Positive rank	11	7.68	84.50		
School self-esteem	Negative rank	7	6.43	45.00	-.47	.636
	Positive rank	5	6.60	33.00		
Self-esteem overall	Negative rank	2	1.50	3.00	-2.97**	.003
	Positive rank	11	8.00	88.00		

The Wilcoxon signed-rank test showed that overall self-esteem changed significantly from pre-to post-intervention. Overall self-esteem improved significantly ($z=-2.97, p<.01$), and this was further demonstrated by the positive rank (sum rank=88.00), which was considerably higher than the negative rank (sum rank=3.00). Overall, self-esteem also showed a significant improvement ($z=-2.71, p<.01$). Social self-esteem showed higher scores in the post-test, which was highly effective ($z=-3.18, p<.001$). The increase in hypothetical self-esteem was also significant ($z=-2.01,$

$p<.05$), but the data were distributed in the negative and positive ranks.

On the other hand, there was a minimal change in school self-esteem, which was not statistically significant ($z=-0.47, n.s.$). These results indicate that the HRDP had a distinctly positive effect on the self-esteem of TCK students, especially in the overall and social areas.

Control Group Pre-Post Effectiveness

A Wilcoxon signed-rank test was conducted to evaluate the pre- and post-

intervention effectiveness of the control group. Table 2 presents the results of the analysis.

Table 2

Control Group Pre-Post Verification

Comparison variable	Period	N	Average rank	Rank sum	Z	p
Overall self-esteem	Negative rank	5	7.00	35.00	-.31	.753
	Positive rank	7	6.14	43.00		
Social self-esteem	Negative rank	5	5.40	27.00	-.94	.345
	Positive rank	7	7.29	51.00		
Family self-esteem	Negative rank	6	6.58	39.50	-.58	.563
	Positive rank	5	5.30	26.50		
School self-esteem	Negative rank	9	6.06	54.50	-1.91	.056
	Positive rank	2	5.75	11.50		
Self-esteem overall	Negative rank	5	7.60	38.00	-.08	.937
	Positive rank	7	5.71	40.00		

The Wilcoxon signed-rank test revealed no significant changes in overall self-esteem in the control group. Regarding overall self-esteem, the difference between pre and post was not statistically significant ($z=-.31$, n.s.). There was a difference between the negative rank (sum rank=35.00) and the positive rank (sum rank=43.00), but the difference was not statistically significant. Social self-esteem showed similar results, with no significant change ($z=-.94$, n.s.). There was a difference between the negative rank (sum rank=27.00) and positive rank (sum rank=51.00), but the difference was not statistically significant. Family self-esteem slightly improved but was also not statistically significant ($z=-.58$, n.s.). The negative ranking was higher for school self-esteem than for the favorable ranking, but the difference was not statistically significant ($z=-1.91$, n.s.).

Post Hoc Difference Verification Between Groups

Post hoc analysis was conducted to understand the patterns and associations in the mean rankings of total self-esteem, post-total self-esteem, and social, family, and school self-esteem between the experimental and comparison groups. Table 3 presents the results of the analysis.

Table 3*Post Hoc Difference Verification Between Groups*

Item	Experimental group		Comparison group		Z	p
	Average rank	Rank sum	Average rank	Rank sum		
Overall self-esteem	13.61	190.50	13.38	160.50	-.08	.938
Social self-esteem	15.39	215.50	11.29	135.50	-1.37	.172
Family self-esteem	14.43	202.00	12.42	149.00	-.67	.503
School self-esteem	14.89	208.50	11.88	142.50	-1.01	.312
Self-esteem overall	15.14	212.00	11.58	139.00	-1.18	.236

There was no significant difference in the mean rankings of total self-esteem; post-total self-esteem; and social, family, and school self-esteem between the experimental and comparison groups. The results were $p=.938$ for overall self-esteem, $p=.172$ for social self-esteem, $p=.503$ for family self-esteem, $p=.312$ for school self-esteem, and $p=.236$ for overall self-esteem.

Discussion

According to the research results, first, in the preliminary homogeneity verification of the experimental and control groups, the two groups possessed prior homogeneity in their general characteristics. Hence, they could be studied because participants shared common traits.

To evaluate the effect of the experimental group's HRDP on TCK students' self-esteem, a comparative analysis of the experimental group's pre- and post-self-esteem revealed a statistically significant difference in overall self-esteem. Social self-esteem was even higher after reading the havruta discussion. The increase in

home self-esteem was substantial, but the increase in school self-esteem was not statistically significant. These results indicate that the HRDP affected TCK students' self-esteem, especially in the overall and social areas. They confirmed that positive feedback through social and family support significantly promotes TCKs' self-esteem (Lim & Ahn, 2017).

In testing the differences between the experimental and control groups after the program, there was no significant difference in the average rankings of overall social, family, and school self-esteem between the two groups. HDRP helps TCKs improve their self-esteem, and the researcher's HDR activities are intended to improve teenagers' self-esteem. All of these results provide meaning and implications that can be helpful in different situations.

This study examined the impact of HDR activities on the improvement of TCKs' self-esteem. After analyzing the differences between groups, the results showed no statistically significant difference between the experimental and control groups. However, after

comparing the improvement in self-esteem of the experimental group before and after intervention, overall self-esteem improved significantly, and overall self-esteem also showed a significant improvement. The increase in family self-esteem was substantial. The evaluation of social self-esteem gave an interpretation of ‘very effective.’

However, school self-esteem was not statistically significant. These results indicate that the HRDP affected TCK students’ self-esteem, especially in the overall social area. When looking only at the experimental group, HDR activities effectively improved TCKs’ self-esteem. These results show that the effect of discussion activities based on the Israeli havruta principles, performance skills, and interaction improved, with significant differences in discussion, performance skills, and interaction between the experimental and control groups in the pre-post-test. In other words, self-esteem was always possible through the interaction of respondents during the Israeli havruta discussion.

In addition, the results are similar to those of a psychodynamic study of middle-aged men’s self-esteem through bibliotherapy (Kim, 2012), which showed that middle-aged men recovered and improved their self-esteem through bibliotherapy. The experimental group’s statistically significant overall self-esteem resulted from the influence of Havruta’s four-step principle on the discussion readings. Discussion readings based on Havruta’s philosophy have several implications.

1. They can help TCKs grow into healthy individuals by improving self-esteem. Thus, reading discussions can enhance the self-esteem and self-development of teenagers.
2. The HRDP nurtures talented people in public education if applied.
3. A leadership training program is attainable by constantly asking questions and thinking from various perspectives through a reading discussion program based on the havruta philosophy.
4. The reading discussion program based on Havruta’s philosophy can help individuals and groups solve problems by continuously developing their thinking ability.

Conclusion

The main objective of this study was to determine whether HRT affected the self-esteem of TCKs. The results confirmed that HRT promotes self-esteem primarily through family and social support. Bibliotherapy nurtures social interaction, problem-solving, and self-development. The researcher recommends another study that comprises a broader sample, probably from another geographical area. Additionally, a follow-up study is needed to establish a professional training program to activate reading and discussion programs based on the Havruta philosophy, because it is necessary to understand the reading discussion program. A follow-up study

that incorporates TCK students and caregivers could be conducted.

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