Psychological Factors of Self-Esteem and Cognitive Distortion in Prostitution

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Abstract: Despite its status and public rejection, prostitution has grown and prospered. Today, it is a social problem that had been the focus of media attention. This study had two main objectives. The first was to find out the difference in self-esteem and cognitive distortion between Muslim and non Muslim women involved in prostitution in Malaysia, while the second was to ascertain the relationship between self-esteem and cognitive distortion among the same groups of women. Subjects for this study were 401 Malaysian women prostitutes, 226 Muslim and 175 non Muslim whose age ranged from below 18 and 54 years old. Rosenberg Self-Esteem Scale (RSES) was used to measure self-esteem while Briere's Cognitive Distortion Scale (CDS) was used to measure cognitive distortion. The data for this study was analyzed by using t-test and Product moment correlation. Results of this study revealed that the non Muslims' self-esteem was higher (indicating more positive) than the Muslim prostitutes while Muslim prostitutes were significantly more distorted in their thinking compared to the non-Muslim prostitutes. The results also showed that there was a significant negative correlation between self-esteem and cognitive distortion, which means that when self-esteem was high the cognitive distortion of the prostitutes was low, vice versa.

Key words: Self-Esteem · Cognitive distortion · Prostitution · Counseling

INTRODUCTION

In Malaysia, prostitution including other related activities such as soliciting, advertising and using premises for sexual activities is illegal. Despite its status and public rejection, prostitution has grown and prospered. The statistics also showed that women's involvement in prostitution is on the rise [1]. Today, prostitution is a social problem that had been the focus of media attention. Malaysia being a Muslim country, sees the problem as a negative effect on the image of the country even though a majority of the prostitutes that were caught and taken to court were those from foreign countries such as China, Indonesia, India and Philippines. Prostitution is also one of the main factors that contribute to the spread of sexually transmitted diseases and HIV/AIDS. Female commercial sex workers are at a high risk of transmitting HIV and sexually transmitted infections (STIs) [2]. In Malaysia, health related concerns in particular the quality of life of the prostitutes such as those concerning their psychological well being are not of major concern to the public as compared to the moral, religious and legal aspects. However, lately, the physical and psychological health of the prostitutes had become an increasing concern for government policy.

Most studies focused on the social, legal and historical aspects of prostitution. Very few had attempted to look at the phenomenon from the psychological perspective. It has been widely accepted that economic reason may be one of the few important factors that contribute to women being involved in prostitution. The other factors may be psychological and social. Cognitive distortion and self esteem are some of the psychological aspects that have been studied in relation to prostitution [3,4]. Cognitive distortion is also a symptom commonly observed among depressed adults [5]. Some studies have shown the relationships between cognitive distortion and self esteem. For example, Koydemir and Demir [6] found a negative correlation between cognitive distortion and self esteem. Self esteem is also a predictor

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of depressive symptoms when negative thinking (cognitive distortion) was a strong factor [7]. Harter and Whitesell [8] also found that negative attribution style and low self esteem associated with depressive symptoms and clinical depression across age, gender and sample type. Results from a study by Krotenberg [9] found that the three variables, self esteem, cognitive distortion and depression were correlated. Self esteem was negatively correlated with cognitive distortion and depression while depression and cognitive distortion were positively correlated. The study also found that there was a difference in cognitive distortion based on ethnic background. Similarly, depressed children showed more cognitive errors, endorsed more negative attributions and had lower self esteem than did the control groups when first hospitalized [10].

Thus, the aims of this study are twofold: first to look at the difference in self esteem and cognitive distortion between the Muslim and non Muslim prostitutes and second, to ascertain the relationship between self esteem and cognitive distortion among the prostitutes.

MATERIALS AND METHODS

Respondents: Table 1 presents the number of respondents by age, educational level and religous background, while Table 2 presents the family background of the respondents. The respondents for this study consisted of 401 Malaysian women involved in prostitution in the country. They had been chosen to participate in this study through convenient sampling. They were from all over Malaysia: the police lockups, prison, rehabilitation centers, massage parlors and other places/streets where they worked. Because of the sampling method, some inequalities were found in the demographic characteristics of the respondents. Ethnic and religious distributions were unbalanced: majority were Malays and Muslims. As for age, most of the respondents were in the 24 and 28 years age group. Majority of respondents just managed to complete high school education. More than 60% of the respondents were at the lowest socio-economic status as indicated by the fathers' monthly income of less than RM1000.00 per month. In terms of the size of the family of origins more than 50% came from large families with more than 5 siblings.

Assessment Measures: Three instruments were used in this research namely, a set of questionnaires for the demographic characteristics, Rosenberg Self esteem Scale (RSES) for measuring self esteem and Cognitive

Table 1: Respondents by age, educational level, ethnicity and religious background

Demography	Frequency	%
Age in years		
Below 18	22	5.5
19-23	61	15.2
24-28	131	32.7
29-33	89	22.2
34-38	50	12.5
39-43	25	6.2
44-48	16	4.0
49-53	6	1.5
54 and above	1	0.2
Educational Level		
Never Been to School	36	9.0
Primary School	76	19.0
Secondary School	246	61.3
Certificatel/Diploma	35	8.7
Degree	3	0.7
No information	5	1.2
Ethnic		
Malay	220	54.9
Chinese	70	17.4
Indian	37	9.2
Bumiputera Sabah	36	9.0
Bumiputera Sarawak	33	7.7
Others	5	1.2
Religion		
Muslim	226	56.6
Christian	85	20.9
Buddhist	51	12.7
Hindu	31	7.7
Others	8	2.0
Total	401	100.0

Table 2: Family background of respondents

Family Background	Frequency	%
Father's Income		
Below RM500	158	39.4
RM501-RM1000	110	27.4
RM1001-RM1500	43	10.7
RM1501-RM2000	27	6.7
RM2001-RM2500	20	5.0
RM2501-RM3000	14	3.5
RM3001-RM3500	5	1.2
RM3501-RM4000	1	0.2
RM4001-RM4500	0	0.0
RM4501-RM5000	11	2.7
RM5000 and above	12	3.0
No. of Siblings		
Only Child	21	5.2
2-4 persons	155	38.7
5-7 persons	161	40.1
8-10 persons	53	13.2
11 and above	11	2.7
Total	401	100.0

Distortion Scale (CDS) for the assessment of cognitive distortion. The RSES which was developed by Rosenberg [11] contains 10 items while the CDS developed by Briere contains 40 items [12]. The RSES is a widely used measure of global self esteem designed to assess the extent to which individuals consider themselves worthy and hold a positive attitude towards themselves. Each item of RSES was rated on a four-point Likert scale with higher scores indicating higher self esteem. The total score is between 10 and 40. The CDS covered five dimensions of cognitive distortion: self-criticism, self-blame, helplessness, hopelessness and preoccupation with danger. Each item was rated on a five-point Likert scale with higher scores indicating greater cognitive distortion. Each dimension contains eight items. The total score for the CDS is between 40 and 200 and for each dimension the total score is between 8 and 40. Both RSES and CDS were translated into the Malay language using Brislin's back translation technique [13].

Procedures: For the subjects who were in rehabilitation centers, prison and police lock-ups, data collection could only begin after having obtained the necessary official permits from the social welfare office, the prison departments and the police headquarters where they were detained or rehabilitated. The subjects from the massage parlors were contacted through the owners while the street prostitutes were obtained from the informants. The subjects were guaranteed full anonymity and consents from the subjects were obtained before data collection. All respondents including the pimps and other informants were paid to participate in this research. For convenience and to avoid unnecessary problems the questionnaires were distributed to the subjects in groups based on where they lived or worked. As for those from massage parlors and other places of work, the research instruments were distributed individually. The subjects with no reading abilities were assisted by the research assistants to help read and fill up the questionnaires.

Data Analysis: Descriptive statistics was used for the demographic characteristics of the subjects. Pearson correlation was used to determine the relationship between the two variables, self esteem and cognitive distortion while t test was employed to find the difference in self esteem and cognitive distortion between the Muslims and the non Muslims subjects.

RESULTS AND DISCUSSION

Table 3 presents the difference in self esteem while Table 4 presents the difference in cognitive distortion both variables based on religious background of the subjects. As shown in Table 3, results of this study showed that there was a significant difference in self esteem between the Muslims and the non Muslims ($t=-4.067$, $p<0.01$). The non Muslims self esteem was higher indicating more positive self esteem than the Muslim subjects. In terms of the cognitive distortion, Table 4 shows that there was a significant difference in cognitive distortion between the two groups ($t = 4.352$, $p<0.01$). The Muslim prostitutes had higher cognitive distortion than the non Muslim prostitutes.

Table 5 presents the relationship between self esteem and cognitive distortion of the subjects. The table shows that there was significant negative correlation between cognitive distortion and self esteem among the prostitutes ($r= -551$, $p<0.001$).

Most of the subjects of this study came from the lowest socio-economic status as indicated by their fathers' income, number of siblings in their families of origins and their educational level. Results of this study showed that the Muslim prostitutes had poorer self esteem compared to the non Muslim prostitutes and their cognitive distortion was also higher than the non Muslims. This is somewhat expected because Malaysia being a Muslim country is very firm about its stand on immoral activities such as prostitution. Muslim prostitutes' cognitive distortion was high indicating that

Table 3: Difference in self esteem based on religious background

Religion	N	Mean	SD	df	t
Muslim	226	25.22	3.53	399	- 4.067*
Non Muslim	175	26.68	3.63		

*p < 0.01

Table 4: Difference in cognitive distortion based on religious background

Religion	N	Mean	SD	df	t
Muslim	226	110.42	31.6	399	4.352*
Non Muslim	175	95.63	36.3		

*p < 0.01

Table 5: Relationship between cognitive distortion and self esteem

Construct	r	Significance level
Cognitive Distortion	-.551**	.001
Self esteem		

**p <0.001

they may have tried to justify and rationalize their immoral behavior, as out of no choice since they were poor, acceptable and causing no real harm to others.

The results also showed that there was a negative correlation between cognitive distortion and self esteem which means that the more distorted their thinking were, the lower their self esteem. Even though the prostitutes tried to convince themselves that their behavior was acceptable, out of no choice and causing harm to no one, this attempt may not be successful in making them feel good about themselves and their behavior. As such, their self esteem is low. Besides, their illegal status and being constantly despised by the community, visible discrimination and stigma from society may continue to pressure them and cause a feeling of uncomfortable tension and shame. Hence, they may experience cognitive dissonance. According to cognitive dissonance theory [14], there is a tendency for individuals to seek consistency among cognitions when there is an inconsistency between the attitudes or behavior. Something must change to eliminate the dissonance that they experienced. Thus as long as the subjects were in this profession, they would continue to experience the dissonance which was why their self esteem was low. The negative correlation between self esteem and cognitive distortion can also be explained in terms of the role cognitive distortion plays in this context. Prostitutes' cognitive distortions could play the roles of psychological defence mechanisms to having low self esteem. This argument is supported by our findings that show especially the Muslim prostitutes having low self esteem but high cognitive distortion. The negative correlation between cognitive distortion and self esteem can also be interpreted in the other direction. Prostitutes who had low cognitive distortion were most likely to have high self esteem. In other words, eliminating distortions and negative thought may actually improve self esteem, hence explains the negative correlation.

CONCLUSION

The results of this study showed that the Muslim prostitutes were significantly higher in their cognitive distortion and lower in their self esteem compared to the non Muslim prostitutes. It was also found that there was a negative significant correlation between cognitive distortion and self esteem. By distorting their thoughts the women may have justified and rationalized their behavior. In order to reduce prostitution and to ensure more well adjusted individuals, a holistic approach to rehabilitation which combines counseling, skill training and religious as well as moral education be given to the women. Preventive measures may also be taken through education and public campaigns.

Cognitive distortions are inaccurate ways of attending to or conferring meaning on experiences [15]. An individual with cognitive distortion perceives things, people and experiences in a distorted manner and different from other individuals with no cognitive distortion. As such, a person with cognitive distortion may rationalize her immoral behavior as acceptable and rational. Since cognitive distortion and self esteem are related, these two problems need to be addressed. There are ways to reduce prostitution or related activities and among them are prevention through education in schools and public campaigns and counseling for intervention and treatment in rehabilitation centers and prisons. Counseling with spiritual content may be effective in decreasing cognitive distortion as indicated in the study by Nave [16]. In his study on participants with high scores on all the five dimensions of CDS, Nave found that with spiritual prayer counseling, participants' cognitive distortion demonstrated a significant decrease.

Group and individual counseling and workshops for the prostitutes can be conducted in rehabilitation centers and prisons to give them opportunities to reflect, return to normal life and to reconstruct self esteem. Workshops with an objective to raise self esteem were effective as found by Vianna *et al.* [17]. Counseling using person centered approach may enable them to pour out their feelings while cognitive behavior therapy will be effective in working with their troubled cognitions. Economic history suggests that vices indulged by consenting adults are not likely to be eradicated by law [18]. Law alone will not be effective in dealing with the phenomenon. As such, ideally rehabilitation for women who had been involved in prostitution should be holistic which combines counseling, skill training and religious and moral education. Future work on involvement of women in prostitution should focus on other psychological aspects such as resilience. It is essential to look at resilience as it can foster the understanding of these women to further enable counsellors in planning of their intervention process.

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