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Irrational beliefs and perceived stress in adolescents: the role of self-esteem

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Abstract

Stress is a universal concept and all human beings have likely experience stress in their lifetime. The aim of this correlational study was to examine self-esteem in the relationship between irrational beliefs and perceived stress in adolescents. The data of the research were collected from adolescents studying in a high school located in the Southeastern Anatolia Region. The study group of the research consisted of a total 310 high school students, 177 female (57.1%) and 133 male (42.9%). The mean age of participants in the study was 16.43 (SD= 1.20). In order to gather data "Irrational Beliefs Scale for Adolescents", "Rosenberg Self Esteem Scale" and "Perceived Stress Scale" were used as measures. In the analysis of the data, Pearson correlation analysis, descriptive statistics, Ordinary Least-Squares Regression and Bootstrap Method were used. According to the results of the research, the mediating role of self-esteem in the relationship between irrational beliefs and perceived stress was found statistically significant. The research findings were discussed within the context of the related literature and some suggestions were provided for researchers and practitioners in the field of mental health.

Keywords: Irrational beliefs; self-esteem; perceived stress; adolescents; the mediating role

1. Introduction

Stress is a universal concept and all human beings have likely experience stress in their lifetime. Lazarus and Folkman (1984) described stress as the problems or strains that people encounter throughout life. Perceived stress is defined as the extent to which an individual experiences life events such as unpredictable, uncontrollable, or overloading (Cohen, Kamarck, & Mermelstein, 1983).

Adolescence is a unique and significant period of development that is characterized by transition and a great deal of stress resulting from these transitions. It is a vital stage of growth and development marks the period of transition from childhood to adulthood. The life of adolescents is filled with uncertainty and complexity. It is one of the important stages in the life span of a human being when very rapid changes take place both physically as well as psychologically (Cicchetti & Rogosch, 2002; Santrock, 2016; Seiffge-Krenke, 1995). Rudolph (2002) stated that adolescence is a dynamic life period characterized by many physical, psychological, social and environmental changes, which are accompanied by typical forms of adolescent stress. According to Havighurst (1953), the adolescents must fulfill following development tasks: adjustment to new physical self of sense and new intellectual abilities, developing personal sense of identity, establishing vocational goals, emotional and psychological independence from his or her parents, developing stable and productive peer relationships, managing his or her sexuality, adopting a personal value system and developing increased impulse control and behavioral maturity. As a result of these changes and tasks, the adolescent faces increased demands and stress.

Stress is a subjective feeling that occurs when an event requires a change in an individual's behavior, physical status, or cognitions based on his/her personal appraisal of the environment (Selye, 1976). When faced with demands or pressure to

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adapt or change, people cognitively appraise their resources, coping skills, and ability to respond to demands of the environment (Lazarus & Folkman, 1984). If adolescents believe they cannot meet demands, they might experience stress that may result in depression (Kercher & Rapee, 2009; Nicolai, Laney, & Mezulis, 2012; Zhang, Yan, Zhao, & Yuan, 2015), suicidal ideation (Zhang, Wang, Xia, Liu, & Jung, 2012), nonsuicidal self-injury (Lovell & Clifford, 2016) and drinking problem (Hardaway & Cornelius, 2014; McKay & Cole, 2012).

In literature some studies have tried to explore the variables associated with stress among adolescents. For example, Glasscock, Andersen, Labriola, Rasmussen and Hansen (2013) found lower parental education and household income are associated with higher levels of perceived stress amongst Danish adolescents. Mates and Kenneth (1992) used focus group interviews to identify major sources of stress and coping resources of grade 10 students. Relationships with parents and family, work, and lack of money were found to be important sources of stress. In another study, Lin and Yusoff (2013), examined contributing factors to psychological stress of high school students in Melaka. They found that approximately 47.6 % of the respondents had psychological distress with major stressors being academic related. According to a study performed by Zitow (1992), the twenty most stressful events as ranked by adolescents. Top stressors included such items as "death of a parent, being responsible for an unwanted pregnancy, being suspended from school, having parents that are separated or divorced, getting D or F on a test, being teased or made fun of, feeling guilty about things I have done in the past, pressure from friends to use drugs or alcohol, and feeling anxiousness or general tension" (p.22).

A number of theorists have explored the role of cognition in stress and disease. Zegan (1984) views the physiological correlates of stress as the result of a complex, structured series of perceptions, appraisals, and adaptive responses. He has formulated a four-staged model to explain the process. The first stage is one of alerting alarm where a potential stressor is perceived that triggers that it is not the stressor itself but how the stressor is appraised, the ways in which individuals cope, their consequent emotions, and their resources which may all play a significant mediating role in determining whether stress leads to disease. In stressful activating situations, irrational beliefs are hypothesized to engender dysfunctional emotions (Ellis, 1994).

Irrational beliefs are important psychological constructs that predict how individuals react emotionally to stressful events (David & Szentagotai, 2006). Rational Emotive Behavior Therapy (REBT) founded by Albert Ellis in the 1950s is based on a cognitive model which identifies irrational beliefs as the core determinants in generating emotional disturbance (e.g. anxiety, depression, anger etc.). According to Ellis (1962), irrational beliefs are viewed as evaluative cognitions that are illogical (absolutistic), false, rigid, and non-pragmatic leading to emotional distress. Irrational beliefs are evaluative thoughts viewed as illogical, rigid, and non-empirical (Ellis, 1962). REBT advances the proposition that the knowledge we acquire is influenced by the interpretations we impose on our perceptions and that psychological disturbance results from idiosyncratic interpretations and appraisals which people form and which they strongly believe to be true about themselves and the world around them (Ellis & Dryden, 1988). Ellis has described a set of irrational ideas or beliefs which is commonly held by most adults. These beliefs fall into three categories: awfulizing statements which exaggerate negative consequences; "shoulds, oughts and musts" which represent unrealistic demands; and statements of blame (Ellis, 1979). According to Dryden and DiGiuseppe (1990), there are three basic types of irrational beliefs: (a) demands about oneself (e.g., "I must do well"); (b) demands about others (e.g., "You must treat me fairly"); and (c) demands about the world (e.g., "Life's conditions must work out the way I want them"). Compared to rational beliefs, which are more adaptive and provide a healthy coping alternative when faced with distressful events, irrational beliefs can lead to maladaptive emotional reactions (David, Lynn & Ellis, 2010). In this case, the likelihood of individuals experiencing stress can also increase.

Previous researches have shown that irrational beliefs in adolescents have positive relationship with anger and aggression (Fives, Kong, & Fuller, 2011); internet gaming

addiction (Vukosavljevic-Gvozden, Filipovic, & Opacic, 2015); emotional abuse (Kaygusuz, 2013); perfectionism (Flett, Hewitt, & Cheng, 2008), depression (Marcotte, 1996), unexpected suicide (Akcan, Arslan, Ekin, & Karanfil, 2011), negative relationship with life satisfaction (Çivitçi, 2009), perceived social skills (Çivitçi & Çivitçi, 2009), abusive behavior (Kaygusuz, 2013), drug abuse (Denoff, 1987), trait anxiety (Çivitçi, 2006). Moreover, the researchers have found that irrational beliefs are associated with posttraumatic stress disorder (Hyland, Shevlin, Adamson, & Gary), posttraumatic stress responses (Hyland, Adamson, & Boduszek, 2015), psychological distress (Visla, Flückiger, Grosse Holtforth, & David, 2016) and stress in college (Alberto & Jonathan, 2008). Looking upon the literature, it can be said that irrational beliefs increase the stress levels of individuals.

Self-esteem is another important variable associated with stress in the lives of adolescents. Rosenberg whose major works in self-esteem (Rosenberg, 1965; 1979) have been extremely influential in social and personality psychology, defined self-esteem as a "positive or negative attitude toward… the self" (Rosenberg, 1965, p. 30). According to Rosenberg (1979), a person who possesses high self-esteem "has self-respect, considers himself as a person of worth." and the term of low self-esteem "means that the individual lacks respect for himself, considers himself unworthy, inadequate, or otherwise seriously deficient as a person." Self-esteem is an important and valuable topic to address in the lives of adolescents. Low self-esteem in adolescence is a risk factor for negative outcomes in important life domains. The researches have shown that self-esteem in adolescents is associated with many psycho-social variables such as life satisfaction and depression (Yıldız & Duy, 2011), resilience (Dumont & Provost, 1999), state depression and state anxiety (Moksnes & Espnes, 2012), school attachment (Çakar & Karataş, 2017). Trzesniewski et al. (2006) found that low self-esteem during adolescence predicts poorer mental and physical health, worse economic well-being, and higher levels of criminal activity in young adulthood. Advent of adolescence have been found to be associated with decline in self-esteem (Hoare et al. 1993; Dey & Ghosh, 2007), possibly because of biological, cognitive and socio-emotional changes (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Self-esteem has been correlated with a variety of psychological distress outcomes such as depression (Abela, 2002), anxiety (Lohr, Bonge, 1981), eating disorders (Cervera, Kahortiga, Martinez-Gonzalez, et al., 2003) and so on.

Researchers have found that there is an association between explicit self-esteem and some irrational beliefs. For example, Daly and Burton (1983) found four specific beliefs to be predictors of low self-esteem: demand for approval, high self-expectations, anxious over-concern and problem avoidance. Also, McLennan (1987) found negative correlation between self-esteem and six irrational beliefs: demand for approval, high self-expectations, frustration reactivity, anxious over-concern, problem avoidance and helplessness. A similar finding was reported by Cramer (2009), who found a negative association between explicit self-esteem and demand for approval. Also, Bi, Ma, Yuan and Zhang (2016) found that perceived stress plays an intervening role in the relationship between self-esteem and interpersonal relationships. Self-esteem is most influenced by how a person effectively "frames" his or her view of self (Pelhann & Swann, 1989).

In Turkey, not only the stressful life that is a natural consequence of the developmental stages of adolescents, but also the country has some qualities that makes it stressfull. For example; according to PISA 2015 "Best Students' Report", in comparison with other OECD countries, adolescents in Turkey seem to be satisfied with their life less and have serious concerns about academic assessment and evaluation processes (TEDMEM, 2017). The teenagers in Turkey have to enter a number of tests to be able to study at more successful schools and this creates stress for them. Various studies (Kaya, Peker, & Gündüz, 2016; Sarıçam, Çelik, & Sakız, 2017) have been conducted to determine the educational stress of adolescents. Further, it can be considered that Turkey is a transit point between East and West. Markus and Kitayama (1991) stated that the self is interdependent in eastern societies but independent in western societies. However, some authors (İmamoglu, 1998; Kağıtçıbaşı, 2012) pointed out that both the relational and the autonomous self-

structures exist together in Turkey. Moreover, with the internet technology developed in recent years, the world becomes a small village and the cultures are significantly influenced by each other. Such situations can affect the stress situation perceived by an adolescent trying to build an identity in Turkey, having to make professional decisions and trying to adapt to his environment.

Adolescence is a period of personal development during which a young person must establish a personal sense of individual identity and feelings of self-worth which include an alteration of his her body image, adaptation to more mature intellectual abilities, adjustments to society's demands for behavioral maturity, internalizing a personal value system and preparing for adult roles (Ingersoll, 1989). As a result of these changes and tasks, the adolescent faces increased demands and stress. In the culture of competition, adolescents feel that they are compared with others and accepted based on their merits and achievements rather than being accepted for who they are. Moreover, adolescents tend to exaggerate and interpret reality in a wrong way, to transform wishes into necessities, and to view weakness as a proof of their personal incompetence (Young, 1983). Accordingly, it can be said that self-esteem is influenced negatively from irrational beliefs. On the other hand, it is thought that irrational beliefs have the possibility of raising the stresses that individuals perceive by decreasing their self-esteem. Giving existing theory and the empirical literature reviewed above, we suggest that at this significant period of development, self-esteem has a mediating role in the relationship between irrational beliefs and perceived stress in adolescents.

2. Methodology

2.1. Research Design

Correlational research design was used in this study. According to Heppner, Wampold and Kivlighan (2013), correlational research is used to examine the relations between two or more variables. The causal relations between irrational beliefs (predictor variable), self-esteem (mediator variable) and perceived stress (outcome variable) was examined through mediation analysis.

2.2. Participants

The population of the research is consisted of high school students in a city located in Southeastern Anatolia Region. The study group of the research consisted of a total of 310 students, 177 females (57.1%) and 133 males (42.9%). The mean age of study participants was 16.43 (SD= 1.20). Convenient sampling was used for the study group. Convenience sampling involves choosing the nearest individuals from those to whom she / he has easy access (Cohen, Manion & Marrison, 2007).

2.3. Instrument

Irrational Beliefs Scale for Adolescents (IBS-A): The IBS-A was developed by Çivitci (2006) to determine the levels of the irrational beliefs of Turkish students in adolescents. There are three sub-dimensions of the scale: demand for success, demand for comfort and demand for respect. The IBS-A consists of a total of 21 items. The IBS-A is scored on 5-point Likert Type scale as follows: (1) Strongly Disagree, (2) Somewhat Agree, (3) Undecided, (4) Agree usually, and (5) Strongly Agree. The increase of scores from IBS-A indicates that adolescents' irrational beliefs levels are high. Exploratory factor analysis was used for construct validity of IBS-A. According to the results of factor analysis, the factor loadings of the IBS-A items ranged from .40 to .69. The three subscales of the scale together account for 33% of the total variance. Item-test correlations statistics with the subscale in which IBS-A's items are located vary between .68 and .28. For the validity study of the scale, significant correlations were determined between the total score and subscales of the IBS-A and the Depression Scale for Children and The Test Anxiety Scale. For the test-retest

reliability of the IBS-A for three weeks, the reliability coefficient was found to be .75 for the demand for comfort dimension, .84 for the demand for success dimension, .67 for the demand for respect dimension, and .82 for the total scale measure. The Cronbach alpha coefficients of the scale were .61 for demand for comfort subscale, .62 for demand for success subscale, .57 for demand for respect subscale, and .71 for the total scale.

Rosenberg Self-Esteem Scale (RSES): RSES was originally developed by Rosenberg (1965) to evaluate individual self-esteem. The original form of RSES is a 63 item and 12 sub-scale instruments. The first subscale of the RSES is used to measure self-esteem. In this research, the first sub-scale was used. Respondents complete the scale by indicating their agreement with each of 10 statements involves five positively worded statements and five negatively worded statements. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. The range of scores is 0-40, with a score of 40 indicating the highest level of self-esteem and 10 the lowest level. High scores indicate high self-esteem. The adaptation to Turkish culture of the RSES was done by Çuhadaroğlu (1986). After establishing language, the validity of the scale and reliability of the analysis were examined. Test-retest reliability coefficients for the scale changed between .46 and .89. Criterion-related validity study was done by Symptom Distress Check List (SCL-90-R) and the correlations results changed between .45 and .70. Also it was found that the average self-esteem score of normal individuals and psychiatric patients had some differences with favor of the normal group, so theoretical structure validity was supported. Yıldız and Baytemir (2016) examined the psychometric properties of RSES. Confirmatory factor analysis was performed for construct validity of the scale and fit values found [χ^2 = 98.82, df = 33, χ^2 / df = 2.99, p<.01); RMSEA = .08; RMR = .04; SRMR = .06; GFI = .96; AGFI = .89; CFI = .93; NFI = .90 and NNFI = .90].

Perceived Stress Scale (PSS): The PSS was developed by Cohen, Kamarck and Mermelstein (1983) to determine stress levels perceived by individuals. The scale consists of a total of 10 items and has a five-point Likert-type rating (1 = Never, 5 = Very frequent). The higher the score of PSS, the higher the level of stress perceived by the individual. Studies on adaptation of the Perceived Stress Scale into Turkish Culture have been done by Yerlikaya and İnanç (2007). A significant level of relationships was found between PSS and Beck Depression Inventory and State-Trait Anxiety Inventory in the study conducted for the criterion validity study. The internal consistency alpha coefficient calculated to determine the reliability of the scale was .84.

2.4. Procedure

The data were collected from the students during the lesson hours after the official permission required from the Directorate of National Education was obtained by the researchers. The students who are willing to participate in the research are included in the study. The gathering of the data took about 15 minutes. In the analysis of the data, descriptive statistics, Pearson Correlation Coefficient, Ordinary Smallest Regression Based Approach and Bootstrap Method were used. According to Hayes's (2012; 2013) approach, which is used for intervention analysis, the mediator of whether the indirect mediation effects of the bootstrap ending variables are statistically significant is assessed according to whether or not the mediation variable includes a point estimate of 95% BCa confidence interval. Accordingly, the point estimate is interpreted as a statistically significant variable that is not found in the zero range. In addition, the specific indirect effects of the variables are determined by contrast test with software developed by Hayes (2012; 2013), and it is determined which variable is a stronger mediator in the model by comparing the mediator variables pairs. The Bootstrap analyses of the study were conducted in parallel multiple mediation using "Multiple Mediation Model 4" through PROCESS Macro using IBM SPSS, developed by Hayes (2012; 2013) and downloaded from *http://www.processmacro.org/download.html.*

Significance level in the study was accepted as .05. The data was analyzed through IBM SPSS 22.0 package program.

3. Results

The correlations and the descriptive statistics obtained from irrational beliefs, perceived stress and self-esteem variables are presented in Table 1.

Table 1. *Descriptive statistics and Pearson correlation coefficients related to research variables*

Variables	Mean	SD	Skew.	Kurt.	1	2	3
1.Irrational Beliefs	60.67	11.59	.29	.16	---		
2.Self-Esteem	30.93	5.50	.19	-.67	-.13*	---	
3.Perceived Stress	31.43	6.69	-.26	.16	.21**	-.41**	---

N=310, **p<.01

When the values presented in Table 1 were examined, the scores of the study group were found as mean= 60.67 (SD= 11.59) for the irrational beliefs, mean= 30.93 (SD = 5.50) for the self-esteem and mean= 31.43 (SD = 6.69) for the perceived stress. According to the values of the skewness and kurtosis obtained for the variables of the study, it is seen that the data of the study have a normal distribution. As a result of the correlation between the variables of the study, the negative correlation was found between irrational beliefs and self-esteem (r = -.13, p<.05), positive correlation was found between the irrational beliefs and the perceived stress (r = .21, p<.05) and negative correlation was found between self-esteem and perceived stress (r = -.41, p<.01).

Findings related to the relationship between self-esteem and perceived stress is presented in Figure 1.

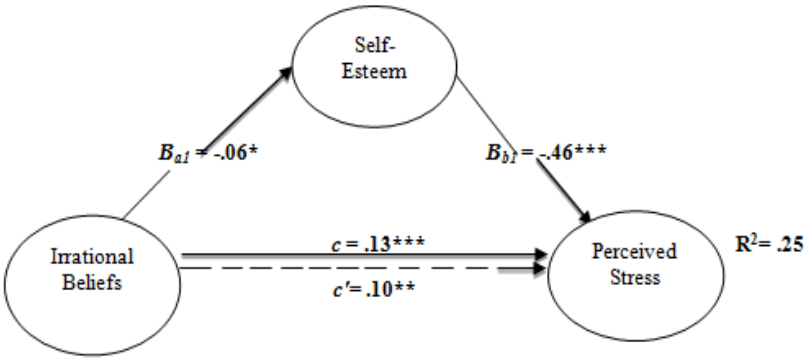


Figure 1. The mediating role of self-esteem and non-standardized beta value in the relationship between irrational beliefs and perceived stress and * p <.05, ** p <.01, *** p <.001

When Figure 1 is examined, the total effect of irrational beliefs on perceived stress (c = .13, SE = .03, t = 4.18, p<.001) is significant (Step 1). Moreover, the direct effect of irrational beliefs on mediating variable self-esteem (B = -.06, SE = .03, t = -2.40, p<.05) is significant (Step 2). The direct effect of the instrumental self-esteem on perceived stress (B = -.46, SE = .06, t = -7.53, p<.001) is significant (Step 3). When irrational beliefs and mediating variable self-esteem were taken simultaneously (Step 4), the relationship between irrational beliefs and perceived stress decreased in terms of direct effect; but the significance value remained at the same level (c'= .10, SE= .03, t = 3.48, p<.01). According to this result, self-esteem seems to mediate between

irrational beliefs and perceived stress. It is also seen that the whole model is significant ($F_{(3\text{-}306)}$ = 33.21, p<.001) and explains 25% of the total variance in perceived stratification.

Values for the effects of the variables of the model tested in the study are given in Table 2.

Table 2. *The effects of variables between irrational beliefs, perceived stress and self-esteem model*

Effects	Point Estimate	Product of coefficients			Bootstrapping BCa 95 % CI	
		SE	z	*p*	Lower	Upper
Indirect Effect	.0296	.0145	2.2684	.02*	.0041	.0622
Total Effects	.1304	.0312			.0690	.1917
Direct Effect	.1008	.0290			.0438	.1577

N= 310, *k*= 5000, Control Variable (Covariates): gender, *p<.05, **p<.01, ***p<.001 BCa: bias corrected and accelerated 5000 bootstrap sample

Whether the indirect effect of the model was statistically significant tested in the study was examined on the 5000 bootstrap sample. The estimates are evaluated at 95% confidence interval and the results are shown in Table 2. As seen in Table 2, the indirect effect of irrational beliefs on perceived stress through self-esteem (difference between total and direct effect / c-*c'*) is statistically significant (point estimate = .0296 and 95% BCa CI [.0041, .0622]).

4. Discussions

The aim of the current research was to examine the role of self-esteem in the relationship between irrational beliefs and perceived stress in adolescents. According to the results of the research, the mediation role of self-esteem in the relationship between irrational beliefs and perceived stress was found statistically significant. The results of the study showed that irrational beliefs have led to an increase in the level of perceived stress by lowering their self-esteem.

Regarding this finding, it could be concluded that irrational beliefs cause low self-esteem and low self-esteem causes stress in adolescents. Adolescence has been defined as "a period of personal development during which a young person must establish a personal development during which a young person must establish a personal sense of individual identity and feelings of self-worth which include an alteration of his or her body image, adaptation to more mature intellectual abilities, adjustment to society's demands for behavioral maturity, internalizing a personal value system and preparing for adult roles" (Ingersoll, 1989, p.91). In other words adolescence may serve as a particularly susceptible developmental period for stress (Gundersen, Mahatmya, Garasky, & Lohman, 2011). In this important stage, irrational beliefs have great importance on impact of self-esteem and perceived stress in adolescents.

Irrational beliefs are important psychological construct that are associated with low self-esteem. Daly and Burton (1983) found four specific beliefs to be predictors of low self-esteem: demand for approval, high self-expectations, anxious over-concern and problem avoidance. Similar results were obtained by McLennan (1987) who found negative correlation between self-esteem and six irrational beliefs: demand for approval, high self-expectations, frustration reactivity, anxious over-concern, problem avoidance and helplessness. Compared to rational beliefs, which are more adaptive and provide a healthy coping alternative when faced with distressful events, irrational beliefs can lead to maladaptive emotional reactions (David, Lynn & Ellis, 2010).

Accordingly, we can say that self-esteem is influenced negatively from irrational beliefs.

The multiple life-changes and transitions that converge during adolescence (e.g., onset of puberty, school transitions, emerging romantic relationships; (Cicchetti & Rogosch, 2002) place increasing pressure on adolescents. Adolescents face as many or even more stress than any other age groups. As a matter of fact, young adults experience greater sensitivity towards their surroundings as well as anticipation for doing well. They strive relentlessly to live up to self's or others' expectations. This pressure to excel, along with other concerns, can drain young people's energy and result in excessive stress. In the culture of competition and stress, adolescents feel that they are compared with others and accepted based on their merits and achievements rather than being accepted for who they are. Looking upon the literature, it can be said that irrational beliefs increase the stress levels of individuals. Relevant literature indicates that irrational beliefs are associated with posttraumatic stress disorder (Philip, Mark, Gary, & Daniel, 2014), posttraumatic stress responses (Hyland, Shevlin, Adamson, & Boduszek, 2015), psychological distress (Visla, Flückiger, Grosse Holtforth, & David, 2016) and stress in college (Alberto & Jonathan, 2008). We can say that a positive self-perception during adolescence is important to developing a healthy identity that irrational beliefs are illogical and false and lead to stress in adolescents.

The main point of this research is to examine the mediating role of self-esteem in the relationship between irrational beliefs and perceived stress. As stated above, irrational beliefs through self-esteem predict perceived stress. In addition to adolescent thinking style which is a characteristic of this developmental period, social beliefs and perceptions in society in which the adolescent live can affect adolescents' irrational beliefs so that self-esteem may decrease and perceived stress may increase. For instance, because of the expectation of the adolescent's family and the community, the adolescent's self-esteem will decrease who has irrational thinking such as "I must pass the university entrance exam" or "If I can't pass the university entrance exam that will be a disaster for me and my family" and this can lead to increased stress level. Also it may be related to the way of thinking that is typical of adolescence. This can be better understood; especially when we think that in the adolescence period the individuals are more self-centered, more observant of themselves and more sensitive to the judgments of others. In general, the teenager can take personally by distorting a negative word in any environment, or again, any friend's self-esteem can be decreased because of a joke about his own body image.

Findings obtained in the current study showed that irrational beliefs and self-esteem are associated variables on perceived stress. Based on the general result of the current research, self-esteem has a mediating role in the relationship between irrational beliefs and perceived stress. In this context, it can be said that reducing adolescents' irrational beliefs and increasing their self-esteem will reduce the level of perceived stress in adolescents. The result of the current study emphasize the necessity of teaching adolescents cognitive skills that reduce their irrational beliefs and that will aid them dealing with effectively with perceived stress, as a consequence, increase their levels of self-esteem. As Young (1983) highlighted, adolescents tend to exaggerate and interpret reality in a wrong way, to transform wishes into necessities, and to view weakness as a proof of their personal incompetence. At schools, individual psychological counseling as well as cognitive therapy based psycho-educational program applications may be organized for the adolescents. The current research contributes to the understanding the role of self-esteem in the relationship between irrational beliefs and perceived stress. On the contrary, the current study has some limitations. The study was carried out with the adolescents studying in a high school located in the Southeastern Anatolia Region. Thus, this situation is considered to create a limitation in generalization of results.

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