

The Influence of Cognitive Therapy on Increasing Self-Esteem in Patients of Low Self-Esteem Due to Schizophrenia at Phala Martha Center, Sukabumi 2022

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ARTICLE INFO

Keywords: Schizophrenia, HDR (Low Self-Esteem), Cognitive Therapy

Received : 7 March

Revised : 19 March

Accepted: 20 April

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ABSTRACT

Individuals who have prolonged feelings of worthlessness, insignificance, and low self-esteem due to negative evaluations of themselves and their abilities are a picture of someone who has low self-esteem (Pardede & Laia, 2020). If the problem of low self-esteem is not dealt with immediately, the client will be insecure and have negative thoughts of himself and others. As a result, the client will tend to be alone and isolate himself from the environment and activities that decrease low self-esteem and can be at risk of social isolation: withdrawing self. Withdrawal is a severe personality disorder in that maladaptive behavior interferes with one's functioning in social relationships. This needs serious attention and handling. This study aimed to determine the effect of cognitive therapy on increasing self-esteem in schizophrenic patients at the Phalamartha Sukabumi Center

INTRODUCTION

Mental health is an integral part of health; mental health is not only limited to mental disorders but is something everyone needs. Mental health is emotional stability obtained from a person's ability to control himself by always thinking positively about environmental stressors without physical or psychological pressure, internally and externally (Nasir, 2017).

Someone who suffers from mental disorders will experience the inability to function optimally in daily life (Hawari, 2012). One severe mental disorder often found and treated is schizophrenia (Maramis, 2014).

Schizophrenia is a term used to describe a major psychiatric disorder characterized by changes in one's perceptions, thoughts, affect, and behavior (Maramis, 2014).

According to WHO (World Health Organization) data, in 2018, there were around 35 million people affected by depression, 60 million people had bipolar disorder, 21 million had schizophrenia, and 47.5 million had dementia. Schizophrenic sufferers comprise 12 million men and 9 million women (WHO, 2017).

The 2018 Basic Health Research results noted that the prevalence of severe mental disorders in Indonesia reached 1.9 per mil, meaning that 2-3 people out of 1,000 Indonesian residents experience severe mental disorders (Riskesmas, 2018).

In West Java alone, for a frequency of 0.14% multiplied by a population of 49 million in West Java, there are a total of around 69 thousand (Jabarprov.go.id.2019). Data on the Percentage of People with Mental Disorders (ODJG) Receiving Health Services in Sukabumi district in 2019 it was 64.5% (Opendata.jabarprov.go.id.2019).

Based on a preliminary study that the author conducted on May 30, 2022, at Phalartha Sukabumi shows that currently, 149 patients are being treated. Among them, 67 people had hallucinations, 45 had social isolation, 26 had HDR, 2 had violent behavior, and 2 had delusions. HDR patients are in the third position with mental health problems in Phalartha. Based on interviews with five patients who experienced low self-esteem related to the causes of HDR, it was found that the causes of HDR in patients were divorce, dropping out of school, dropping out of work relationships, feelings of shame because something happened that the patient did not want to express directly and someone difficult to communicate with.

On the negative dimension, low self-esteem is dissatisfaction with one's condition, not appreciating one's strengths, and seeing oneself as something that is always lacking (Abidin, 2021). Individuals with prolonged feelings of worthlessness, insignificance, and low self-esteem due to negative evaluations of themselves and their own abilities are a picture of someone with low self-esteem (Pardede & Laia, 2020).

According to Dewi (2015), withdrawal can put low self-esteem at risk of social isolation. Withdrawal is an inflexible personality disorder in that maladaptive behavior interferes with one's functioning in social relationships. This needs serious attention and handling.

Efforts made to deal with low self-esteem clients are to provide generalist nursing actions performed by nurses at all levels of education (Keliat & Akemat, 2010). However, to optimize nursing actions, specialists in mental nursing carry out nursing actions (Stuart, 2009). Cognitive therapy is the specialist nursing action needed for clients with low self-esteem (Kaplan & Saddock, 2010).

Cognitive therapy is one of the psychiatric nursing specialist therapies aimed at improving mood disorders ("mood") (Burns, 1988 in Stuart & Laraia, 200s). The results of Fika Ismadia's research 2021 got the results on case management showed a decrease in symptoms and an increase in the ability of patients (80%) after being given nursing actions by nurses and specialist nurses in the form of cognitive therapy and increased family abilities (72%) after giving family psychoeducation therapy.

THEORETICAL REVIEW

On the negative dimension, low self-esteem is dissatisfaction with one's condition, not appreciating one's strengths, and seeing oneself as something that is always lacking (Abidin, 2021). Individuals with prolonged feelings of worthlessness, insignificance, and low self-esteem due to negative evaluations of themselves and their own abilities are a picture of someone with low self-esteem (Pardede & Laia, 2020).

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METHODOLOGY

This study uses a Quasi-Experimental design of One group pre and post-without control. Techniquetakingthe sample in this research is purposive sampling as many as 17 respondents. Bivariate analysis in this study used the Wilcoxon test.

RESULTS

Univariate Analysis

1. Characteristics of Research Subjects

Table 1. Distribution of Frequency Characteristics of Research Subjects at the Phalamartha Sukabumi Center 2022

Characteristics	Frequency	Percentage (%)
Age		
20-30 years	8	47.06
31- 40 years	7	41,18
41 - 50 years	1	5.88
> 50 years	1	5.88
Total	17	100
Gender		
Woman	10	58,82
Man	7	41,18
Total	17	100

Based on Table 1 above shows that the distribution of characteristics respondent based on age is 20 -30 years old eight people (47,06%), aged 31-40 years seven people (41.18%), aged 41-50 years one person (5.88%) and age > 50 years one person (5.88%). The distribution of the characteristics of respondents based on gender is maleman7 people (41.18%) and ten women (58.82%).

2. Description HDR Patient Self-Esteem Before Cognitive Therapy Actions at the Phala Martha Sukabumi Center for the Period of July 2022

Table 2. Frequency Distribution Description of self-esteem of HDR patients before cognitive therapy at the Phala Martha Center, Sukabumi Regency, July 2022 Period

No	Pride	Frequency	Percentage (%)
1	Good	2	11.8%
2	Enough	12	70.6%
3	Not enough	3	17.6%
	Amount	17	100%

Based on Table 52 above, shows that the patient's self-esteemHDR BeforeCognitive therapy measures are in the good category two people (11.8%), enough 12 people (70.6%), and less than 3 people (17.6%)

3. **An Overview of HDR Patients' Self-Esteem After Cognitive Therapy Actions at the Phala Martha Sukabumi Center for the Period of July 2022**

Table 3. Frequency Distribution of the Picture of HDR Patients' Self-Esteem After Cognitive Therapy Actions at the Phala Martha Sukabumi Center for the Period of July 2022

No	Pride	Frequency	Percentage (%)
1	Good	7	41.2%
2	Enough	10	58.8%
3	Not enough	0	0%
Amount		17	100%

Based on Table 3 above, it shows that the self-esteem of HDR patients after therapeutic action cognitive is a good category 7 people (41.2%), Enough 10 people (58.8%) and less nothing.

Bivariate Analysis

Variables related to this study are cognitive therapy as an independent variable and increased self-esteem as the dependent variable. In looking for correlations tested using the Paired Sample T-Test. The results of the research are presented in the following table:

Table 4. Analysis of Differences in Self-Esteem Levels Before and After Cognitive Therapy Is Done in Patients with Low Self-Esteem Due to Schizophrenia at Phala Martha Sukabumi Center in July Period Year 2022

	Median (Minimum-Maximum)		
Self-esteem cognitive therapy	Before (n=17)	11.65 (8-14)	0.001
Self-esteem cognitive therapy	After (n=17)	13.06 (11-15)	

Based on Table 4, the bivariate analysis results were obtained using the Paired Sample T-Test before being tested for normality first, where for self-esteem before cognitive therapy, the value $\alpha 0.18 > 0.05$, then normal distribution and self-esteem after value cognitive therapy $\alpha 0.12 > \alpha 0.05$ which means that the data is normally distributed and paired Sample T-Test on a table consisting of N number of subjects per group, namely 17 research subjects. The median value of the group's self-esteem before cognitive therapy is 11.65, with a minimum value of 8 and a maximum value of 14. The median value of the self-esteem group after cognitive therapy is 13.06 with a minimum value of 11 and a maximum value of 15 from the value of self-esteem in HDR patients before and after obtaining a Significance Value (p) 0.001 (p < 0.05); thus; H_0 was rejected. H_a was accepted because "there is an effect of cognitive therapy on increasing self-esteem in HDR patients due to schizophrenia at the Phala Martha Sukabumi Center for July 2022.

DISCUSSION

1. An Overview of Self-Esteem of HDR Patients Before Cognitive Therapy Actions at the Phala Martha Sukabumi Center for July 2022

Based on Table 1, the self-esteem of HDR patients at Sentra Phalamartha averages 11.65, with a minimum value of 8 and a maximum value of 14.

Low self-esteem is characterized by inadequacy, a pessimistic view of life, decreased productivity, denial of self-ability, and lack of will to get along with others. Low self-esteem disorders can be classified into psychotic and non-psychotic low self-esteem. Psychotic low self-esteem is caused by neurotransmitters in the brain that occur in all aspects of personality and are characterized by an inability to assess reality, disturbances in thought processes, emotional shallowness, a decline of will, and experiencing disorientation. If this happens for a long time and does not get proper and fast treatment, it will have an impact on the emergence of social interaction disorders: withdrawal, changes in role appearance,

Non-psychotic (neurotic) low self-esteem expresses tension and conflict in his soul. However, sufferers are generally unaware of the relationship between their symptoms, and their emotional conflict is characterized by anxiety: obsessions, compulsions, phobias, and sexual dysfunction (Marasmis, 2004). Some non-psychotic causes of low self-esteem include career failure, job demands, decreased income, and peer intimidation. Non-psychotic low self-esteem that is not treated impacts the emergence of severe psychological disorders such as depression or suffering from stress which can end in suicide, feelings of low self-esteem, and withdrawal (Prasetyo, 2011).

Efforts made to deal with psychotic and non-psychotic low self-esteem clients are by providing individual nursing actions, family therapy, and treatment in the community, both generalists and specialists. One form of nursing action for low self-esteem individually is cognitive therapy, namely individual psychotherapy, which is implemented by training clients to change how clients interpret and view everything when clients experience disappointment so that clients feel better and can act more productively (Townsend, 2005).). Through cognitive therapy, individuals are taught/trained to control distorted thoughts/ideas/ideas by really considering the factors in the development and persistence of mood disorders.

2. An Overview of HDR Patients' Self-Esteem After Cognitive Therapy Actions at the Phala Martha Sukabumi Center for July 2022

Based on Table 3, the self-esteem of HDR patients at Sentra Phalamartha averages 13.06, with a minimum score of 11 and a maximum value of 15. There is an increase in the self-esteem of HDR patients after cognitive therapy.

Cognitive therapy has proven effective in dealing with most psychological disorders. On the other hand, this therapy can also be more effective than drugs, whose effects may not last long because the essence of the actual disorder has yet to be resolved. Here are some benefits of cognitive therapy and the disorders it can help cure. Patients with low self-esteem can be given cognitive therapy such as role play which aims to train communication so that patients can practice their cognitive and communication skills. Other goals include helping patients clarify

and reduce the burden of feelings and thoughts and, taking effective actions for patients, helping to influence others, the physical environment, and oneself.

The goals of cognitive therapy in patients with low self-esteem this cognitive therapy action affect the increase in self-esteem. According to the results of the study, there was an increase in the mean score after cognitive therapy.

3. Differences in Self-Esteem Levels Before and After Cognitive Therapy Is Made in Patients Low self-esteem due to schizophrenia at the Phala Martha Sukabumi Center for the July 2022 period

The tendency to increase self-esteem before and after cognitive therapy was carried out in HDR patients in the intervention group showed an increase in self-esteem in the intervention group. This can be seen from the mean value in the intervention group before cognitive therapy was carried out, which was 11.65. After cognitive therapy, the mean value in the intervention group was 13.06. Further analysis shows a significant difference between the tendency to increase self-esteem in HDR patients that cognitive therapy can increase the average self-esteem in HDR patients by 1.41 (p-value = 0.001 with $\alpha = 0.05$).

Cognitive therapy was carried out after the research subjects filled out a questionnaire with direct observation by the researcher on their level of self-esteem and were declared to have low self-esteem. Moreover, after cognitive therapy, the research subjects were observed again by filling out self-esteem questionnaires and interpreting the results. The cognitive therapy given to the intervention group consisted of 4 sessions, where the first stage was identifying negative automatic thoughts and using rational responses to the first negative thoughts. The second session uses rational responses to the second negative thought. The third session is to identify the benefits of rational responses to negative automatic thoughts (expression of results in attending cognitive therapy). The last session involved the family assisting patients in independently carrying out cognitive therapy. Cognitive therapy was carried out individually, where each research subject received as many as four sessions. The tendency to increase self-esteem in HDR patients is to the theory put forward by Stuart & Laraia (2015), stating that therapy can be given to patients with low self-esteem is individual therapy such as behavioral therapy, cognitive therapy, cognitive therapy, and cognitive and behavioral therapy (CBT). Medical Journal Therapy, Volume 5, Issue 1, April 2018 Laraia (2015) states that therapy can be given to patients with low self-esteem as individual therapy, such as behavioral therapy, cognitive therapy, and cognitive and behavioral therapy (CBT). Medical Journal Therapy, Volume 5, Issue 1, April 2018 Laraia (2015) states that therapy can be given to patients with low self-esteem as individual therapy, such as behavioral therapy, cognitive therapy, and cognitive and behavioral therapy (CBT). Medical Journal Therapy, Volume 5, Issue 1, April 2018

Cognitive is a therapy that can identify negative thoughts that encourage changes in self-esteem (Granfa, 2007). Nevid, Rathus, and Greene (2006) explained that cognitive therapy is effective for dealing with clients who have negative emotions such as anxiety and depression caused by erroneous interpretations of disturbing events that do not originate from their events, so therapy effective cognitive coping able to experience problems of depression and

anxiety and increase client self-esteem. Cognitive therapy also focuses on helping clients identify and correct maladaptive thoughts and types of automatic thoughts and changing their behavior caused by various emotional problems. Townsend (2009) revealed that cognitive therapy aims to monitor negative automatic thoughts, know the relationship between thoughts, feelings, and behavior, change wrong reasoning to logical reasoning, and help patients identify and transform false beliefs into the patient's internal negative experiences. Rupke, Blecke, and Renfrow (2016) stated that cognitive therapy is effective for dealing with depression and has the same effect as antidepressants and interpersonal or psychodynamic therapy; the combination of cognitive therapy with antidepressants is very effective for dealing with chronic depression. Cognitive therapy is also good for patients with problems responding partially to adequate antidepressant therapy. Moreover, effectively given to adolescents who experience depression. One of the studies related to cognitive therapy is Lailatul (2018), which found a significant difference in the level of self-esteem before and after giving cognitive therapy. The results of this study indicate that cognitive therapy is useful in patients with chronic kidney failure who experience low self-esteem

CONCLUSIONS

Based on the description and analysis of the research results obtained in this study, the following conclusions can be drawn:

1. The self-esteem of HDR patients due to Schizophrenia at the Phalamarta Sukabumi Center before cognitive therapy from 17 research subjects, two respondents in the good category (11.8%), 12 respondents in the good category (70.6%) and three respondents in the less category (17.6%).
2. Self-esteem of HDR patients due to Schizophrenia at the Phalamarta Sukabumi Center after cognitive therapy from 17 study subjects, seven research subjects were in a good category (41.2%), ten research subjects were in a good category (58.8%).
3. There are differences in the level of self-esteem before and after Cognitive therapy is carried out in Patients with Low Self-Esteem Due to Schizophrenia at the Phala Martha Sukabumi Center for the July 2022 Period with a P-Value of 0.001.

FURTHER STUDY

Future researchers can conduct research with a larger number of samples with more than one group so that the data obtained can be more complete with various developments so that it will add information about cognitive therapy with increased self-esteem

ACKNOWLEDGMENT

The results of this study can be used as a reference to add learning resources for all students at the Yapkesbi Sukabumi Poltekes and it is hoped that the books in the library will be equipped with a new published year, so that it will make it easier for researchers and students to make KTI.

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