



## The Effectiveness of Cognitive Behavior Therapy in Enhancing Self-Esteem among Schizophrenia Patients at Dr. Soeharto Heerdjan Psychiatric Hospital, Jakarta in 2024

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### Abstract

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**Background :** Schizophrenia patients often experience low self- esteem which require modality therapy. One of modality therapy for patients with mental disorders is cognitive behavioral therapy (CBT). The aim of this research is to determine the effectiveness of cognitive behavior therapy in increasing self-esteem. and abilities in Schizophrenia patients.

**Methods :** This research method is quasi-experimental. The data was analyzed by Paired *t* test. The research was conducted in one hospital on 50 control patients and 50 intervention patients.

**Results :** The research results showed that cognitive behavior therapy significantly reduced signs and symptoms in clients with low self-esteem (*P*-value  $\leq 0.05$ ). The comparison of self-esteem scores in the intervention group was significantly higher compared with that in the control group (*P*-value  $\leq 0.05$ ).

**Conclusion :** Cognitive behavior therapy is effective for patients with low self-esteem because it can increase self-esteem and abilities in patients with schizophrenia. Future researchers should conduct research using cognitive behavior therapy without providing psychotherapy.

**Keywords :** Cognitive Behavior Therapy, low self-esteem, Schizophrenia

## INTRODUCTION

Schizophrenia is a mental disorder that must be treated carefully. Schizophrenia has symptoms such as disturbances in consciousness and cognition, psychological symptoms in motor behavior, psychological symptoms in thought processes, perception disturbances related to cognitive impairments, and perception disturbances related to conversion and dissociation phenomena.<sup>1</sup> Schizophrenia patients need to be given modality therapy. One form of modality therapy for patients with mental disorders is cognitive behavior therapy.

Cognitive behavior therapy (CBT) focuses on problems, is outcome oriented and experiences problems here and now.<sup>2</sup> The purpose of CBT is to change irrational beliefs, faulty reasoning, and negative self-statements that underlie behavior.<sup>2</sup> In general, the implementation of CBT is as follows: a) to increase activity, b) to reduce maladaptive behaviors, c) to increase desired behaviors, d) to increase satisfaction, e) to achieve social skills.

The process of CBT is implemented across four sessions, each lasting for 30 to 45 minutes.<sup>3</sup> The first session, identifying events that lead to negative automatic thoughts and behaviors, and practicing techniques to counter the first negative automatic thought. The second session, practicing techniques to counter the second negative automatic thought and behavior, reviewing the exercises from the first session, and continuing to work on countering the second negative automatic thought. The third session, practicing to utilize the support system and the fourth session, evaluating the benefits of countering negative thoughts.

Research has shown that CBT can significantly reduce symptoms of chronic low self-esteem and violent behavior, with a  $P$ -value  $\leq 0.05$ . Another study demonstrated that CBT could improve low self-esteem in gifted students.<sup>4</sup> Low Self-Esteem is a condition when someone feels that they are no longer valuable, useless and inferior for a long time or continuously.<sup>5</sup> Signs and symptoms of patients with low self-esteem are feeling inferior to others, criticizing themselves and others, difficulty in relationships, excessive self-importance, feelings of inadequacy, disturbances in relationships, and pessimistic outlook on life. One of the negative impacts of low self-esteem is feeling unworthy of achieving one's desires, becoming isolated from environment and group. Low self-esteem can lead to social isolation, withdrawal and violent behavior.<sup>6</sup>

Based on observations at Dr. Soeharto Heerdjan Mental Hospital, many patients suffer from low self-esteem. According to inpatient care data in 2022, 95 patients were diagnosed with low self-esteem as a primary nursing problem and had already received generalist therapy for low self-esteem. However, upon observation during outpatient care, it was found that

many patients still exhibited low confidence, struggled to socialize, express opinions, or work effectively. If left unaddressed, these issues could worsen their chronic low self-esteem. Given this context, the researcher is interested in conducting a study titled "The Effectiveness of Cognitive Behavior Therapy on Improving Self-Esteem in Patients with Low Self-Esteem at Dr. Soeharto Heerdjan Mental Hospital, Jakarta."

## METHODS

This study is a quantitative research project with a quasi-experimental design. The research was conducted at Dr. Soeharto Heerdjan Mental Hospital, Jakarta, from July to December 2024. The study population consists of all patients with low self-esteem in the Inpatient and Rehabilitation Units of Dr. Soeharto Heerdjan Mental Hospital. Total sample size of 100 respondents will be selected using non-probability sampling with a purposive sampling technique.

The instruments used in this study include a demographic data questionnaire, an evaluation instrument to assess signs and symptoms of chronic low self-esteem (CLSE), and an instrument to evaluate the clients' ability to cope with chronic low self-esteem. This research had received research ethics permission from the Soeharto Heerdjan Hospital research ethics commission number KH.03.02/D.XXXVIII.2/2563/2024 on January 10<sup>th</sup>, 2024.

## RESULTS

Based on [Table 1](#), the characteristics of respondents in both the intervention and control groups reveal no significant differences in gender distribution, with males accounting for 50% of the intervention group and 56% of the control group. The majority of respondents aged 31–60 years (60%), and most had a high school education (46%). The intervention group had a higher proportion of respondents with a Diploma/Bachelor's degree (16%) compared to the control group (6%).

Regarding marital status, 46% of the respondents were single, with the intervention group having a higher percentage of married respondents (50%) and the control group having a higher percentage of widow respondents (22%). The majority of respondents (60%) in both groups were unemployed. In terms of illness duration, 36% of respondents had been ill for 2–4 years, with most respondents in the control group had illness duration for more than 1 year (38%) while those in the intervention group have duration of illness of 5–8 years (30%).

[Table 2](#) illustrates the changes in low self-esteem symptoms in both the intervention and control groups before and after the intervention. Both groups showed a reduction in cognitive, affective, physiological, behavioral, and social symptoms. The intervention group

**TABLE 1**  
**Demographic Data of Intervention and Control (n=100)**

Characteristics	Intervention n (%)	Control n (%)	Total n (%)
Gender			
Male	25 (50)	28 (56)	53 (53)
Female	25 (50)	22 (44)	47 (47)
Age			
20–30 Years	19 (38)	21 (42)	40 (40)
31–60 Years	31 (62)	29 (58)	60 (60)
Education			
No Formal Education	1 (2)	2 (4)	3 (3)
Elementary School	7 (14)	5 (10)	12 (12)
Middle School	11 (22)	17 (24)	28 (28)
High School	23 (46)	23 (46)	46 (46)
Diploma/Bachelor's	8 (16)	3 (6)	13 (13)
Marital Status			
Married	25 (50)	16 (32)	41 (41)
Single	23 (46)	23 (46)	46 (46)
Widow	2 (4)	11 (22)	13 (13)
Occupation			
Housewife	8 (16)	6 (12)	14 (14)
Private Employee	1 (2)	7 (14)	8 (8)
Entrepreneur	14 (28)	3 (6)	17 (17)
Civil Servant	1 (2)	0 (0)	1 (1)
Others	26 (52)	34 (68)	60 (60)
Duration of Illness			
<1 Year	6 (12)	10 (20)	16 (16)
>1 Year	7 (14)	19 (38)	26 (26)
2–4 Years	22 (44)	14 (28)	36 (36)
5–8 Years	15 (30)	2 (4)	17 (17)

had a higher average reduction in affective symptoms (24.27), physiological symptoms (23.14), and social symptoms (18.87). However, respondents in the control group had a slightly higher average reduction in cognitive (24.54) and behavioral (23.42) symptoms compared with those in the intervention group

Further analysis demonstrated that Cognitive Behavior Therapy (CBT) in the intervention group and general therapy in the control group had a significant

effect on reducing symptoms of low self-esteem ( $p$ -value  $<0.05$ ). The intervention group showed a greater overall reduction in symptoms compared with the control group did

Table 3 shows the changes in respondents' ability to cope with low self-esteem. Before therapy, the control group had a higher score (31.75%), but after the intervention, the intervention group greater improvement (99%). Analysis confirmed that both

TABLE 2  
Distribution of Low Self-Esteem Symptoms Before and After Intervention

Variable	Group	n	Pre-Test	Post-Test	Negative Mean Rank	p-value
Cognitive	Intervention	50	197 (65.7%)	97 (32.3%)	22.20	0.000
	Control	50	179 (59.7%)	81 (27.0%)	24.54	0.000
Affective	Intervention	50	207 (69.0%)	84 (28.0%)	24.27	0.000
	Control	50	218 (72.7%)	173 (57.7%)	17.95	0.037
Physiological	Intervention	50	149 (49.7%)	39 (13.0%)	23.14	0.000
	Control	50	124 (41.3%)	71 (23.7%)	19.91	0.000
Behavioral	Intervention	50	307 (55.8%)	143 (26.0%)	23.24	0.000
	Control	50	309 (56.2%)	196 (35.6%)	23.42	0.000
Social	Intervention	50	100 (66.7%)	43 (28.7%)	18.87	0.000
	Control	50	100 (66.7%)	68 (45.3%)	14.62	0.000

TABLE 3  
Distribution of Ability to Cope with Low Self-Esteem Before and After Intervention

Variable	Group	n	Pre-Test	Post-Test	Negative Mean Rank	p-value
Client's Ability	Intervention	50	102 (25.5%)	396 (99.0%)	25.50	0.000
	Control	50	127 (31.75%)	81 (73.25%)	23.50	0.000

groups demonstrated a significant improvement in coping ability post-therapy ( $p$ -value  $<0.05$ ), with the intervention group exhibited higher improvement in coping ability (25.50) compared to that in the control group.

## DISCUSSION

Based on the results of the respondent characteristics, there is no significant difference between the intervention and control group. The number of male and female respondents are almost equal. The age range of respondents is between 31 and 60 years. The majority of respondents have a high school education. The average marital status of respondents is single. Most respondents are jobless, and the average duration of illness 2 to 4 years.

The majority of respondents are in the age range of 31 to 60 years. The most common age range is between 31 and 60 years. This age range marks the onset of a crucial psychosocial stage, where the key focus is on establishing good relationships with society, work relationships, and intimate relationships with others. If this is not achieved, individuals may struggle to build relationships.<sup>7</sup> Meanwhile, for the optimal achievement

of self-esteem, individuals need to experience a sense of worth, meaning they feel valued and are able to appreciate others. They also need to feel capable, which is the feeling of being able to achieve desired outcomes, and feel accepted. The feeling of being accepted is when individuals feel valued and accepted for who they are and treated as part of a group.

The majority of respondents have been ill for more than 1 year, which may contribute to the development of low self-esteem in patients. One of precipitating factors of low self-esteem is the transition of roles from health to illness, as a result of the shift from a healthy state to an illness state. Additionally, patients with psychotic disorders often experience low self-esteem. This is associated with the development and duration of psychotic symptoms and poor clinical outcomes.<sup>8</sup>

Based on the results of the decrease in signs and symptoms of low self-esteem feelings in the intervention group receiving CBT and the control group receiving general therapy, data showed a decrease in symptoms in both groups. The decrease occurred in the cognitive, affective, physiological, behavioral, and social aspects. However, the decrease in symptoms of low self-esteem in the intervention group was higher on average compared to the control group, with the highest decreases in the

affective symptoms (24.27), physiological symptoms (23.14), and social symptoms (18.87). Based on the effects of CBT therapy in the intervention group and general therapy in the control group, both had an impact on the decrease of signs and symptoms of low self-esteem, with  $p$ -value of 0.000 ( $P$ -value < 0.05).

International guidelines suggest that CBT is effective in improving self-esteem among patients with mental disorders. It was mentioned that after CBT intervention, patients in the CBT group showed improvement in terms of positive self-beliefs and self-esteem.<sup>8</sup> This perspective is supported by Sasmita (2010), indicating that Cognitive Behavioral Therapy significantly improves the cognitive and behavioral abilities of clients with low self-esteem, particularly among clients receiving CBT. This is because CBT is a form of psychotherapy that can enhance self-esteem of schizophrenia patients.<sup>9</sup> Another study also reported a significant improvement ( $p < 0.05$ ) in self-esteem following CBT sessions.

The decrease in signs and symptoms of low self-esteem also occurred in the control group, which received general therapy, and it was found that general therapy decreased signs and symptoms of low self-esteem ( $P$ -value  $\leq 0.05$ ). This is supported by previous, which mention that patients experienced an increase in self-esteem after receiving positive skills training. Positive skills training was shown to improve the self-esteem of patients with low self-esteem and poor self-concept.<sup>10</sup>

From the case study results in the implementation of therapeutic communication using low self-esteem strategies, it was found that general therapy could address nursing problems in schizophrenia patients with low self-esteem after five days of treatment. The evaluation after five days of care showed that the patient was able to improve their self-esteem, there was eye contact, the patient was able and willing to interact with others, and the patient was very cooperative.<sup>11</sup>

## CONCLUSION

Cognitive behavior therapy is effective for patients with low self-esteem because it can increase self-esteem and abilities in patients with schizophrenia. Cognitive behavior therapy also reduces signs and symptoms of low self-esteem affectively, physiologically, behaviorally and socially. Patients with low self-esteem need psychotherapy and cognitive behavior therapy.

## RECOMMENDATIONS

Cognitive Behavior Therapy has proven to be an effective intervention for patients with low self-esteem ( $P$ -value  $\leq 0.05$ ) and can be employed to enhance self-esteem in patients with schizophrenia, whether they are undergoing inpatient care or outpatient treatment at

mental health facilities. This therapy can also be implemented in primary healthcare centers or other mental health services. Future researchers should conduct research using cognitive behavior therapy without providing psychotherapy.

## REFERENCES

1. Dr Effendy, EMM., Amin FA., Nasution, Soraya, Ismarika, SA. Mardhiyah. *Gangguan psikiatri [Psychiatric disorders]*. Medan: Yayasan Al-Hayat:2021"ed" ke3 p.6
2. Stuart GW., Keliat BA., Pasaribu J. *Prinsip dan praktik : Keperawatan kesehatan jiwa stuart [Principles and Practice: Mental health nursing stuart]*. "ed" Bahasa Indonesia, Singapore, Mosby Elsiver,2016: 23(2) p.278-288
3. Sudiatmika, Keliat BA, Wardani IY, Efektivitas cognitive behavior therapy dan rasional emosional therapy terhadap klien dengan perilaku kekerasan dan halusinasi di rumah sakit jiwa marzuki mahdi bogor [The effectiveness of cognitive behaviour therapy and rational emotional behaviour therapy for patients with violent behaviour and hallucination at Marzuki Mahdi mental hospital], Mei 2013; Vol 1: 1-10. Retrieved (<https://doi.org/10.26714/jkj.1.1.2013.%25p>)
4. L. Hariadi, E. Widyorini, P. Eriany.2013.Efektivitas Cognitive Behavior Therapy untuk Meningkatkan Harga Diri Pada Siswa Gifted [The effectiveness of cognitive behaviour therapy for improving self esteem among disabled students]. *Kajian Ilmu Psikologi* vol. 2 no. 1:19-23. Retrieved (<https://journal.unika.ac.id/index.php/prediksi/article/view/250>)
5. Saputra AA., Purwata KD., Tasalim R. *Panduan Praktis Pelaksanaan Terapi Kelompok pada Pasien Dengan Harga Diri Rendah [Practical Guidelines for Group Therapy among Patients with Poor Self Esteem]*. Bandung: Media Sains Indonesia :2021 p7-8
6. Isnain R. 2020. Manajemen Peningkatan Harga Diri Pada Pasien Harga Diri Rendah. [Management of improving self esteem among patients with poor self esteem]. Universitas Muhammadiyah Magelang. Retrieved (<http://eprintslib.ummgl.ac.id>)
7. ST. Blitaria, D. Sukaesti. 2018. Pengaruh terapi aktivitas kelompok stimulasi persepsi terhadap penurunan tanda dan gejala pada pasien harga diri rendah [The effect of group therapy activity for stimulating perception of decreased signs and symptoms among patients with poor self esteem]. *J. Keperawatan*, pp. 1 - 8. Retrieved (<https://digilib.esaunggul.ac.id>)
8. N. Sönmez *et al.* 2020. Cognitive Behavior Therapy in Early Psychosis With a Focus on Depression and Low Self-Esteem: A Randomized Controlled Trial. *Compr. Psychiatry* vol. 97: 152 - 157. Retrieved (<https://doi.org/10.1016/j.comppsy.2019.152157>).
9. H. Sasmita, BA. Keliat, B. Budiharto. 2010. Peningkatan Kemampuan Kognitif dan Perilaku pada Klien dengan Harga Diri Rendah Melalui Cognitive Behaviorur Therapy [Improved cognitive and behaviour ability among patients with poor self esteem through cognitive behaviour therapy]. *J. Keperawatan Indonesia* vol. 13: 26-31. Retrieved (<https://doi.org/10.7454/jki.v13i1.227>).
10. GY. Fazriyani ,MF. Mubin. 2021. Peningkatan Harga Diri pada Pasien Gangguan Konsep Diri□: Harga Diri Rendah dengan Menggunakan Terapi Latihan Kemampuan Positif [Improved self esteem among patients with self concept disorder through positive ability exercise therapy]. *Ners Muda* vol. 2: 159. Retrieved (<https://doi.org/10.26714/nm.v2i3.6229>).
11. AN. Rahmawati.2023.Penerapan Asuhan Keperawatan pada

Pasien Skizofrenia Dengan Harga Diri Rendah [The implementation of nursing care among schizophrenic patients with low self esteem]. *Jambura Nurs. Journal* vol. 5: 173-183. Retrieved (<https://doi.org/10.37311/jnj.v5i2.20136>).