The Influence of Cognitive Therapy on Decreasing Negative Thoughts in Patients with Low Self-Esteem

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ABSTRACT

Low self-esteem is the appearance of negative thoughts about the meaning of self as a response to a situation. Negative thoughts can influence how you think about yourself and how you view the world and can interfere with work, study, and daily activities. Therapy is cognitively focused on helping the client identify and correct maladaptive thoughts, type automatic behaviors, and change behaviors caused by various emotional problems. This research aims to analyze the influence of cognitive therapy on the ability to control negative thoughts in low self-esteem patients. This research uses a quantitative quasi-experimental study with a pretest-posttest non-equivalent group control design. The sample for this study was 64 respondents from patients with low self-esteem who were hospitalized, divided into 32 intervention groups and 32 control groups. The sampling technique for this research uses purposive sampling. Research data collection used the ATQ-B-15 (Automatic Thoughts Questionnaire–Believability-15) instrument. Data were analyzed using descriptive statistics, dependent t-test, and independent t-test. The results showed a change in the intervention group's ability to control negative thoughts before and after cognitive therapy (t=15.84; p=0.00). There was a difference in the ability to control negative thoughts in the post-test of the control and intervention groups (Sig.2-tailed=0.00 or p-value<0.05). Giving cognitive therapy has a significant influence on reducing the ability to control negative thoughts in low self-esteem patients.

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INTRODUCTION

Low self-esteem is a problem for many people and can be expressed in moderate and severe levels of anxiety. Low self-esteem involves negative self-evaluation and is associated with feelings of weakness, helplessness, hopelessness, fear, vulnerability, incompleteness, worthlessness, and inadequacy. Low self-esteem also plays a significant role in depression. Depressive responses may show rejection and self-loathing expressed in direct and indirect ways (Stuart, 2016). Low self-esteem is a feeling of being useless, helpless, ashamed, and guilty, unwilling to judge others, unable to interact with others, lack of concentration, poor eye contact, lethargic, unenthusiastic, passive, and unable to make decisions (Keliat, 2019). According Risal et al. (2022) low self-esteem is feeling embarrassed by the client's self, guilty about self alone, a social nuisance connection, condescending dignity, harming self alone, and less believing self.

Research conducted in Gebugan village,

Bergas subdistrict, Semarang, showed a significant difference in self-esteem before and after being given cognitive therapy. (Liyanovitasari & Suwanti, 2022).

Negative thoughts can hinder mental health and quality of life, especially if you are unable to handle or control these thoughts. Negative thoughts can create anxiety, depression, and stress and can even eliminate feelings of happiness and affect a person's health (Fanun, 2020). Research conducted by Colvin et al. (2021) revealed that the tendency of negative thinking score patterns about oneself led to levels of depression and anxiety symptoms up to a follow-up period of 9 months afterward, in addition to many factors, including age, gender, stress, and initial symptoms. Research by Sitanggang & Nasution (2013) states that lifestyle, environment, and genetics can influence a person's thinking about themselves and their health.

Therapy cognitive is a type of intervention psychotherapy based on the concept of pathological mental processes Where the focus of actions is on

the modification of deviant cognition and maladaptive behavior (Townsend & Morgan, 2017). Cognitive therapy focuses on helping the client identify and correct thoughts that are maladaptive, type automatic, and change behavior caused by various emotional problems (Nevid et al., 2003). Case management in patients with chronic low self-esteem in the Utari room of RSMM Bogor shows a decrease in signs and symptoms and an increase in the patient's ability to fight negative automatic thoughts so that patients can show positive strengths in themselves and have an impact on daily activities while undergoing treatment at the hospital (Rahayu et al., 2019). Research conducted in Gebugan village, Bergas subdistrict, Semarang, showed a significant difference in self-esteem before and after cognitive therapy (Liyanovitasari & Suwanti, 2022).

Results of research conducted at the Provincial RSJ Southeast Sulawesi in 2016 against low self-esteem patient with type study analytic use cross-sectional show that related variables with low self-esteem incident is history persecution physical, loss of someone close to you, rejection family, and failure repeated (Wijayati et al., 2020). Atma Husada Mahakam Psychiatric Hospital noted an increase in the number of patients experiencing HDR in 2013, from 200 people (17.1%) to 214 people (18.6%). In 2015, it was recorded that incoming patients for take-care stays reached 1,453 people, with an average number per day of 121 people, and the low self-esteem patient, as many as 220 people (Eliza, 2016).

The results of the data obtained from record medical at Psychiatric hospital Prof. Dr. M. Ildrem Medan type A with capacity of 400 places Sleep with BOR 68.63%, TOI 35,12 days and ALOS 67.25 days with a total of 96,354 patients disturbance souls being cared for throughout 2022 found case patient hallucinations as much as 40%, risk behavior hardness 28%, isolation social attractive self 15.7% and patients with low self-esteem as much 12.3% (Psychiatric hospital Prof. Dr. M. Ildrem Medan, 2022).

The phenomenon that occurred at the Psychiatric hospital Prof. Dr. M. Ildrem Medan, is many cases of nursing like hallucinations and behavior violence as well as patients with isolated social interests the self become a priority in handling care nursing and patients with low self-esteem become neglected. When various types of therapy were done, such a therapy generalist (therapy activity group perception and sensory), therapy play, therapy music, therapy exercise, and therapy patient's environment with low self-esteem, results therapy not yet succeed in a way

significant with the reason that patient with low self-esteem patient does not want to interact or not cooperative during done therapy.

Eventually, patients with low self-esteem have slower development and symptoms negative the longer it lasts. To recover in a way that is independent and productive in the discharge process, the patient returns to the family group and environment. Researchers make the reason for the take title study. This is so that patients will still become a priority in handling care nursing, and an independent, productive, and capable soul will interact in a way that is good for good people in the family, environment, and society. The research purposes are to analyze the influence of cognitive therapy on the ability to control negative thoughts in patients with low self-esteem.

METHOD

Types of this research uses a quantitative quasi-experimental study. A non-equivalent pretest-posttest design control group is used in research, i.e., to compare two groups or more before and after implementing a intervention. Respondents were given a pre-test using a measurement questionnaire, which automatically measured thoughts (negative) with ATQ-B-15 (Automatic Thoughts Questionnaire-Believability). The objective is to know the thoughts of pessimistic experienced respondents and influence cognitive therapy to think negatively in the group intervention (Polit & Beck, 2010). Intervention group is a group that gets cognitive intervention therapy, whereas control group is a group that does not get cognitive intervention therapy.

The population in the study is an all-over patient with a low self-esteem in take-care stay at Psychiatric hospital Prof. Dr. M. Ildrem Medan. The sample size is 64 people, with 32 people for group control and 32 people for group intervention.

Retrieval method samples in research non probability sampling with purposive sampling technique. Criteria inclusion in the study this done based on the consideration researcher that is:
1) Aged: 15-55 years
2) Gender: boy and girl
3) Clients treated in the room take care of chronic Psyciatric hospital Prof. Dr. Muhammad Ildrem.
4) Cooperative clients
5) Patients with low self-esteem already get therapy pharmacology (Risperidone 2mg 2x1, Trihexyphenidyl 2mg 2x1, Clozapine 25mg

1x1) and receive therapy generalist in the nurse's room.

Criteria exclusion in this study are:

1) Patients who do not have a nursing diagnosis of low self-esteem
2) Incapacitated patient reading and writing
3) Clients who are in phase I

This study uses two types of instrument study: a questionnaire about characteristics/ demographic data respondents and a questionnaire measurement that is thought harmful. Demographic data includes age, gender, education, employment, marital status, and length of stay. Negative thoughts were measured using the Automatic Thoughts Questionnaire – Believability (ATQ-B-15) instrument. Fifteen-item statements were designed to assess the level of cognitive beliefs related to depression. This scale does not measure the frequency of thoughts but rather the extent to which the client believes the thoughts to be true. ATQ-B-15 was adopted from NovoPsych, Australia's largest provider of outcomes monitoring software for psychologists and other mental health providers in Australia. NovoPsych also operates in the UK, Europe, and New Zealand. ATQ-B-15 was developed by Hollon and Philip Kendal (1980 in Batmaz et al., 2015).

Instrument consists of 15 questions structured on the client with low self-esteem with choice: no ever (1), occasionally (2), sometimes (3), often (4), very frequently (5) then variable total score ability control thought negative is 75 with evaluation very low (total score 15-26); low (total score: 27-38); medium (total score: 39-50); high (total score: 51-63); very high (total score: 64-75).

Test validity for a questionnaire uses evaluation from an expert (power expert) about the validity of each item in the questionnaire (Polit & Beck, 2010). This study conducts validity tests on three experts in the field: one Associate Clinical Psychology person and two Faculty Lecturers of Expert Nursing in Nursing Soul. Validity results from the experts were then tested on a minimum of 30 respondents sufferer patients with low self-esteem. Valid limit value based on table r Product Moment value with a significance level of 5% or 0.05 is 0.361. Validity test results for each question questionnaire ATQ-B-15 with marks the lowest 0.739 and the highest 0.965. So, the ATQ-B-15 questionnaire with 15 statements was declared valid.

This study was carried out in the area at the Psychiatric hospital Prof. Dr. M. Ildrem Medan from March 2024 to May 2024. This research began by carrying out ethical clearance at the Health Research Ethics Committee of the Faculty of Nursing, Universitas Sumatera Utara with number 3040/III/SP/2024. Material

consideration ethics in the study covers autonomy, confidentiality, beneficence, non-maleficence, justice, and fidelity.

Implementation of this study is done in a number of stages, starting with stage preparation: identifying patients who meet the inclusion criteria, then filling out informed consent, and preparing a sheet instrument for data collection in the form of a sheet demographic data questionnaire and a questionnaire about the ability to control negative thoughts.

The next stage is the implementation stage pre-test, stage intervention (in groups intervention given treatment that is therapy cognitive with four sessions, each 30-45 minutes long, carried out every week), whereas for group control given therapy according to hospital standards, and the final stage post-test. Data processing carried out in research includes editing, coding, tabulating, entry, and cleaning.

The type of data analysis used in this research is a univariate analysis, which aims to explain or describe each research variable, namely the independent and dependent variables. as well as characteristics of respondents through demographic data (age, gender, education, occupation, marital status and length of stay), the ability to control negative thoughts in the control group and the ability to control thoughts in the intervention group will serve in form table distribution frequency and percentage.

The normality test in the study involves 32 respondents in each group, so the normality test is appropriate for the Shapiro-Wilk test. The basis for deciding on the Shapiro-Wilk test is if the mark significance or mark probability >0.05, then the data distribution is normal; however, if the mark's significance or mark probability <0.05, then the data distribution is not normal. H normality test results in ATQ-B-15 scores in the group control nor group intervention at each measurement time is known that mark significance >0.05, so it can concluded that the data is usually distributed.

The homogeneity test is done using Levene's test. Homogeneity test results in research is known as the significance of the ATQ-B-15 score on the pre-test and post-test is >0.05, so it can be concluded that the data group comes from a population with the same variance (homogeneous). Analysis inferential used in this research is the independent parametric t-test that evaluates differences in variables, the ability to control the group's negative thoughts interventions, and group control before and after the intervention. A paired t-test was used to evaluate the average ability to control negative

thoughts in the control group and group intervention before and after intervention.

RESULTS

Table 1. **Distribution frequency respondents characteristics**

Characteristics	Control		Intervention	
	f	%	f	%
Age				
15-25 yo	5	15.6	3	9.4
26-35 yo	9	28.1	8	25.0
36-45 yo	9	28.1	10	31.3
46-55 yo	9	28.1	11	34.4
Total	32	100.0	32	100.0
Mean±SD	37.56 (10.29)		39.91 (10.09)	
Gender				
Man	25	78.1	23	71.9
Woman	7	21.9	9	28.1
Total	32	100.0	32	100.0
Marital status				
Not Married	22	68.8	14	43.8
Marry	9	28.1	16	50.0
Widower/widow	1	3.1	2	6.3
Total	32	100.0	32	100.0
Education				
No school	1	3.1	1	3.1
elementary school	11	34.4	13	40.6
Junior High School	7	21.9	7	21.9
Senior High School	12	37.5	9	28.1
College	1	3.1	2	6.3
Total	32	100.0	32	100.0
Work				
Farmer	11	34.4	9	28.1
Private employees	3	9.4	1	3.1
Self-employed	4	12.5	5	15.6
Not work	12	37.5	12	37.5
Others	2	6.3	5	15.6
Total	32	100.0	32	100.0
Length of Treatment				
10-30 days	8	25.0	4	12.5
31-60 days	21	65.6	23	71.9
>60 days	3	9.4	5	15.6
Total	32	100.0	32	100.0
Mean±SD	40.34 (9.98)		44.65(12.57)	

Based on Table 1 known characteristics, respondents aged 26-55 years, nine people (28.1%) in the control group and 46-55 years (34.4%) in the intervention group. Gender was dominated by men, 25 people (78.1%) in the control group and 23 people (71.9%) in the intervention group. Based on marital status, most were unmarried; 22 people (68.8%) were in the control group, and 16 were married (50.0%) in the intervention group.

Based on educational level, 12 high school graduates (37.5%) were in the control group, and 13 elementary school graduates (40.6%). Most respondents did not work as many as 12 people (37.5%) in the control and intervention groups. Respondents' hospitalization days were more than 31-60 days, namely 21 people (65.6%) in the control group and 23 people (71.9%) in the intervention group.

Table 2. The ability to control negative thoughts in patients with low self-esteem before and after intervention according to hospital standards in the control group

	Category	Pre-test		Post-test	
		f	%	f	%
ATQ-B-15 Score	Very low	0	0	0	0
	Low	0	0	0	0
	Currently	11	34.4	10	31.3
	High	21	65.6	22	68.7
	Very high	0	0	0	0
	Total	32	100.0	32	100.0

Based on Table 2, the ATQ-B-15 score, namely the respondent's ability to control negative thoughts, was dominated by the high category: 21 people (65.6%) before the intervention was carried out according to hospital standards and 22 people (68.8%) in the high category after the intervention was carried out according to hospital standards in the control group.

Table 3. The ability to control negative thoughts in self-esteem patients before and after cognitive therapy in the intervention group

	Category	Pre-test		Post-test	
		f	%	f	%
ATQ-B-15 Score	Very low	0	0	0	0
	Low	0	0	0	0
	Currently	9	28.1	18	56.3
	High	23	71.9	14	43.7
	Very high	0	0	0	0
	Total	32	100.0	32	100.0

Based on table 3, the ATQ-B-15 score, namely the respondent's ability to control negative thoughts, was dominated by 23 people (71.9%) in the high category before intervention in the form of cognitive therapy and 17 people (56.3%) in the medium category after intervention in the form of cognitive therapy in the intervention group.

Table 4. Differences in the ability to control negative thoughts in patients with low self-esteem in the control group and the intervention group

Variable	Mean	St. Deviation	t	Sig. (2-tailed)
Pre-post group control	0.312	5,360	0.33	0.74
Pre-post group intervention	15,437	5,512	15.84	0.00

Based on Table 4, known statistical test results in the group control obtained *p-value* = 0.74 (>0.05), which means Ho failed rejected and can conclude that there is no difference in ability control thought negative in low self-esteem patients before and after being given interventions according to hospital standards. Meanwhile, in the intervention group, it was obtained that p-value=0.00 (<0.05) means Ho is rejected, and it can be concluded that there are differences in abilities to control thought negatively in low self-esteem patients and after being given treatment in the form of cognitive therapy.

Table 5. The mean difference in the ability to control negative thoughts in patients with low self-esteem was independent of the control group and the intervention group

	Group	n	Mean	Mean Difference	Sig. (2-tailed)
Negative thinking	Control group pre-test	32	46.59	0.094	0.903
	Intervention group pre-test	32	46.50		
	Control group post-test	32	46.28	15.22	0,000
	Intervention group post-test	32	31.06		

Based on Table 5, it is known that statistical test results Before hospital standards acted, it was found that the average value of the ATQ-B-15 negative thoughts score was 46.59 in the control group. Before the cognitive therapy action was carried out, it was known that the average value of the negative thoughts score was 46.50 in the intervention group with a Sig value.(2-tailed)= 0.903 or p-value>0.05, then Ho fails rejected, and it can be concluded that there was no difference in the average score of negative thoughts before the intervention in either the control group or the intervention group. Meanwhile, after taking action according to hospital standards, it was found that the average score for negative thoughts was 46.28 in the control group and after carrying out cognitive therapy. It is known that the average ATQ-B-15 score is 31.06 in the intervention group, with a value of Sig. (2-tailed)=0.00 or p-value<0.05, then Ho is rejected, and it can be concluded that there is a difference in the average ATQ-B-15 score after the intervention in both the control and intervention groups.

DISCUSSION

Overview of the ability to control negative thoughts in low self-esteem patients before and after intervention according to hospital standards in the control group

Based on the results of this study, it is known that the ATQ-B-15 score, namely the respondent's ability to control negative thoughts, was dominated by the high category, 21 people (65.6%) before the intervention was carried out according to hospital standards and 22 people (68.8%) in the high category after hospital standards carried out the intervention in the control group. Research conducted in Schools Intermediate Vocational studies in Bogor sampled as many as 128 people, with 74 respondents group controls and 74 respondents group intervention with low self-esteem psychotic. Self-esteem in teenagers can be measured before and after intervention in groups, including control and intervention exercise awareness and cognitive therapy. The results for the group control self-esteem teenager no experience change (p-value 0.000) with results decline self-esteem amounted to 1.08, while in group intervention in measurement first 28.38 to 17.24 increase of 11.13 (Susilaningsih et al., 2021)

Overview of negative thought control ability in patients with low self-esteem before and after cognitive therapy in the intervention group

Based on the results of this study, it is known that the ATQ-B-15 score, namely the respondent's ability to control negative thoughts, was dominated by the moderate category, 29 people (65.6%) before the intervention was carried out according to hospital standards and 23 people (68.8%) in the mild category after hospital standards carried out the intervention in the control group. Meanwhile, in the intervention group, negative thoughts were dominated by the moderate category, 31 people (96.9%) before the intervention in the form of cognitive therapy and 17 people (53.1%) in the low category after the intervention in the form of cognitive therapy.

All man Certain own thought automatic (automatic thoughts), thought automatic the thoughts that arise without consciously and normally capable of changing emotions and actions somebody. Thought can lead to thought positive (positive thoughts), which are more capable of accepting reality (realistic), objective, productive, and solution; however can also lead to a negative direction. In research conducted by Riva'i in Samarinda City, there is a relationship between thought automatic negative and

depression in students' intermediate schools (Riva'i & Damaiyanti et al., 2020).

Therapy cognitive also trains self elderly realize method wrong thinking, the elderly must study respond method thought that was wrong with way more adaptive from perspective cognitive. Elderly people who experience low self-esteem if they have no quick handle can have separated hope as well as a plan for the end of life. In research conducted in the village Thumper Semarang, a deep sampling technique study used purposive sampling with 46 elderly people. Analyze data using the dependent t-test. Research results show that the self-esteem before and after giving therapy increased from 1.89 (medium self-esteem) to 2.50 (high self-esteem) with a p-value of $0.000 \leq (0.05)$, which means There is a significant difference in self-esteem before and after giving therapy cognitive (Liyanovitasari & Suwanti, 2022).

Research conducted by Singh et al. in northern India with a randomized controlled study on individuals with syndrome dependency alcohol amount sample of 84 people with group control 39 people and groups intervention, as many as 45 people received six sessions of therapy combined with appropriate treatment standard hospital. All respondents were assessed with early maladaptive schemas (EMSs) as tools measuring vulnerability to dependency on alcohol. Group intervention showed enhancement, which was significant in 5 of 18 therapeutic EMSs combined cognitive with appropriate therapy with standard hospital. Studies show promising results in change schemes compared to group intervention showed enhancement, which was significant in 5 of 18 EMS, viz decline emotion, increased self-esteem, and mind reduced negative compared to group control (Singh et al., 2023).

Differences in ability control were considered harmful in patients with low self-esteem in the control and intervention groups

Based on research results there is no difference in ability control thought negative in low self-esteem patients at Psychiatric hospital Prof. Dr. M. Ildrem Medan before and after being given interventions according to hospital standards. Meanwhile, in the intervention group shows that there are differences in abilities control thought negative in low self-esteem patients at Psychiatric hospital Prof. Dr. M. Ildrem Medan before and after being treated in the form of cognitive therapy. It can be concluded that cognitive therapy significantly influences the ability to control thought in low self-esteem

patients at Psychiatric hospital Prof. Dr. M. Ildrem Medan. This is in line with research conducted by Rahmayani (2018), which aims to determine the influence of cognitive therapy on the ability to control negative thoughts in schizophrenia clients in the Mangasa Makassar Health Center Work Area. The research was carried out from March 21 to April 21, 2016, using a research method in the form of a pre-experimental one-group pre-post-test. Data analysis used the Wilcoxon t-test statistical test. Respondents were 14 people with the collection method in the form of purposive sampling.

Based on the results of statistical tests had significant differences in controlling negative thoughts before and after cognitive therapy. This means that cognitive therapy influences the ability to control negative thoughts in schizophrenia clients. Cognitive therapy can improve the ability to control negative thoughts in schizophrenia clients. By reducing the frequency of negative thinking, it seems to be an antidepressant for people who are experiencing mental stress. Negative thoughts that arise will also be replaced with positive thoughts. People who think positively will feel more relaxed and can control stress better. So, it can be concluded that cognitive therapy is effective in increasing the ability to control negative thoughts, and this therapy can be an alternative for someone who has negative thoughts that often disturb them.

A study previously found that many patients in the psychiatry stage possibly experience resistance to drugs during treatment, especially after 12 weeks of treatment completion, with about 20% of patients still having the remaining symptoms significantly positive. The effectiveness of traditional treatment for schizophrenia is limited. However, research shows that therapy cognitive is a choice treatment period that is longer effective than conventional treatment (Xu & Zhang, 2023).

Based on research results show that statistical test results Before taking action according to hospital standards, it was found that the average ATQ-B-15 (negative thoughts) score was 46.59 in the control group, and before cognitive therapy was carried out, it was known that the average negative thoughts score was 46.50 in the group. Intervention can be concluded that there was no difference in the average v score before the intervention in either the control group or the intervention group. Meanwhile, after taking action according to hospital standards, it was found that the average score for negative thoughts was 46.28 in the control group and after carrying out cognitive therapy. It is known that there is a

difference in the average ATQ-B-15 score after the intervention in both the control and intervention groups. The average difference is very high in the control group, which means that cognitive therapy can control negative thoughts in patients with low self-esteem at the Psychiatric hospital Prof. Dr. M. Ildrem Medan. This is in line with this research, which aims to determine the effect of cognitive therapy on the ability to control negative thoughts in Schizophrenia clients in the Mangasa Community Health Center Working Area Makassar with research methods in the form of Pre and experimental group Pre-test post-test. Data analysis using the Wilcoxon t-test statistical test. Fourteen respondents were using a purposive collection method.

Based on the results of statistical tests, p-value=0.001, which means there is a significant difference in the ability to control negative thoughts before and after cognitive therapy. This means that Ha accepted that cognitive therapy influences the ability to control negative thoughts in schizophrenia clients. Cognitive therapy can increase the ability to control negative thoughts in schizophrenia clients. By reducing the frequency of negative thinking, it seems to be an antidepressant for people who are experiencing mental stress. Negative thoughts that arise will also be replaced with positive thoughts. People who think positively will feel more relaxed and can control stress better. So, it can be concluded that cognitive therapy is effective in increasing the ability to control negative thoughts. This therapy can be an alternative for someone with negative thoughts that are often disturbed (Rahmayani & Syisnawati, 2018).

CONCLUSIONS

Based on the results of a study about the influence of the application of therapy to ability control thought negative in low self-esteem patients in Psychiatric Hospital Prof. DR. M. Ildrem can conclude that giving therapy has a significant effect on reducing the ability to control negative thoughts in low self-esteem patients with mark significance. The recommendation from the results of this research is that cognitive therapy can be used as a specialist therapy for families who have family members who experience mental disorders, especially those with low self-esteem.

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