

THE EFFECT OF COGNITIVE THERAPY ON ADOLESCENTS WITH LOW SELF-ESTEEM DUE TO BULLYING

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Abstract

Bullying often occurs during adolescence, for secondary reasons, such as joking about body shape or other things. Changes that occur during adolescence can cause emotional shifts, often giving rise to indecision and a sense of loss of control. Someone affected by bullying will feel low self-esteem. One therapeutic modality that can be applied is Cognitive Therapy. This cognitive therapy aims to develop rational thinking patterns by changing irrational thinking patterns that often lead to behavioral disorders into rational thinking based on facts and actual information. This study aims to determine the effect of cognitive therapy on the self-esteem of adolescent victims of bullying. The methodology used was a Quasi-experimental pre-post test with an intervention package providing cognitive therapy to the intervention group. The self-esteem instrument used a questionnaire from Stuart's theory that assessed cognitive, affective, social, and physical aspects. Cognitive therapy significantly impacted the self-esteem of adolescent victims of bullying, with a p-value of 0.005. This suggests that cognitive therapy is essential for developing and implementing psychiatric nursing care for adolescent victims of bullying to improve their self-esteem. This study demonstrates that cognitive therapy can significantly improve the self-esteem of adolescent victims of bullying. Cognitive therapy has been shown to improve low self-esteem in adolescent victims of bullying.

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INTRODUCTION

Adolescence is a transitional period from childhood to adulthood, characterized by significant social, psychological, and biological changes (1). One of the problems faced by teenagers is bullying. Bullying is prevalent among Indonesian, with studies indicating that 19.9% to 41% of students have experienced bullying (2,3).

Victims of bullying tend to experience a significant decline in self-esteem and self-confidence (4-8). It applies to various forms of bullying, including verbal, physical, relational, and cyberbullying (9-11). Bullying is negatively associated with psychological well-being, indicating that bullying experiences can directly and indirectly impact psychological well-being (11). Low self-esteem can predict future victimization, while

victimization can also predict a longitudinal decline in self-esteem, creating a vicious cycle for victims (12).

Cognitive behavior therapy (CBT) is a therapy that identifies or recognizes destructive thoughts that can lead to low self-esteem and persistent depression (13). This cognitive therapy aims to develop rational thinking patterns by changing irrational thinking patterns that often result in behavioral disorders to rational thinking based on facts and information, getting used to always using the way of thinking reality in responding to each stimulus to avoid mind distortion, forming new behaviors with internal messages, namely modified behaviors by first changing thinking patterns. The intervention used in cognitive therapy is teaching the patient to reframe their thoughts, learn to adjust problems, and modify negative self-conversation (14). It significantly affected adolescent self-esteem due to

bullying (15). This research aims to determine the influence of cognitive therapy on the self-esteem of teenage bullying victims in senior high school

METHODS

This study employed an experimental design with a pre- and post-test approach, incorporating a cognitive therapy intervention. Research aimed to determine the effect of cognitive therapy on the decline in low self-esteem in adolescents due to bullying.

A total sampling technique was conducted from August to September 2024 among 2nd-grade senior high school students in East Jakarta, Indonesia, with an average age of 17-18 years, who had experienced bullying and met the inclusion criteria: bullying victims (determined by a modified Olweus score (16) with a score >23) and willingness to participate. The respondent selection was based on the assumption that they had already adapted to their new school environment and were not yet preoccupied with activities related to graduation exams. Respondent selection was conducted by distributing bullying questionnaires to 176 11th-grade students of SMA 64.

The Coopersmith Self-Esteem Inventory (CSEI) is a psychological instrument designed to measure a person's self-evaluation of their existence and significance. For students with low self-esteem, this tool serves as a diagnostic tool to identify specific aspects that require intervention.

All instruments used in this study have been validated and proven reliable. The selection of bullying victims as study samples used the Olweus instrument, modified by previous researchers (16). At the same time, self-esteem was measured using the Coopersmith Self-Esteem Inventory (CSEI) in an Indonesian adaptation. The Coopersmith Self-Esteem Inventory (CSEI) is a psychological instrument designed to measure a person's self-evaluation of their existence and significance. For students with low self-esteem, this tool

serves as a diagnostic tool to identify specific aspects that require intervention.

The Revised Olweus Bully/Victim Questionnaire, modified by Salmiyati et al. (16) for the selection of bullying victims. This method is considered highly effective because it uses a specific frequency scale approach (e.g., "never," "only once or twice," "two or three times a month," to "several times a week"). Cognitive interventions affect respondents' cognition by breaking the chain of automatic negative thoughts.

The researcher implemented cognitive therapy over three sessions. Session one: Automatic mind identification, namely by identifying all negative automatic thoughts, discussing one selected automatic thought, giving a rational response to the first negative automatic thought, and making a diary. Session two: The use of rational responses to negative automatic thoughts, namely evaluating the patient's ability to perform independent tasks in session one (giving rational responses to negative automatic thoughts), discussing the patient's ways and difficulties in using the diary, and discussing the completion of the second automatic mind with the same steps as in session one. Session three: The benefits of rational responses to negative automatic thoughts (expression of results in participating in cognitive therapy), which were evaluating the patient's ability to perform independent tasks in the second session at home, discussing the completion of the third automatic thought with the same steps as in sessions one to two, discussing the patient's ways and difficulties in using the diary, and discussing the benefits and feelings after the patient follows therapy (expression results).

This study used frequency distribution for univariate analysis to examine characteristics, self-esteem, and bullying victims, and the Wilcoxon signed-rank test to assess the effect of cognitive therapy on self-esteem.

The researchers obtained ethical clearance from the Ethics Committee of Poltekkes Kemenkes Jakarta III, Indonesia (No. DP.04.03/F.XIX.13/14448/2024).

RESULTS AND DISCUSSION

Table 1. Characteristics of respondents

Characteristics	n (32)	%
Gender		
Male	18	56.2
Female	14	43.8
Religion		
Moslem	29	90.6
Christian	3	9.4
Bullying category		
Light	17	53.2
Moderate	12	37.5
Heavy	3	9.4

The analysis of adolescent characteristics in this study revealed that the majority were male (56.2%), Muslim (90.6%), and in the light-bullied category (53.2%). The bullying experienced by the respondents included verbal bullying (being ridiculed with words, calling unfavorable names, calling parents' names, etc.) and physical bullying (hitting, kicking, and pinching). Non-verbal bullying is like looking cynically and displaying a condescending, silent, and ostracizing face, and cyberbullying slanders through electronic media.

Table 2. Frequency distribution of low self-esteem before and after cognitive therapy intervention

Characteristics low self-esteem	Before intervention		After intervention	
	N	%	N	%
Light	0	0	1	3.1
Mild	12	37,5	20	62,5
Severe	20	62,5	11	34,4

Table 3. The Cognitive therapy effect on adolescents with low self-esteem

Low Self-Esteem	Mean±SD	p-value
Pre-test	2.625±0.492	0.005*
Post-test	2.312±0.535	

*Significant with the Wilcoxon signed-rank test

The mean and standard deviation of low self-esteem before the intervention were 2.652 and 0.492. After the intervention, the scores became 2.312 and 0.535. The analysis revealed a significant difference before and

after implementing the cognitive therapy (p-value = 0.005).

DISCUSSION

The findings highlight the effectiveness of cognitive therapy in reducing low self-esteem in teenagers. The mean score of respondents' low self-esteem before the cognitive therapy intervention significantly decreased ($p < 0.05$) by 0.34, from 2.652 to 2.312. In the initial session, students felt low self-esteem because of the bullying they experienced. The negative automatic identification of thoughts from the respondents of bullying victims included feeling stupid, ugly, poor, and unable to do anything because of wrong or incompetent judgment. Previous research proved that bullying a person at school will result in a decrease in self-esteem in adulthood and will harm a person's health and restrict their activity due to health conditions (17). There is a close relationship between bullying behavior and self-esteem, where the lower the bullying victim, the higher the level of self-esteem, and the higher the bullying victim, the lower the level of self-esteem (18).

After receiving cognitive therapy, respondents who experience low self-esteem have an increase in their prices. They became more confident. At the time of the first session intervention, the students express rational thoughts against negative automatic thoughts, that is, evaluate the ability to give rational responses to negative automatic thoughts, discuss the patient's ways and difficulties in using the diary, and discuss the solution to their negative automatic thoughts. Researchers work with respondents to find ways to change negative emotions, thoughts, and habits by instilling mindsets and habituating positive behaviors. It aligns with previous research indicating the effects of cognitive therapy on the self-esteem of adolescent bullying victims and HIV patients (15,19).

Adolescents with a positive self-concept tend to be problem solvers when faced with a problem, be creative and spontaneous, and have high self-esteem. The

teenager believes in himself, has good motivation and academic achievements, and has a positive attitude without prejudice when interacting with others (20). Positive self-concept plays a role in self-adjustment and protection for adolescents against problematic behaviors (21). Positive self-concept correlates with academic achievement. Students who have high academic achievement show better development of self-concept (22). A negative self-concept is often associated with various maladaptive behaviors and emotional disorders. Research indicates that negative self-beliefs, such as guilt and shame, are linked to emotional issues such as posttraumatic stress disorder and depression (23). The problems and difficulties faced can cause low self-concept, but low self-concept can be the reason that eliminates motivation in learning (24).

The limitation of this study is the absence of a control group and randomization, which prevents the complete elimination of potential bias and limits the ability to establish a stronger causal relationship. Nevertheless, despite this limitation, the study offers notable strengths. The strength of this study highlights the potential of cognitive therapy as a practical intervention within school-based psychiatric nursing services, an area still underutilized in Indonesia. The structured three-session format (automatic thought identification → rational response → evaluation) offers a brief yet replicable approach, more feasible than conventional CBT protocols. The use of validated measurement tools and the clear demonstration of statistically significant outcomes ($p < 0.05$) further strengthen the internal validity and practical relevance of the intervention. Although using a pre-experimental design, the statistically significant results ($p = 0.005$) support its promise as a foundation for future randomized controlled trials.

CONCLUSION

Bullied teenagers will feel low self-esteem, resulting in poor performance in school, both in their achievements

and behavior. Providing cognitive therapy to bullying victims can stimulate clients to think positively so that they can overcome their self-esteem problems and improve their quality of life. It shows that cognitive therapy is crucial to develop and apply the provision of psychiatric nursing care for adolescents of bullying victims in school to improve their self-esteem. Future research should employ randomized controlled trials with larger and more diverse samples to strengthen causal conclusions.

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