Cognitive Behavioral Therapy to Improve Self-Esteem of Schizophrenics

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Abstract

Schizophrenia is a psychotic disorder that is characterized by major disturbances in terms of thoughts, emotions, and behavior. The employed assessment methods consist of interviews, observation, psychological tests, and documentation. The subjects were schizophrenics with low self-esteem problems. The treatment strategy through Cognitive Behavioral Therapy (CBT) was aimed to change negative thoughts and maladaptive behavior to increase self-esteem. The result was a change in the form of thoughts or beliefs that everyone had weaknesses and strengths, including themselves, and an increase in self-esteem scores.

Keywords: Schizophrenia, self-esteem, cognitive behavioral therapy

1 | BACKGROUND

Schizophrenia is a mental disorder characterized by positive symptoms such as chaotic speech, delusions, hallucinations, cognitive impairment, perception, and other symptoms. Symptoms of schizophrenia will cause schizophrenic patients to experience decreased function or inability to live their lives, are severely hampered by their productivity and nearly cut off from other people (Davison, Neale, & Kring, 2006; Halgin & Withbourne, 2011; Bin, Zhang & Yiwei, 2014).

The management of schizophrenia varies widely based on the severity and characteristics of the symptoms. A person with schizophrenia can be admitted to a mental hospital if the symptoms are causing difficulties for himself/herself and others. There is a decrease in self-function which has an impact on decreasing the social function of daily life which also has an impact on the low self-esteem of individuals, this is because aspects of cognition related to experiences of social stress have implications for one’s evaluation of himself (Penn & Muesser, 1996; Scholten, van Honk, Aleman, & Kahn, 2006).

Subjects with schizophrenia often have low beliefs about themselves, the world, and others, such as saying that they are vulnerable and useless or also believe that others cannot be trusted, this indicates that many subjects with schizophrenia have low self-esteem (Penn & Muesser, 1996). The development of low self-esteem in schizophrenia is due to negative judgments about themselves and others.

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Likewise, what happened to the subject was that he considered himself a failure, assuming that other people always hated him and did not want to live. According to Beck, these problems are covered in the concept of self-esteem (self-esteem) in him. Self-esteem is an individual evaluation in general about himself. Self-esteem is also seen as an overall evaluation of yourself against yourself, how you feel about yourself. Self-esteem has a crucial role in one’s life since it is strongly related to the variables of one’s daily life quality, such as life satisfaction and expectations. Most people with schizophrenia indicate low self-esteem (Coopersmith, 1967; Russell, Crockett, Shen, & Lee, 2008).

Departing from the subject’s ability to respond and how he functioned on a daily basis, the right handling strategy is utilizing Cognitive Behavioral Therapy (CBT) since it is considered relevant to the subject’s problems so that it can help him train himself to be able to reduce negative thoughts as well as to equip him to change negative thoughts about himself and the environment into a more rational one. It is expected that the negative beliefs in him can turn into more rational, and to know the abilities he has currently for the future.

In several studies, CBT is found to be a fairly effective technique in overcoming problems related to self-esteem problems in schizophrenic subjects. The treated subjects also met the requirements of CBT, in which positive symptoms, namely delusions and hallucinations, had decreased or were able to control the subject. So that the target to be treated is not a positive symptom of the subject but about the problem of cognitive distortion that the subject experiences, which is related to a negative assessment of himself and his perception of how the environment sees it.

2 | ASSESSMENT METHOD

The assessment was carried out by utilizing clinical interviews, observation, documentary studies, intelligence tests, and personality tests. The utilized interview type was a clinical interview. Clinical interviews in the implementation were carried out to explore clinical problems. The purpose of clinical interviews is to collect data or information for clinical problems.

Therapists utilized interviews to know the subject’s problems in depth from the perspective of the subject himself and the subject’s closest people (nurses and parents). In conducting interviews, the therapist employed the help of the interview guide to facilitate and focus on the questions to be asked. The interview guidelines were prepared based on the DSM-V diagnostic criteria.

Documentation study was carried out by analyzing the subject’s medical record data at the Asylum. The documentation study was aimed at re-examining the results of the subject’s interview with the subject’s medical record and to see the subject’s medical history based on medical examination. Documentation studies could also support interview and observation data.

Moreover, the Weschler Adult Intelligence Scale (WAIS) was employed as an assessment to determine the intellectual capacity to predict how far the subject’s understanding of the intervention was and to see the pathology that existed in the subject. Several personality tests were utilized, Graphic Test, to reveal the subject’s personality and self-concept in depth. Furthermore, Sack’s Sentence Completion Test (SSCT) and Thematic Appreciation Test (TAT) were also employed to determine the subject’s attitude relations with others, the problems experienced by individuals, and to reveal personality dynamics in interpersonal relationships, emotional drives, and dominant personal conflicts in the subject.

3 | ASSESSMENT RESULTS

The subject is a 19-year-old and unmarried boy. The subject was a schizophrenic patient with disorder onset since the age of 17 years and experienced three relapses so that he was admitted to Asylum. The subject lives with both parents and one younger sibling who is currently attending secondary school (SMP).

The subject is the first child of two siblings. His younger sibling is a female with a distance of five
years. The subject felt that his parents were more affectionate with his younger siblings, this was due to his mother and father who always stood up for their younger child. The subject admitted that he hated his younger sister and sometimes even wanted his sister to die. For Subject, his younger brother was an ignorant figure and rarely greeted him, even the subject thought that his younger brother would be happy if he died.

According to the subject, his mother was not smart and easily tricked since his mother only graduated from elementary school (SD). The subject’s mother also said that her relationship with her son was indeed not good since the subject always blamed her for having worked abroad and left him at his grandmother’s house.

For the subject, his father was a tough figure. The father often hit him when he disobeyed his father’s orders. He hated his father since his father did not love his family and had an illicit relationship with other women.

The subject was born prematurely in the seventh month. At the age of three, the subject had been suffering from epilepsy. When he was 2-4 years old, he lived with his grandmother. His grandmother loved him very much. His grandmother always gave him what he asked for. The subject said that as a child, his mother did not love him since she left him to work abroad. It was the same as his father who did not love him for leaving him with his grandmother.

Since elementary school (SD) grade one, the subject has often been ridiculed by his friends, since he was fat, which made him hated himself. The subject used to be stripped and laughed at by his friends. The subject admitted that he did hate his elementary school days since he was often bullied, he considered himself ugly, and always had bad thoughts about himself. In junior high, the subject was bullied since he was fat. It made him shut himself in his room and didn’t want to leave the room for three months. He admitted that, at that time, he was depressed and wanted to commit suicide since he had no friends. When he studies at MAN (Public Islamic High School), no one wanted to be a friend with him since he was big (fat), lousy and so ugly since he had yellow teeth and big toes. It made him hate seeing himself in the mirror. The subject studied at MAN for only one year and did not want to continue his studies since he was suffering from anger, shut himself up, and took bad care of himself.

The subject’s father brought him to a psychiatrist and was diagnosed with schizophrenia. The subject did a weekly control. The subject was given medication by a psychiatrist. Despite having taken medication, the subject still often got angry. Then the subject was brought by his father to the Asylum. This was the first time he was admitted to the Asylum in August 2017. When he was treated at the Asylum, the subject entered the Wijaya Kusuma room which was specifically employed for teenage patients. The subject revealed that the people in the ward were very kind to him, but he still wanted to go home and was allowed to go home after a two-week treatment.

After being discharged from the asylum, there was not much activity for the subject to do. He only helped his mother to look after the shop. One time he asked his father to register himself at the institution to take part in pursuing package C. The subject followed suit, but the subject stated that he was not comfortable with his studies, yet managed to survive until he graduated with minimal grades. The subject admitted that after pursuing package C, he wanted to make money by entrepreneurship. However, his father did not want to provide capital.

The subject searched for loan information on the internet, he found that there were banks that could lend him money for self-employment. The subject then went to several banks in his city and looked for the truth of the information. The condition was to submit the BPKB or other securities. The subject then went home and asked his mother for a motorbike, but the mother did not give it. The subject was angry, he threw stones at the house, carried knives everywhere, and threatened to kill his entire family.

The subject was brought to the Asylum for the second time at the end of 2018. At the asylum, the subject entered the Cucakrowo room and was in the Asylum for 41 days. After leaving the ASYLUM, the subject filled his time with English tutoring. Nevertheless, the subject admitted that he was tired of studying. Eventually, the subject only helped his mother to look after the shop. When the subject...
bought a new cellphone and topped up the data package, but the number of packages did not match what was written on the SIM card cover, the subject got angry, slammed the chair, and fought with his younger sister. The subject also admitted that he had threatened to kill his younger brother.

The subject returned to the asylum for the third time in July 2019. The subject was treated for 15 days in the Jalak room. The subject admitted that he was often easily discouraged since he did not have the qualifications that met a healthy soul. He said that he knew the conditions when someone was said to be healthy, namely willing to accept other people as they are, to be positive about themselves and also to think positively towards others, and to be productive. The subject said that these things were not in him.

Departing from the results of personality tests, the subject often blamed himself, considered himself inadequate, had negative assessments towards himself, and was prone to depression and frustration. This kind of subject personality made it difficult for the subject to control himself. The subject was inclined to behave maladaptive by often perceiving himself as inadequate and had negative beliefs about himself as well as other people’s views on him.

From the results of this assessment, several factors caused the subject to experience schizophrenia. When the subject’s life journey was trailed backward, several experiences of the subject occurred and were negatively internalized by him. According to Beck, someone who experiences disturbance is when he often experiences failure in terms of information processing, such as exaggerating small problems and over-realizing a rejection into a belief. Mind problems, negative schemes, and cognitive errors are what cause a disorder to occur, this view assumes that what we think will affect what we feel, how we behave, and our attitudes towards the environment (Westbrook, Kennerle & Kirk, 2007).

What happened to the subject was an individual’s process of experiencing wrong thinking or a cognitive distortion in him. The experiences, experienced by individuals, will produce a cognition or thoughts that form negative thinking schemes and negative behavior towards an event. As well as with the subject’s life experiences starting from childhood, there was a belief that he was not wanted by his parents since his parents left him abroad. Let alone, the experience of bullying at school made the subject generalize his belief by thinking that all his friends bullied and didn’t like him. Thus, he felt he didn’t have friends throughout life.

The negative view of the subject about himself made the subject increasingly see himself as a person who always failed that led him to lower his self-esteem. Self-esteem is a positive or negative evaluation of oneself (Rosenberg, 1989; Lee-Flynn, 2003). In other words, self-esteem is how one sees him/herself.

In this case, the subject considered that he was a person who always failed, would not be successful, and disbelief towards himself. After being observed through a self-esteem scale, the subject had a low level of self-esteem. Therefore, the focus in therapy is on improving the subject’s self-esteem by changing his negative thoughts and behavior into positive ones.

4 | DIAGNOSIS AND PROGNOSIS

Departing from the results of the assessment and referrals in the Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (APA, 2013), the diagnosis could be established, that the subject met the criteria for a diagnosis of schizophrenia disorder code 295.90 (F20.9) with the problem experienced by the subject was low self-esteem. The function of the examined subject based on WHODAS (APA, 2013) got a score of four, meaning that the subject was less capable of doing daily activities, less independent, and still needed other people in carrying out daily activities.

The therapist predicted that the subject’s success in doing therapy was positive due to the subject’s strong urge to get well soon as well as being proactive in the activities given. The subject also had a strong desire not to experience relapse and was able to understand and to carry out the tasks given by the therapist.
INTERVENTION

CBT is a learning approach that combines cognitive and behavioral techniques. This therapy seeks to integrate therapeutic techniques that focus on helping individuals make changes, not only in actual behavior but also in the thoughts, beliefs, and attitudes that underlie them. CBT is also one of the effective therapies for subjects with disorders (Nevid, Rathus, & Greene, 2005; Westbrook, Kennerley, & Kirk, 2011). CBT is a therapy that emphasizes the process of recognizing and changing negative thoughts as well as a gradual maladaptive belief system of the subject. Through this activity, individuals can learn to identify and modify their distorted beliefs: their basic understanding of themselves, their world, and others. This distorted belief affects their information processing and gives rise to their distorted thoughts. Subject handling begins with cognitive restructuring and is continued with Behavior therapy, using the Behavioral Experiment technique (Scholten, van Honk, Aleman, & Kahn, 2006; Kanter, Busch, & Rusch, 2009; Balan, Lejuez, Hoffer, & Blanco, 2016).

Before the therapy process took place, the family (father, mother, and sister) was given psychoeducation as an effort to increase understanding and concern for the subject so that the family could commit to providing support in terms of subject care after leaving Asylum. Furthermore, the family was expected to be able to encourage and provide confidence for the subject to carry out homework. This psychoeducation was of necessity to support the results of the intervention to be effective and some parties that monitor if the drug was taken by the subject. The provided psychoeducation included an understanding of schizophrenia, the urgency of taking medication adherence, psychoeducation about the importance of daily activities so that subjects did not stay at home and remained unproductive. The purpose was that the family could support the subject through directing and providing support so that the subject did not relapse. The therapeutic procedures were as follows.

The first session was problem specification and goal setting. In this session, a process was carried out to build a rapport and fill in Informed Consent, as well as a process of determining the objectives and specifications of the problem that the subject was facing. The target in this session was to establish an intimacy between the subject and the therapist so that the subject could comfortably follow the therapy process as well as to set goals in the therapy session. The comfort felt by the subject could support the success of the therapy process. The fulfillment of the Informed consent so that there was physical evidence of the subject’s consent to participate. Furthermore, the subject also realized that the therapy process was crucial so it could not be abandoned.

The second session, namely building commitment and analyzing the causes of problems. In this session, the process of building commitment and finding sources of problems with the therapeutic communication process was conducted. The therapist listened to the story and also complained about the concerns felt by the subject. The subject told the story of his life from he was a kid until he became an adult. In this session, the subject also wrote down what things he did not like about himself. The subject told a lot about his family in depth. The target of this session was that the therapist could ascertain the subject’s condition which was the therapist’s consideration in preparing and implementing the therapy process. The pretest was carried out to get an overview of the problems experienced by the subject.

The third session, namely cognitive restructuring. The target of this session was to find out the cognitive distortions that exist in the subject and to carry out cognitive restructuring. The subject managed to follow the cognitive restructuring process optimally, before and after the restructuring process. The subject claimed to have experienced an increase in the self-esteem scale. Initially, the subject felt that he was worthless and different from others, had changed, the subject began to understand that he had advantages in himself, and quite valuable. After evaluating his negative thoughts, carrying out a Socratic dialogue process, and making a self-talk list, finally, he understood that all this time he had thought too much about the views of other people which were not necessarily true, and that was not what the Subject should do. The subject believed that the way he saw himself and others was way
too much. The subject began to realize that all this time he had focused too much on his shortcomings and made him think negatively about himself that he considered himself unable to do anything. Nevertheless, the subject would return home thinking negatively again. Therefore a homework was given as a reminder for the subject and also habituation so that the subject can think more rationally, of course also assisted by the family.

The fourth session, namely: Relaxation skills exercise. In this session, it was expected that the subject would be able to pair a relaxed condition and an unpleasant situation. The relaxed condition he had felt during relaxation became a provision for the subject when facing an uncomfortable situation. Relaxation on the subject took a long time since the subject cried and revealed that he was a failure. Thus, the therapist invited the subject to recall the insights he got during the previous session.

The fifth session, namely conducting a behavioral experiment. In this session, it is expected that the subject would be able to face other people and no longer act avoidant. The safety behavior that was often applied, could eventually meet the goals. After the behavioral experiment session, a post-test was held to see the subject’s self-esteem. Departing from the results of the temporary pre and post-test, it was revealed that the subject began to understand that he often thought excessively about something. He began to understand that not everything he thought and did was bad.

The sixth session, namely sharing the results of the intervention and evaluation. In this session, the subject could take meaningful experiences from the therapy session that was conducted and was then given a post-test to find out the changes he had experienced. Sharing and evaluation were carried out to understand the impact of therapy and to provide alternative solutions towards the activities that the subject less capable of doing.

The seventh session was to follow up. In this session, the therapist conducted an assessment to see the impact of the interventions that had been conducted to obtain an overview of the subject’s success in living daily life. Moreover, the therapist also reminded the family to continue to provide support to the subject to keep the subject’s activities consistent and no longer relapse.

6 | RESULTS AND DISCUSSION

Result

The results of the subject’s self-esteem enhancement were evaluated based on changes towards the results of the fulfillment in the self-esteem scale before and after the therapy was given. On the self-esteem scale score, there was a change before and after the intervention. The score before the intervention was 20 in the low category and after the intervention had an increase of 80 in the high category as shown in Figure 1.

![Figure 1: The results of changes in the self-esteem scale score](image)

The results of cognitive and behavioral changes, experienced by the subject after undergoing the therapy process are shown in Table 1 and Table 2.

7 | DISCUSSION

The process of changing the outcome of the intervention was not easy for the schizophrenic. Therefore, the role of the family is of necessity to provide supervision, direction, and support. The family should be involved since they had a crucial role in improving the outcome of therapy after being given information about the importance of regular drug consumption.
TABLE 1: Changes in the results of cognitive restructuring

<table>
<thead>
<tr>
<th>Irrational Thoughts</th>
<th>Rational Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not want to look for a friend for I am ugly.</td>
<td>I still have perfect and functioning body parts as well as friends</td>
</tr>
<tr>
<td>All my friends mock me</td>
<td>I still have friendly neighbors</td>
</tr>
<tr>
<td>I cannot deal with this world</td>
<td>I have been living for this long, which means I am strong enough</td>
</tr>
<tr>
<td>All my friends are just flattering me.</td>
<td>It is just my negative thoughts, there are still many good people out there</td>
</tr>
<tr>
<td>I cannot live my life like others.</td>
<td>If others can do it, why cannot I?</td>
</tr>
<tr>
<td>God always examines me hard and it’s always hard.</td>
<td>Other people are also examined and they manage to get through it</td>
</tr>
<tr>
<td>I am ugly and overweight.</td>
<td>Despite being physically unattractive, I am physically exhaustive</td>
</tr>
<tr>
<td>I have no future</td>
<td>I still can fight and have a future</td>
</tr>
</tbody>
</table>

TABLE 2: Behavior changes

<table>
<thead>
<tr>
<th>Negative Behavior</th>
<th>Behavioral Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-stabbing by using a pen to commit suicide</td>
<td>No suicide attempt</td>
</tr>
<tr>
<td>Self-isolation in a bedroom</td>
<td>Get along with parents, siblings, and neighbors</td>
</tr>
</tbody>
</table>

for the patient himself as well as family cohesiveness to support patient recovery.

The provision of psychoeducation to families is carried out since the family, as the main support system, has an important role in preventing the recurrence of the subject’s schizophrenia (Davison, Neale, & Kring, 2006; Holltum, 2014). Moreover, family cohesiveness to support each other in the management of schizophrenic family members is correlated with emotional well-being for both parties, namely the patient and also the family (Weisman, Rosales, Kymalainen, & Armesto, 2005; Van Os & Kapur, 2009). It helps families to be able to make appropriate adjustments to family members who have schizophrenia and be able to prevent the patient from recurring (Penn, & Muesser, 1996; Stefan, Travis & Murray, 2002).

Out of the support from family, CBT can provide positive changes for subjects to think rationally. The cognitive approach believes that distractions are created by negative attitudes and distorted thoughts. In cognitive theory, there is a “cognitive triangulation”, namely the view of why a disorder occurs, namely: (a) Negative views about oneself, (b) Negative views about others, (c) Negative views about the future (Beck, 1976; Westbrook, Kennerley, & Kirk, 2011).

A person experiences distraction due to information processing failures, such as exaggerating small problems and over-realizing a rejection. Mind problems, negative schemes, and cognitive errors are what trigger cognitive impairment to occur. This notion assumes that what is thought will affect what is felt. Cognitive deviations are formulated like the all or nothing principle, namely a state in which we see everything in black and white categories. Overgeneralization, disqualifying the positive, emotional reasoning. Overgeneralization describes a comprehensive conclusion to everything based on a single incident. The mindset of the person experiencing the disorder is characterized by a negative way of looking at themselves, others, and their environment. These negative thoughts are the result of biases in information processing which ultimately lead to biased conclusions (Beck, 1976; Salyers, Matthias, Sidenbender, & Green, 2013).

This perspective also assumes that internal things and behavior can directly influence behavior. The way a person perceives, interprets, and relates certain
meanings or meanings in everyday life is the key to someone being able to think rationally or not. Thoughts give rise to feelings and behavior, so that we can change the way we think to feel and even act better (Westbrook, Kennerle & Kirk, 2011).

Evaluation or interpretation towards self, other people, and the future affect one’s life, if the evaluation leads to a negative direction, for instance, someone sees him/herself as incapable of doing something, then that person will look down on himself (Beck, 1976; Westbrook, Kennerle & Kirk, 20011).

Subjects with low self-esteem also have difficulty grasping received information rationally, are easily confused, lack memory in the short and long term, lack attention, feel hopeless, feel helpless, feel worthless, often fail in life events, often seek affirmation, negative judgments about his body, a pessimistic outlook on life, denial of his abilities, criticizing others or himself, and excessive pride (Westbrook, Kennerle & Kirk, 2001; Messinger, Tremeau, Antonius, Mendelsohn, Prudent, Stanford, & Malaspina, 2011).

CBT is a therapy that is capable of identifying and modifying distorted beliefs. This distorted belief affects information processing and gives rise to distorted thoughts. The subjects, who initially have a lot of cognitive distortions about themselves and others, begin to gradually change their thinking, even though this process is not easy and fast.

Subjects need family support as the closest significant environment to be able to get used to thinking about and interpreting events that happen to them more rationally and not distorted by past experiences. The process of raising the subject’s awareness of the concept of “here and now” is an effective way for the subject to be able to carry out his life in the future with better self-confidence than before. The subject becomes able to see that he also has advantages over other people, this indicates that the subject begins to see himself as an empowered individual.

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