

Analysis of Cognitive Therapy on Increased Self-Esteem and Elderly Happiness in the Elderly Cottage of the Al-Ishlah Foundation Malang

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ABSTRACT

Elderly is said to be the final stage of development in the human life cycle including biological, psychological and social, these changes will automatically affect the lives of the elderly, especially regarding the problems of self-esteem and happiness of the elderly. The purpose of this study was to analysis of cognitive therapy on increased self-esteem and elderly happiness in the elderly cottage of the Al-Ishlah foundation Malang. The design of this research is Quasy-Experimental with Time Series Design method. The population is elderly with impaired self-esteem and happiness. The sample was selected using a purposive sampling technique with inclusion and exclusion criteria and obtained a sample of 20 people. The variables measured in this study were self-esteem and happiness. The statistical test used was the Wilcoxon test with a 95% confidence level. The results of the pretest measurement showed that most of the respondents experienced low self-esteem 12 (60%) and moderate happiness 13 respondents (65%), and the posttest measurement results showed that almost all respondents had high self-esteem and high happiness 18 respondents (90%). The results of statistical analysis showed that there was a significant increase in self-esteem and happiness with a total value of $p = 0.001$. Seeing the results of this study, cognitive therapy which aims to change negative thoughts into positive thoughts, which is proven to increase self-esteem and happiness, the working system is that negative thoughts are rationalized and converted into rational positive thoughts by carrying out positive behaviors or activities and socialize with individuals around and the environment. With lots of positive activities will eliminate negative thoughts.

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INTRODUCTION

Elderly is said to be the final stage of development in the human life cycle including biological, psychological and social (Kusumawati and Hartono, 2010). Psychological changes such as retirement, changes in social roles that have changed, and in the elderly often appear disorders such as immobilization, psychology. These changes will automatically affect the lives of the elderly, especially regarding the issue of self-esteem (Muhith and Siyoto, 2016). In the elderly, desires that cannot be carried out due to limitations often lead to doubt and lack of confidence. If serious and continuous doubts about oneself and a sense of inability to control thoughts and feelings, the elderly will feel low with a negative attitude towards themselves, dislike themselves and pessimistic about all possibilities

that will happen (Dewi, 2014). Elderly with low self-esteem will lead to bad behavior for the elderly. This happens because the elderly with low self-esteem are usually dependent, less confident and pessimistic (Muhith and Siyoto, 2016).

Globally, the elderly population is increasing, in 2020 the number of people aged 60 years and over will exceed the number of children under five years old and in 2050 as many as 80% of the elderly are in developing countries (WHO, 2018). Indonesia is a developing country that has experienced an increase in the number of elderly people from 7.56% or 18 million people in 2010, to 9.7% or 25.9 million people in 2019, and is expected to continue to increase where in 2035 to 15, 77% or as many as 48.2 million people (Dinkes, 2019). The results of interviews with 7 elderly people who live in the elderly Cottage of the Al-Ishlah Foundation Malang, show that there are different assumptions, 6 elderly people feel they are no longer useful, less get attention and affection from family, sometimes likes to withdraw from friends and is not confident, and has not been visited by his family for a long time, the elderly are often angry, can't control themselves, can't accept complicated problems. This shows a decrease in self-esteem in the elderly. And in one other elderly people feel happy because their lives are often visited by their families, tend to be relaxed and have no hostile attitude, which shows a high positive self-esteem towards themselves.

Loss of self-esteem (low self-esteem) arises due to loss of self-esteem symbols that affect the way you view and live life. In the elderly, self-esteem symbols are lost, such as social status, power, role in life, work and values (Suhron, 2017). Low self-esteem is influenced by several factors, such as biological, psychological, social and cultural factors. Biological factors are usually due to physical illness which can affect hormone work in general which can also have an impact on the balance of neurotransmitters in the brain, for example, decreased serotonin levels can cause clients to experience depression and in depressed patients the tendency for chronic low self-esteem is greater because clients are influenced by thoughts. - negative thoughts and helplessness (Rahayuni, et al, 2015). According to Kaplan and Saddock, the management of clients with low self-esteem can be done, one of which is the provision of cognitive therapy (Muhith, 2015). Cognitive therapy aims to change negative thoughts into positive thoughts, as well as carry out positive activities so that the elderly can improve the quality of happiness which is one indicator of achieving optimal quality of life in old age. Doing positive activities can be in the form of social interaction with other elderly people and the people around them, this therapy helps the elderly to socialize with individuals around them and improve individual and social relationships in groups. The elderly are also expected to improve interpersonal relationships, respond to others, express ideas and exchange perceptions, and receive external stimuli from the environment. Cognitive therapy consists of introducing oneself, getting to know other elderly people, having conversations, conveying topics of conversation, presenting and discussing personal problems, working together, and expressing opinions on the benefits of group activities. Research conducted by Suzanna (2016) on decreasing depression in the elderly with low self-esteem through group activity therapy and cognitive therapy, states that it significantly increases self-esteem and decreases depression levels in the elderly. This is also in line with research conducted by Vetri (2016) about the effect of cognitive therapy on increasing self-esteem of the elderly with low self-esteem which states that there is a very significant difference in self-esteem before and after therapy, where there is a significant increase in self-esteem. in the elderly who have received cognitive therapy. Every elderly wants happiness both physically and psychologically, physical happiness is health, while psychological happiness is a relationship with religion and good relationships with family and people around (Isnaeni, 2012).

Researchers want to research the effect of cognitive therapy on increasing self-esteem and happiness in the elderly at Pondok Lansia Al-Ishlah Foundation, Malang. This is because the Al-Ishlah Malang elderly cottage is one of the elderly cottages in collaboration with the Malang City Social Service. The Al-Ishlah elderly cottage is currently able to accommodate about 38 elderly people, according to Zakarya Yahya as the head nurse, the elderly who live in this cottage generally come from

neglected individuals, do not have families and from families who entrust and pay for services to the cottage, so they have cases are varied and quite a lot. The health services provided are also not optimal, only physical health checks are routinely carried out on Tuesdays. Cases in the elderly with self-esteem according to the caretaker of the orphanage are around 65% with low, medium and high levels.

METHODS

This research is a quasi-experimental research, with time series design method. The population in this study were all the elderly who lived in the elderly cottage of the Al-Ishlah Foundation, Malang. The sample in this study was the elderly who met the inclusion and exclusion criteria set by the researcher. The location of this research is in the elderly cottage of the Al-Ishlah Foundation of Malang which is carried out for 2 months starting from April to May 2021. The independent variable in this study is the provision of cognitive therapy, and the dependent variable in this study is self-esteem and happiness. The research instrument used was the SOP for cognitive therapy, the "Rosenberg self-esteem scale" questionnaire and the "The Oxford Happiness Questionnaire" questionnaire. The statistical test used in this study was the Wilcoxon test with the help of the SPSS version 22 application for windows. As for this research, it has gone through a health ethics test with no SK 2466/KEPK/VIII/2021.

RESULTS

Table 1. General Data of Respondents

Variabel	Category	Intervention Group (N=20)	
		N	%
Gender	Male	0	0
	Female	20	100
	Total	20	100
Age	Late Adult 36-45 Years	0	0
	Early Elderly 46-55 Years	0	0
	Late Elderly 56-65 Years	20	100
	Total	20	100
Education	Primary School	14	70
	Junior High School	2	10
	Senior High School	4	20
	University	0	0
	Total	20	100
Marital status	Marry	0	0
	Not Married/Widow	20	100
	Total	20	100
Physical Pain	Yes	3	15
	No	17	85
	Total	20	100
Early Arrival	Social Services	2	10
	Family	18	90
	Total	20	100

From the results of data collection of research subjects, namely a number of 20 respondents in table 1, data obtained from all respondents are female and aged 56-65 years old and have unmarried or widowed marital status, as many as 20 respondents are 100%, most of the respondents have an

elementary school education, namely as many as 14 respondents 70% and a small portion with the last education of junior high school as many as 2 respondents 10%, almost all respondents do not have physical pain as many as 17 respondents 85% and a small proportion of respondents have physical pain as many as 3 respondents 15%, almost all respondents are entrusted with family in the elderly cottage as many as 18 respondents 90% and a small proportion of respondents from the social service as many as 2 respondents 10%.

Table 2. Self-Esteem Measurement Results

Pre Cognitive Therapy			Post Cognitive Therapy		
Self-Esteem	N	%	Self-Esteem	N	%
High Self-Esteem	0	0	High Self-Esteem	18	90
Medium Self-Esteem	8	40	Medium Self-Esteem	2	10
Low Self-Esteem	12	60	Low Self-Esteem	0	0
Total	20	100	Total	20	100

Based on table 2, it can be seen that most of the respondents have low self-esteem as many as 12 respondents (60%) and almost half have moderate self-esteem, namely 8 respondents (40%). And the self-esteem of the elderly after being given cognitive therapy showed that almost all respondents had high self-esteem, namely 18 respondents (90%) and a small portion had moderate self-esteem, namely 2 respondents (10%).

Table 3. Happiness Measurement Results

Pre Cognitive Therapy			Post Cognitive Therapy		
Happiness	N	%	Happiness	N	%
Hight Happiness	0	0	Hight Happiness	18	90
Medium Happiness	13	65	Medium Happiness	2	10
Low Happiness	7	35	Low Happiness	0	0
Total	20	100	Total	20	100

Based on table 3, it can be seen that most of the respondents have moderate happiness as many as 13 respondents (65%) and almost half have low happiness, namely 7 respondents (35%). And the happiness of the elderly after being given cognitive therapy, it was found that almost all respondents had high happiness, namely 18 respondents (90%) and a small portion had moderate happiness, namely 2 respondents (10%).

Table 4. Wilcoxon Statistical Test Results

Category	N	Median (Minimum-Maximum)	<i>p</i>
Self-Esteem Before Cognitive Therapy	20	10,25 (10-14)	0,001
Self-Esteem After Cognitive Therapy	20	25,25 (19-29)	
Happiness Before Cognitive Therapy	20	56,00 (46-64)	0,001
Happiness After Cognitive Therapy	20	82,25 (64-86)	

Based on table 4, it can be seen that the Wilcoxon test results get the results of self-esteem and happiness of the elderly both getting the results of a significance value = 0.001 ($p < 0.05$), thus it can be concluded that "there is a significant increase in self-esteem and happiness between self-esteem and happiness before being given cognitive therapy with self-esteem and happiness after being given cognitive therapy for the elderly at the Al-Ishlah Foundation for the elderly in Malang".

DISCUSSION

From the results of the study, it was found that the self-esteem of the elderly before being given cognitive therapy from 20 respondents, it was found that most of the respondents had low self-esteem, namely as many as 12 respondents, 60% and almost half of them had moderate self-esteem, namely as many as 8 respondents, 40%. Self-esteem is an individual's evaluation of himself positively or negatively, the individual's evaluation can be seen from the appreciation he gives to his existence and meaning. Individuals who have positive self-esteem will accept and respect themselves as they are and are not quick to blame themselves for their shortcomings or imperfections. He always feels satisfied and proud of his own work and is always confident in facing various challenges. Conversely, individuals who have negative self-esteem feel themselves useless, worthless, and always blame themselves for their imperfections. He tends not to be confident in every task and is not sure about his ideas (Suhron, 2017).

Frey and Carlock in Suhron (2017) reveal that self-esteem is an assessment that refers to positive, negative, neutral and ambiguous assessments that are part of self-concept, but do not mean self-love. Individuals with high self-esteem respect themselves, consider themselves valuable, and see themselves as equal to others. While low self-esteem generally feels rejection, self-dissatisfaction and self-deprecation. Low self-esteem is influenced by several factors, such as biological, psychological, social and cultural factors. Biological factors are usually due to physical illness which can affect hormone work in general which can also have an impact on the balance of neurotransmitters in the brain, for example, decreased serotonin levels can cause clients to experience depression and in depressed patients the tendency for chronic low self-esteem is greater because clients are influenced by thoughts. - negative thoughts and helplessness (Rahayuni, et al, 2015). Low self-esteem in the elderly can be related to gender and marital status, it is known from table 1 that out of 20 respondents, all respondents are female and most respondents have low self-esteem as many as 12 respondents (60%). The results of this study are in accordance with Narullita (2017), the elderly who are female almost entirely experience low self-esteem as many as 80 (77.7%) people. The results of this study are in line with Ramayanti's research (2020) which states that women are more susceptible to emotional mental disorders due to hormonal changes, in addition to hormonal changes in women's characteristics that prioritize emotional rather than rational.

The researcher argues that the elderly with female gender have more sensitive feelings than men, such as the feeling of wanting to be loved, loved, cared for by their spouse and family, especially when the elderly feel that what they want is not in accordance with reality. This can cause the elderly to experience low self-esteem. The elderly also experience changes as a result of the aging process, one of which is a decrease in the production of the hormones estrogen and progesterone. The decrease in the hormones estrogen and progesterone will affect the work of neurotransmitters in the body, such as the neuroendocrine and circadian systems involved in mood disorders, so that the elderly will experience mood swings, such as feeling sad, helpless, feeling meaningless, useless.

Tables 1 and 2 provide information that all respondents have unmarried/widowed marital status as many as 20 respondents 100% and most respondents have low self-esteem as many as 12 respondents (60%). This study is in accordance with Narullita (2017), the elderly with their marital status as widows/widowers almost entirely experience low self-esteem, as many as 52 (58.4%) people. According to Stuart and Sundeen in Narullita (2017), individuals who experience divorce or do not have

a partner are included in the high risk group for psychological problems. The results of this study are supported by other studies that social support will affect the mental health of the elderly (Suhron, 2017). This statement is reinforced by the statement by Gunarsa (2009) that someone who feels lonely has a negative affect, because the elderly feel that they are ignored by others, ignored by others and not meaningful to others.

The researcher argues that the elderly who lose their life partner or are unmarried/widowed will make the elderly feel less social support from the closest people, in addition to losing their life partner, the elderly will also feel low self-esteem if there is no family around them. entrusted by his family to live in a cottage, it is certain that the elderly will feel a feeling of loneliness which will lead to low self-esteem. The experiences that the researchers encountered with low self-esteem in the elderly were negative thoughts about themselves such as feeling helpless ("I can't do anything, my body doesn't feel like it used to be"), thoughts of fear of illness and death where no one is there. partner ("I'm here alone when I'm sick, who takes care of me"), feels that no one loves me, feels alone, not excited, feels hopeless ("My family doesn't love me, I was put here, I don't feel at home, I have no one else") and others. From this level, it is very appropriate that cognitive therapy is carried out to overcome low self-esteem because cognitive therapy can change negative thoughts that are raised by depressed elderly with low self-esteem into more realistic, positive and rational thoughts, and socialize with residents of the cottage. others and the environment.

From the results of the study, it was found that the self-esteem of the elderly after being given cognitive therapy for 1 month, from 20 respondents, it was found that almost all respondents had high self-esteem, namely as many as 18 respondents, 90% and a small proportion had moderate self-esteem, namely as much as 2 respondents, 10%. Cognitive Behavior Therapy (CBT) is a short-term therapy that is carried out regularly to provide a rationale for patients to express their negative feelings, understand the problem, be able to overcome their negative feelings, and be able to solve the problem (Yusuf, Fitriyasari & Nihayati, 2015) . In accordance with the flow of cognitive and behavior (behavior), CBT assumes that thought patterns are formed through a series of Stimulus - Cognition - Response (SKR) processes, which are interconnected to form a kind of brain network. Cognitive process is a determining process for thoughts, feelings, and behavior. All events experienced act as stimuli that can be perceived positively (rationally) or negatively (irrationally). Positive thoughts will affect positive (normal) feelings and behavior, while negative thoughts will cause emotional disturbances (feelings). Furthermore, according to this basic concept, emotions or feelings will affect behavior or actions, either positively or negatively. With CBT, modification of the function of thoughts, feelings and behavior is carried out, by emphasizing cognitive (brain) functions in analyzing, deciding, asking, wanting, and deciding again. By changing the status of thoughts and feelings, it is hoped that clients can change their behavior from negative to positive (Suerni, 2013).

Cognitive therapy can be modified with social behavior therapy, the therapy that is often used is group activity therapy, group socialization activity therapy is an effort to facilitate the socialization ability of a number of elderly people with social relationship problems, which aims to gradually improve social relations in the group. Socialization group activity therapy helps the elderly to socialize with individuals around them. This therapy facilitates to monitor and improve interpersonal relationships, respond to others, express ideas and exchange perceptions, and receive external stimuli from the environment (Wahab, 2014).

From the results of the study it was also found that self-esteem in 20 respondents before and after being given cognitive therapy, all respondents experienced an increase in self-esteem, namely as many as 20 respondents (100%). And it can be seen the comparison of self-esteem of the elderly before and after being given cognitive therapy in table 2 that most respondents have low self-esteem as many as 12 respondents 60% to almost all respondents have high self-esteem as many as 18 respondents 90%. This study is in line with Vetri (2016), Cognitive Behavior Therapy is effective in improving the

cognitive abilities of clients with low self-esteem, this is because CBT is a psychotherapy that can increase the client's self-esteem. Reinforced by research conducted by Ramayanti (2020) on 30 respondents after being given cognitive behavior therapy there was a moderate increase in self-esteem. So that researchers assume that the increase in self-esteem in the elderly is caused by short-term therapy that is carried out regularly for 2 months can provide basic changes in thinking in the elderly who initially have negative feelings, despair, feel alone, feel helpless, feel no one loves, can change into individuals who think positively, behave positively and are able to solve problems faced rationally, feel not alone and feel supported and loved by fellow elderly and the environment around them.

From table 4 it can be seen that the results of the research on the effect of cognitive therapy on increasing self-esteem in the elderly Cottage of the Al-Ishlah Foundation Malang used the Wilcoxon test, with a 95% confidence level and the Asymp.Sig value. (2-tailed) = 0.001 <0.05 so it can be interpreted that there is an effect of cognitive therapy on increasing self-esteem in the elderly in the elderly cottage of the Al-Ishlah Foundation Malang. To increase self-esteem in the elderly can use cognitive behavioral therapy, according to Burns (1988) the implementation of cognitive therapy consists of 9 sessions, Session 1 is the expression of automatic thoughts that arise and are classified in cognitive distortions. Session 2 is to reveal the reasons or causes of automatic thoughts. Session 3 is a response or encourage the elderly to express their wishes. Session 4 is a discussion of the feelings of the elderly when making diaries. Session 5 is a discussion of the ability of the elderly in dealing with technical problems with 3 columns carried out. Session 6 is a discussion of the benefits of providing feedback, how the elderly solve problems/obstacles encountered. Session 7 is a discussion of feelings after therapy (revealing results in following therapy). Session 8 is discussing the ways and difficulties of the elderly in using diaries, and the last session. Session 9 is to involve the family to become a support system for the elderly in doing cognitive therapy independently.

According to Yusuf, Fitriyasari & Nihayati (2015), the nine sessions in cognitive therapy can be done in four meetings. The first meeting is an implementation for session 1 and session 2, which is to express automatic (negative) thoughts and reasons, which aims to enable the elderly to be able to express negative thoughts to nurses and the causes of negative automatic thoughts. The second meeting is an implementation for session 3, session 4 and session 5, namely rational responses to automatic thoughts and problem solving. This meeting aims to improve the ability of the elderly in giving positive responses to negative thoughts, the elderly can write automatic thoughts and rational responses, and improve the ability of the elderly to solve their own problems. The third meeting is the implementation of session 6, session 7, session 8, which is about the benefits of feedback, expressing results and keeping a diary as well as interacting with individuals and the surrounding environment. This meeting aims to improve the ability of the elderly to express the results and benefits of implementing cognitive therapy and the elderly to be able to solve problems and introduce themselves, get acquainted with other elderly people, have conversations, convey topics of conversation, convey and discuss personal problems, collaborate, and express opinions on the benefits of activities. group. The last meeting or the fourth meeting is the implementation of session 9, is a support system that aims to improve nurse communication with the elderly, the elderly get a support system, and the family can be a support system for the elderly.

Cognitive therapy aims to teach the elderly to identify, evaluate and respond to disorders of thought and belief. Helping the elderly develop a rational mindset, engage in reality testing, and reshape behavior by changing internal messages (Suzanna, 2016). This is done by helping the elderly to be able to recognize any negative thoughts and replace them with positive thoughts that correspond to the real level in the elderly. Table 2 provides information that measuring the self-esteem of the elderly in 20 respondents before and after being given cognitive therapy, it was found that all respondents experienced an increase in self-esteem, namely as many as 20 respondents (100%). In line with the research conducted by Suzanna (2016) regarding the reduction of depression in the elderly, low self-

esteem through group activity therapy and cognitive therapy, stated that it significantly increased self-esteem and decreased depression levels in the elderly. This study is in line with research conducted by Vetri (2016) about the effect of cognitive therapy on increasing self-esteem of the elderly with low self-esteem which states that there is a very significant difference in self-esteem before and after therapy, where there is a significant increase in self-esteem in elderly who have received cognitive therapy.

Researchers argue that cognitive therapy can increase self-esteem of the elderly who initially had negative thoughts about themselves such as feeling helpless, feeling no one loved, feeling alone, not excited, "my family does not love me, I was put here, I no one else." All these negative thoughts can be expressed by the elderly and then the elderly can improve their ability to give positive responses to negative thoughts that have been felt so far with the positive expression "I am not alone here, I am happy here because many are taking care of me" and behave positively such as socializing with others. other elderly, joking, sweeping, and remembrance and other things. This proves that there is a significant increase in the value of self-esteem in the elderly, which means that the level of low self-esteem in the elderly increases after being given cognitive therapy.

From the results of the study, it was found that the happiness of the elderly before being given cognitive therapy from 20 respondents, it was found that most of the respondents had moderate happiness, namely as many as 13 respondents, 65% and almost half of them had low happiness, namely 7 respondents (35%). According to Hurlock in Agustini (2012), life satisfaction is heart satisfaction which is a pleasant or happy condition that can arise if something expected or certain needs can be achieved. Someone who has high subjective well-being, it turns out that they feel happy and happy with their close friends and relatives, they are also creative, optimistic, hardworking, never give up, and smile more than other individuals or individuals who do not feel happy. Subjective well-being can be interpreted as a cognitive and effective evaluation in a life, where the cognitive evaluation of a happy individual is in the form of high life satisfaction while affective evaluation is the number of positive impacts and the least negative impacts felt in life (Muhith, dan Siyoto 2016).

Rahayu (2016) says that happiness is determined from several factors, the first is the nature or character of a person who tends not to change, which is related to elements of cultural genetics and one's early life experiences. while because he will return to the original level of happiness, psychologists call it the Set Point Theory. The second is social comparison, where individuals assess their quality of life not perfectly but relatively, it means that the elderly will compare their lives with the lives of others. The three basic needs (satisfaction needs) where happiness according to this theory is determined by relationships with family, level of health, work and the amount of money owned are basic needs for humans. According to Surojammuniro (2015), the happiness of the elderly can be obtained with good health conditions, good self-acceptance, good relationships between family and environment, feeling proud of achievements in the present and being able to always be grateful to Allah. Researchers also concluded that happiness can also be felt if the elderly are still active in carrying out daily activities in the room and in the surrounding environment. The results of Rohmah's research (2012) show that physical factors, psychological factors, and environmental factors affect the quality of life of the elderly, and psychological factors are the most dominant factors.

Some of the factors that the researchers found were marital status and early arrival of the elderly, the majority of whom were entrusted by the family. In table 4.14 the cross tabulation between marital status and happiness shows that most of the respondents have moderate happiness as many as 13 respondents (65%) and almost half of respondents have low happiness as many as 7 respondents (35%). And based on table 4.16 it is known that most of the respondents are entrusted by families with moderate happiness as many as 12 respondents (60%). This study is in line with Agustini (2012), the elderly with marital status are not married, most of the widows/widowers experience moderate and low happiness as many as 32 people (65.4%), and the elderly with a lack of family and social support almost all experience low happiness. namely as many as 46 people (79.4%). In line with Zulfiana's research

(2014), almost half of the elderly with unmarried/widowed marital status experience low happiness, namely 8 elderly (40%), and most of the elderly with lack of family support have low happiness 13 elderly (65%).

According to the researchers, the elderly with the loss of a life partner or without a partner, the lack of social support from the closest people and family, which was marked by the early arrival of the elderly, almost all of the elderly were entrusted by their families to live in the elderly cottage, causing negative thoughts such as "I was thrown away, I was shunned by my family, my child didn't want to take care of me." Elderly with negative thoughts like this tend to have feelings of being unloved and unloved by anyone, so that the elderly will experience mood swings, such as: feeling sad, helpless, feeling meaningless, useless, feeling sad and these negative thoughts that make the elderly have moderate or low happiness.

From the results of the study, it was found that the happiness of the elderly after being given cognitive therapy from 20 respondents obtained data that almost all respondents had high happiness, namely as many as 18 respondents, 90% and a small proportion had moderate happiness, namely 2 respondents, 10%. Cognitive Behavior Therapy (CBT) is a short-term therapy that is carried out regularly to provide a rationale for patients to express their negative feelings, understand the problem, be able to overcome their negative feelings, and be able to solve the problem (Yusuf, Fitriyasari & Nihayati, 2015). Cognitive therapy can be modified with social behavior therapy, the therapy that is often used is group activity therapy, group socialization activity therapy (TAKS) is an effort to facilitate the socialization ability of a number of elderly people with social relationship problems, which aims to gradually improve social relations in the group. Socialization group activity therapy helps the elderly to socialize with individuals around the elderly. This therapy facilitates monitoring and improving interpersonal relationships, responding to others, expressing ideas and exchanging perceptions, and receiving external stimuli from the environment (Wahab, 2014).

From the results of the study, it was also found that the happiness of the elderly in 20 respondents before and after being given cognitive therapy, all respondents experienced an increase in self-esteem, namely as many as 20 respondents (100%). And it can be seen the comparison of the happiness of the elderly before and after being given cognitive therapy in table 4.2 that most respondents have moderate happiness as many as 13 respondents 65% to almost all respondents have high happiness as many as 18 respondents 90%. This study is in line with Hidayah (2014), positive psychotherapy in the group (CBT) can increase the happiness of 5 respondents in the intervention group who initially had low happiness as many as 5 respondents, after therapy all respondents had a high increase in happiness by 5 respondents. This study is in line with Zulfiana (2014), positive psychotherapy in groups (CBT) can increase the happiness of the elderly from 10 respondents in the intervention group who previously had low happiness 10 elderly, and after being given therapy half the elderly had high happiness as many as 5 elderly and half had moderate happiness 5 elderly.

So that researchers assume that the increase in happiness in the elderly is caused by cognitive therapy modified with social group activities that can provide basic changes in thinking in the elderly who initially have negative feelings, despair, feelings of being alone with themselves, can turn into individuals who think positively, behave positive and able to solve problems faced rationally which is supported by social relationships among the elderly and the surrounding environment that makes the elderly able to socialize, joke, and share experiences with one another.

From table 4 it can be seen that the results of the research on the effect of cognitive therapy on increasing happiness in the elderly Cottage of the Al-Ishlal Foundation Malang using the Wilcoxon test, with a 95% confidence level and the Asymp.Sig value. (2-tailed) = 0.001 <0.05 so that it can be interpreted that there is an effect of cognitive therapy on increasing happiness in the elderly Cottage of the Al-Ishlal Foundation Malang. Cognitive therapy aims to teach the elderly to identify, evaluate and respond to disorders of thought and belief. Helping the elderly develop a rational mindset, engage in

reality testing, and reshape behavior by changing internal messages (Suzanna, 2016). This is done by helping the elderly to be able to recognize any negative thoughts and replace them with positive thoughts that are suitable for the elderly and carry out positive activities or behaviors that can be carried out by the elderly.

This study is in line with research conducted by Hidayah (2014) by comparing scores before and after being given positive psychotherapy in the group (CBT) using the Wilcoxon test. before and after being given positive psychotherapy in the group). The results of this study are in line with Zulfiana's (2014) research with the title of increasing the happiness of the elderly in nursing homes through positive psychotherapy in groups, using the Mann-Whitney test. The results of the analysis of the experimental group obtained $\text{sig} = 0.05$, ($p = 0.05$) describing a significant difference in happiness in the experimental group between before the intervention and after the intervention. The elderly are able to express gratitude to people who have done good and an attitude of openness appears. This is a form of increasing positive emotions that contribute positively to increasing the happiness of the elderly after the therapy process is carried out (Zulfiana, 2014).

Based on the theory and research above, the researcher argues that by doing cognitive therapy can increase happiness in the elderly, who initially had negative thoughts resulting from a lack of attention from the family so that the elderly closed themselves off and felt that they were not valued, turned into positive thoughts by expressing their feelings. thank you, willing to open up, and by doing positive activities such as socializing with other elderly, telling what you want to tell other elderly, and can improve the quality of life for the better. The elderly actually only need attention such as being a good listener, ready at any time to be a friend to talk to, as well as support from their environment.

CONCLUSION

The conclusion in this study is that the self-esteem of the elderly before being given cognitive therapy from 20 respondents was that most of the respondents had low self-esteem, namely 12 respondents 60% and almost half had moderate self-esteem 8 respondents 40%. The happiness of the elderly before being given cognitive therapy from 20 respondents was that most of the respondents had moderate happiness as many as 13 respondents 65% and almost half had low happiness 7 respondents 35%. The self-esteem of the elderly after being given cognitive therapy from 20 respondents was almost all respondents had high self-esteem, namely as many as 18 respondents 90% and a small portion had moderate self-esteem as many as 2 respondents 10%. The happiness of the elderly after being given cognitive therapy from 20 respondents was that almost all respondents had high happiness, namely 18 respondents 90% and a small part had moderate happiness as much as 2 respondents 10%. This study uses the Wilcoxon test, with a 95% confidence level with the value of Asymp.Sig. 2-tailed or p value = $0.001 < 0.05$, so it can be interpreted that there is an effect of cognitive therapy on increasing self-esteem in the elderly Cottage of the Al-Ishlah Foundation Malang. The researcher used the Wilcoxon test, with a 95% confidence level with the Asymp.Sig.2-tailed value or p value = $0.001 < 0.05$, so it can be interpreted that there is an effect of cognitive therapy on happiness in the elderly Cottage of the Al-Ishlah Foundation Malang.

Suggestions in this research is that students and teachers are expected to work together in research like this so that it makes motivation and creativity in developing similar research so that it can make the good name of the institution concerned. It is hoped that health workers can have new knowledge about cognitive therapy to be used as a health action plan for the elderly with problems of self-esteem and happiness. It is expected that respondents/elderly can increase self-esteem and happiness through the stages of cognitive therapy that can be carried out daily under the guidance of health workers and families.

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