

Research Article

Effectiveness of Cognitive Behavior Therapy towards Self-Acceptance on Students in BOPKRI 2 Yogyakarta Senior High School

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Abstract: A Child who has trouble with his peer group founded in any school, it's starting from elementary school until senior high school. But, mostly the problem with peer group more complicated happen in senior high school. For example, in BOPKRI 2 Yogyakarta Senior High School, the author found that many students whom also being a bullying victim, they could not accept her condition. They have to obey the rule in their peer group even though they did not like it. So in other words, these students have the low self-acceptance. In this study, an author will use cognitive behavior therapy to increase student's self-acceptance. This study also aims to obtain some empirical data about how effective cognitive behavior therapy towards self-acceptance on the student in BOPKRI 2 Yogyakarta Senior High School. This study used Quasi Experiment method with One Group Pretest – Posttest Design. The subject of this study is two student who also is a bullying victim in BOPKRI 2 Yogyakarta Senior High School. The result of this study showed that after an intervention, the level of student's self-acceptance was increased from low to medium, with the average changes in 35,1%, based on the result it can be concluded that cognitive behavior therapy was effective to increase the student's self-acceptance in BOPKRI 2 Yogyakarta.

Keywords: self-acceptance; cognitive behavior therapy; bullying

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INTRODUCTION

The phenomenon of cases of children who have problems with its peer group often found in schools, ranging from elementary school (SD) to High School (SMA). However, usually, the problem of peer group yang is more complex often occurs in the scope of high school. One of the cases found in SMA BOPKRI 2 Yogyakarta.

Based on observations and interviews that have been conducted at some high school students BOPKRI 2 Yogyakarta, obtained the data that the subjects in the research showing behavior that indication self-acceptance is low, such as they tend to be often forced to follow the wishes of his friends, as a result, they tend to be less willing to accept Who they are. They serine g reject themselves because they are afraid to be "strange" if it has the desire or the different views with peers. They also try hard to get into a certain group of schools in order for them to become Popular, in addition to the belief in themselves that it is important to love yourself must be in a way loved and appreciated by his friends. With the existence of this condition they become teenagers who lack confidence, feel berda y a, weak and dependent on others.

In this study interventions used to increase self-acceptance is cognitive behavior therapy, or better known with CBT stands.

Cognitive Behavior Therapy (CBT) is a system in place of psychotherapy that seeks to reduce the emotional reaction to excess and conduct of destruction themselves by modifying the wrong thinking and belief or conviction that maladaptive (beliefs) that triggers reactions that one of the (Beck, 1976 ; Beck, Rush, Shaw & Emery, 1979).

Milkman & Wanberg (2007), CBT is based on a combination of cognitive and behavioral therapy. Therapy behavior helps us to weaken the connections between troublesome situations with our usual reaction show. Reactions such as fear, depression or anger and self-destructive behavior. This therapy also teaches us how to calm the mind and body so that we can feel better, think more clearly and make decisions that are good leb i h.

From interviews with the subject, it can be concluded that this client has a Core Beliefs "I am helpless" (uncompetent). Core beliefs are

reflected in the form of beliefs intermediate assumptions "If the group saya membuat rules, then I h currents obey". This assumption makes the subject has a rule "I was hanging with my group, so without them I can not do anything", then assuming it makes the subject have the attitude of "I feel helpless, low self-esteem, anxiety and depend on others" . The types of cognitive dysfunction found in clients such as Fortune Telling, Catastrophizing and Labeling.

Based on the description above, the research hypothesis in this study Cognitive Behavior Therapy is effective to increase self-acceptance of high school students BOPKRI 2 Yogyakarta

The purpose of this study was to obtain a picture of the effect of Cognitive Behavior Therapy (CBT) Self acceptance effect on high school students BOPKRI 2 Yogyakarta.

METHOD

The research design used is experimental research. Experimental research design used in this study is a kind of quasi-experiment. Then the quasi-experimental design digunakan in this study is the One-Group Pretest - Posttest Design. In this design, at the beginning of the study carried out measurements of the dependent variable that has been subjected. After being given manipulation (treatment), was measured back terh a dap of dependent variables with the same measuring instrument.

Intake of research subjects taken by a non - probability sampling is purposive sampling (samples intended). In this technique, the sample selection was not done randomly selected subjects included because it has a predetermined criteria. Individuals who have met the specified criteria are asked for their willingness to be the subject of research.

In this study, subjects who want to be investigated is the self that display an attitude of self-acceptance that tend to be low in the SMA BOPKRI 2 Yogyakarta circuitry characteristics of the subject must be within the peer group (peer group) and also the subject should be every day in order to see the dynamics occurring within the peer group. The subject of research in this study as much as 2 students of class X SMA BOPKRI 2 Yogyakarta.

Methods of data collection in this study refers to the secondary data obtained through interviews with teachers BK SMA BOPKRI 2 Yogyakarta and homeroom. Other supporting data are obtained by literature study method and scientific journals, as well as other literatures that contain the subject related to this research.

In this study, there are two analysis techniques to be used, namely the analysis of quantitative and qualitative analysis. The analysis technique used in this research is descriptive statistic. Quantitative data obtained in clinical research is a series of empirical data peng a matan results against a group of individuals that must be processed, analyzed and concluded to be useful in describing the behavior.

The qualitative data will be analyzed based on content (content analysis) or abbreviated content analysis. Quantitative data referred to here is the data obtained from interviews, tasks performed, and the data obtained during the process of face-to-face therapy.

Content analysis is a technique that is used to draw a conclusion through the efforts of finding the characteristics of the message, and done in an objective and systematic. With content analysis, researchers used existing data to identify visible patterns. Content analysis is a technique that allows to test the existing data, to determine h apaka these data support the hypothesis or not. Content analysis is also a technique for ersrik conclusion objectively and systematically in identifying specifically the contents of the existing data.

RESULT AND DISCUSSION

In the study, the data collection process will begin of measurements to be made on the level of self-acceptance in both the research subjects themselves as much as one prior therapy (pretest Y 1) using a scale of self-acceptance. Furthermore, both the research subjects will follow a program of cognitive behavior therapy for 5 meetings. After the completion of therapy given, the next will be back in the measurement of the level of self-acceptance in both the research subjects themselves as much as one (posttest Y 2) by

using the scale of self-acceptance. This measurement is performed to see changes in the level of self-acceptance both research subject after attending therapy activities whose function is to help the subject to be more accepting of her condition is.

Changes in the level of self-acceptance both research subject can be seen on the scale of self-acceptance where the results of such scale are categorized by the norm measurement tool. If he scores the subject of the smaller or lower then a right lower the subject's self-acceptance that. In other words the subject is less able to accept seeing himself positively. However, if he scores the greater research subjects or higher then the higher aka n-owned self-acceptance that subject. It means that the subject is able to accept and perceive his true self in a positive way.

Further below will be displayed tables and graphics changes se lf-acceptance in both the research subjects either before (pretest) and after (posttest) given cognitive behavior therapy.

Table 1. Self Acceptance Second Amendment Subject

Test	Subject	
	Subject 1	Subject 2
Pre Test Y1	99	91
Post Test Y2	147	140

From the table displayed can be seen that an increase in self-owned acc eptance both research subject after a given cognitive behavior therapy as indicated by the increase in both subjects posttest score compared to scores in the pretest. With this score means a change viour bra cognitive therapy is effective in increasing self-acceptance in both the research subjects.

Based on the charts and graphs, stated that the first subject has a score pretest 99, wherein the score after categorized by the norm measurement tool, into the low k belonging to the selected self-acceptance. This means that before therapy, one subject had a low self-acceptance. Then after the posttest measurement on one subject, obtained a score of 147, where a score after categorized through the RMA no measuring instrument, into the category of self-acceptance was. This means

that after therapy, an increase of self-acceptance that is owned by the subject 1 from low to moderate. Then included also subject 2, has a score pretest 91, wherein the score after categorized by the norm measurement tool, into the category of self-acceptance is low. This means that before therapy, one subject had a low self-acceptance. Then after the posttest measurement on one subject, in to a score of 140, where a score after categorized by the norm measurement tool, into the category of self-acceptance was. This means that after therapy, an increase of self-acceptance that is owned by the subject 1 from low to dang se.

Briefly explained that when the measurements were taken pretest, self-acceptance is seen that both the study subjects were in the low category. Then the self-acceptance both study subjects had increased to dang se category along with improvements in the capabilities of both the subject of research in applying the material that has been given in CBT.

Furthermore, if the calculation of the change of self-acceptance of measurement pretest and posttest measurements, the obtained r verage percentage change in self-acceptance in both the research subjects by 35.1%.

Adolescence is a period of transition or transition between childhood into adulthood. At this time adolescents experience rapid growth reached physical maturity, social and emotional. One factor that affects the emotional development of adolescents are relationships with peers or peer group. The problems that arise in adolescence is often related to the peer group.

At this time, the role of peer grou p is dominant, they trying to form a group, rules behave the same, look the same, have the language and ko de or the same gesture (Jose RL Coal, 2010). But in fact, often the rules or agreements that exist in the peer group are not all approved by all members. There b FEW rules could curb some of its members, so they forced a bias to follow the rules or agreements. They are trying to transform themselves ka mere liking groups in other words, they are less likely to accept the differences or to themselves with a peer group.

The phenomenon of cases of children who have problems with its peer group often

found in schools, ranging from elementary school (SD) to High School (SMA). However, usually the problem is more complex peer group often occur in the scope of high school. One of the cases found in SMA BOPKRI 2 Yogyakarta.

Based on observations and wawa ncara that has been done, the data obtained that the subjects in this study display behavior that indicates low self-acceptance, of which they tend to be often forced to follow the wishes of his friends as a result they tend to be less willing to accept who they are. They often reject themselves because they are afraid to be "strange" if it has the desire or the different views with peers. They also tried hard to get into da l am sautu certain groups in schools so that they are biased to be popular, but it is the belief in themselves that it is important to love yourself to be a way loved and appreciated by his friends. With this adjustment mer e ka become teenagers who lack confidence, feel helpless, weak and dependent on others.

Low Self Acceptance subjects motivated by the existence of a mistaken belief (Core Beliefs) to the students. Core Beliefs arise s sa result of the process of learning (experience) the individual from childhood in response to various stimuli from the environment. In the cognitive perspective are the two types of core beliefs that are believed to an individual, namely Unlovable and Uncompetence (Judith Bec k, 1995). The existence of a false belief (Core Beliefs) in a person will lead to a false auto mind (cognitive distortion) when the individual is facing a situation that is prone to stress. Cognitive distortions is an assessor a n or erroneous interpretations of a situation that evolved over time.

Between these core beliefs and cognitive distortions there is a separating bridge called intermediate beliefs. Intermediate beliefs is about as umsi, attitudes and rules. Assumption is a thought that is not necessarily true, which is related to a particular situation that limits one's life. Attitude is something taken with respect to its belief core. Ne se s rule was made to facilitate the assumptions (Beck, 1995).

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reduce the emotional reaction to excess and conduct of destruction themselves by modifying the wrong thinking and belief or conviction that maladaptive (core beliefs) that trigger reactions yang one of these (Beck, 1976; Beck, Rush, Shaw & Emery, 1979).

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From interviews with the subject, it can be concluded that this client has a Core Beliefs "I am helpless" (uncompetent). Core beliefs are reflected in the form of beliefs intermediate assumptions "If the group sya amembuat rules, then I must obey". This assumption makes the subject has a rule "I was hanging with my group, so without them I can not do anything", then assuming it makes the subject have the attitude of "I'm Erasa helplessness, low self-esteem, anxiety and depend on others ". The types of cognitive dysfunction found in clients such as Fortune Telling, Catastrophizing and Labeling.

In this study, the therapist will train clients ririskiky a recurring through techniques have been designed and led the client as much as possible to apply these techniques in real situations is the source of the problem. So expect the client to determine the objectives, bifferent able to devise strategies to achieve these goals and be able to overcome all existing problems effectively and more rational. In other words, the client will be able to independently change the initially distorted intermediate beliefs. So that these beliefs intermediate k ethic changed, then the client will be able to be more accepting of their circumstances, better able to recognize the characteristics of himself and is able to receive any form of benefits and drawbacks and can continue to live regardless of terms t e rsebut. Furthermore, he will feel more confident and enthusiastic in living with all the advantages and weaknesses owned.

Furthermore, in this study has been carried out to the second measurement research subject to tingka t of self-acceptance

that they have time before and after CBT. The results of this peenlitian shows an increase in the level of self-acceptance that is owned by both the research subjects. On the pretest measurements Subject 1 and Subject 2 unknown outcome, that of self-acceptance that they have to be in the low category. However, when the measurement of the subject posttest 1 and Subject 2, self-acceptance that they have to be in the medium category. That is, self-acceptance yan g they have improved after following the CBT program.

Increased self-acceptance self-Subject 1 and Subject 2 is also in line with the increase of the aspects of self-acceptance itself. To seven aspects of self-acceptance terse but such is the desperation Per equivalent, namely the ability of students to feel himself worthy as human beings equal to other students. Students feel they have weaknesses and advantages just like others. Second, the ability of self Believe that student's ability ntuk u believe in the ability of self in the face of life. Third, Responsible is the ability of students to dare to take responsibility for his behavior. Fourth, self-orientation out that the students ability to have self-orientation to l happen outside than within. Fifth, Stance is the ability of students to follow their own standards rather than to conform to social pressure. Sixth, Recognizing the limitations of the ability of students to not blame themselves will keterba t asanannya and deny benefits. Seventh, Accepting human nature is the ability of students not to deny the impulse and emotions or feel guilty for it.

The change of self-acceptance that is owned by both the research subjects diseba bkan because of changes in their patterns of thinking that was more bersifar dysfunctional in the face of a situation to be more functional and positive.

The second subject of this study, there are some kinds of cognitive distortion that occurs between anya is Fortune Telling namely Predicting the future with negative terms involving failure or danger. Then, catastrophizing that believe that what is happening or will happen will be terrible and not terpikul so it is not impossible to overcome. And Labeling, which is the negative Looked at globally both to themselves and others

In this study, intermediate beliefs they have formed from the core beliefs that they

believe that incompetent (Disadvantaged). Then, by replacing intermediate individuals become more positive beliefs and functional it will help such individuals to be more resistant to relapse situations that will arise in the future. In addition, replacing intermediate beliefs will be more effective than trying to control a person's core belief that has grown and tended to settle in a person ..

Based on the measurement results and a summary of previous discussions on the subject of research berkaitan n with self Acceptance they have, it can be concluded that Cognitive Behavior Therapy is effective in improving self acceptance of high school students BOPKRI 2 Yogyakarta.

CONCLUSION

Based on these results, in general it can be concluded bahwa a Cognitive Behavior Therapy is effective for improving self-acceptance on the individual. Then, in particular the results of this study can be concluded that: (1) Cognitive Behavior Therapy shown to increase self-acceptance of high school students BOPKRI 2 Yogyakarta, (2) Increased score and category of the seventh aspect of self-acceptance, the feeling equal, Believe Yourself Ability, Responsibility, orientation Exit D envy, opinionated, aware of the limitations and prove their humanity Receive an enhancer of self-acceptance of masing individual research subjects, (3) Increased self-acceptance both research subjects due to changes in the mindset of both the research subjects who had dsifungsional be functional, (4) Types of cognitive distortions that occur in both the research subjects are Fortune Telling, catastrophizing and Labeling.

REFERENCES

- Azwar, S. (1999). *Penyusunan Skala Psikologi Jilid 2*. Jakarta: Interaksara
- Beck, Judith S. (1995). *Cognitive Behaviour Therapy Basic and Beyond*. United States of America: The Guildford Press.

Brach. Tara, PhD. (2000). *Radical Self – Acceptance*. United States of America: Academic Press.

Davison, Gerald C, Neale, John M, Kring, Ann M. (2010). *Psikologi Abnormal Edisi Ke-9*. Jakarta: PT Rajagrafindo Persada.

Jones, Nelson Richard. (2011). *Teori dan Praktik Konseling dan Terapi Edisi Ke empat*. Yogyakarta : Pustaka Pelajar

Latipun. (2011). *Psikologi Eksperimen Edisi Kedua*. Malang. Penerbitan Universitas Muhammadiyah Malang

Leahy, Robert. (2003). *Cognitive Therapy Techniques a practitioner's guide*. United States of America: The Guilford Press

Millon, Theodore. (1969). *Modern Psychopatology*. United States of America: W.B. Sanders Company

Noor, Hasanuddin. (2009). *Psikometri Aplikasi Dalam Penyusunan Instrumen Pengukuran Perilaku*. Bandung: Fakultas Psikologi Universitas Islam Bandung.