

# Logotherapy to Increase Self Esteem of Patient With Paraparese Inferiors

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## **Abstract---**

**Purpose:** This study aims to determine the clinical feature of Paraparese Inferior Thoracal Stenosis V TH 1-2 patients who have low self-esteem and obtain results from logotherapy. Paraparese Inferior Thoracal Stenosis is a loss of motor function of both legs which causes the patient to not be able to support the body. The problem which is often experienced by persons with body disabilities such as paraparese patients is low self-esteem.

**Methodology:** The research method in this study is a single case design. Data collection using interview methods (auto anamnesis and allow anamnesis), observation, and psychological tests including personality tests (DAP, BAUM, HTP, Warteg Test and Sack's Sentence Completion Test). The intervention applied was logotherapy.

**Results:** The results of the intervention show that the increase in self-esteem is strengthened by the results of the pre-test in low conditions, while the post-test score is included in the category of high self-esteem by using the Rosenberg Self Esteem Scale (RSES). The prognosis for the subject is bonam, where self-esteem is increasing. Conclusions from the results of the intervention show that logotherapy can improve self-esteem of patients with paraparese. Finally, the study pointed out that logotherapy intervention can improve self-esteem of patients with paraparese. This is because despite the physical limitations possessed by the patient, the patient is able to find the meaning of his life so that he can carry out activities again

**Applications/Originality/Value:** Logotherapy needs to be trained for care giver health professionals

**Keywords---** Logotherapy, Self-esteem, Patient, Paraparese Inferiors.

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## **I. INTRODUCTION**

People with disabilities are one of the persons with disabilities who have disorders in the bones, muscles and joint systems that cause coordination, communication, adaptation, mobilization and disruption in personal development (Hattu, 2016). One form of body disability is a person who has paraparese. Paraparese is a muscle weakness of both lower extremities in motor and sensory function in the thoracic, lumbar or sacral medulla spinal segments (Sudoyo, 2009). In other words, paraparese is a form of body disability in the form of weakness of both limbs, both partial and complete. This causes a person who is diagnosed with paraparese has a body malfunction in both legs, causing the person to be unable to support his body either to stand or walk. The problem which is often experienced by people with disabilities is low self-esteem or the need for self esteem (Hattu, 2016).

Baron and Byrne (2012) interpret self-esteem as a self-evaluation which is made by each individual, one's attitude toward himself in the range of positive to negative dimensions. Coopersmith (1967) states that self-esteem is

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an evaluation made by the individual and the habits of the individual perceive him, especially the attitude of accepting, rejecting, as well as an indication of the amount of individual trust in ability, meaningfulness, successness, and worthiness. Self-esteem is the attitude which is held about itself, both positive and negative (Rosenberg, 1965). Tafarodi and Swann (2001) expressed two aspects of self-esteem, i.e. competence and self-liking. Self competence is how individuals judge themselves based on the experience he has. The assessment begins from a negative range to positive about itself as the source of strength. Self-Competence is an individual belief that he is the one who makes changes or wishes his desire is accomplished.

Self esteem is an individual's view of their self or how a person assesses, recognizes, appreciates or likes himself and one of the factors that determines individual behavior. Persons will want a positive appreciation of their self, so that persons will feel their self useful to others despite having weaknesses both physically and mentally. Fulfilling the need for self-esteem will produce attitudes and self-confidence, a strong sense of facing pain, a sense of peace, but conversely if the need for self-esteem is not fulfilled then it will make an individual have a weak mental and tend to think negatively (Lubis, 2009).

Person who has low self-esteem according to Rosenberg and Owens (in Guidon, 2010) is characterized by pessimism, rigid ways of thinking, inflexibility, hesitation and difficulty making decisions, easy to respond emotionally to failures, experience events negatively, often experience anxiety when appearing in public, not confident in establishing interpersonal relationships (shame, uncomfortable, confused, unable to express themselves when interacting with others), and have thoughts that are easily attacked by feelings of depression, despair and suicide intentions. Problems experienced by persons with disabilities have an impact on the disruption of social functioning that involves physical, psychological, social, economic, educational and even vocational problems with disabilities (Hattu, 2016).

Persons with disabilities who have low self-esteem will be more sensitive to emotional situations and social interactions. In addition, a person who has low self-esteem will become sensitive to criticism and tend to avoid competence and may also become hypercritical by projecting his weaknesses on others and blaming the environment for the failures they experience (Hattu, 2016).

In general, the description of research subjects is a 37years old male, the subject is the third child of seven siblings, the subject was born as twins with twin sisters. Childhood subjects were raised in financially less well-established families. The large number of family members makes the subject rarely noticed by both parents. Subjects completed their studies only to junior high school, the economic situation of the subject's family which was insufficient for large families forced the subject to decide not to continue schooling to a higher level and chose to work to help the family economy.

The subject with Paraparese Inferior Thoracal Stenosis's current condition makes him unable to stand up to support his body. Paraparese is the muscle weakness of both lower extremities in motor and sensory function in the thoracic, lumbar or sacral medulla spinal segments (Sudoyo, 2009). This condition makes subject have low self-esteem. This is caused by the physical condition of the subject who is unable to carry out their developmental tasks and make him feel ashamed and inferior when meeting with other people, including with his friends. Subject who

realizes that he has not been able to fulfill his developmental tasks and is in a hurry to recover soon, so that when physical therapy the subject becomes impatient. When the therapeutic process is not in accordance with his wishes, subject becomes easily discouraged. Subject is a person who is difficult to express his feelings and ideas, so he often keeps problems in himself. Subjects also have unstable emotions and mood swings.

The condition of the subject who has a less physical condition makes him unable to continue his desire to find a wife, meet the necessities of life and continue to bother his parents. The subject brothers who all have a spouse make the subject feel inferior, this is due to the age of the subject who is reaching adulthood, who should have been married actually do not have a partner. The economic situation of subject which is the middle to lower subject family makes him more inferior, this is caused by the state of the subject who currently cannot work so he cannot meet his own needs. The conditions experienced by the subject at this time cause meaningless life in the subject. In life, perhaps the desire to live meaningfully as the main motive cannot be fulfilled, because of the inability of people to see, that life itself contains potential meaning of life, which needs to be realized and discovered (Bastaman, 2007).

Low self-esteem in a person can cause depression, anxiety, while high self-esteem is an important source of coping for someone (Stuart & Laraia, 2009). With the low self-esteem, it is necessary to give psychotherapy to the subject. Guindon (2010) describes a number of interventions that can be used to improve one's self-esteem, including reality therapy, solution focused therapy, narrative therapy, play therapy, eye-movement desensitization and reprocessing, process-based forgiveness and cognitive behavior therapy. In addition to using the therapy that has been mentioned by Guindon (2010), there is a therapy that can improve one's self-esteem by using logotherapy.

Paraparesis Inferior Thoracal Stenosis experienced by the subject gives a great influence on one's physical deficiency, so that it can inhibit a person in carrying out their daily lives. Physical deficiency experienced by the subject is not only caused by metastasis from the disease itself but also the age factor which also affects. These deficiencies can cause psychological problems in the subject. Psychological conditions such as low self-esteem in young adult males arise because when males reach young adulthood are required to be able to fulfill a number of developmental tasks and make adjustments to the decline in body functions. People with Paraparesis Inferior Thoracal Stenosis are not only required to adapt to various changes in terms of role, but sufferers also have to face reality by undergoing long treatments. The impact given from the treatment also causes various deficiencies in the physical aspects, so it also requires sufferers to be able to make adjustments in carrying out their daily functions with the capacity of the body they have. These problems can ultimately lead to a midlife crisis in early adult men.

Various problems experienced by sufferers of Paraparesis Inferior Thoracal Stenosis can ultimately eliminate the meaning of life. The loss of meaning in life, mentioned by Bastaman (2007) as something important that is achieved by someone, then hinders a person from achieving happiness in life. Logotherapy has wider benefits, especially to increase confidence and self-esteem through the discovery of the meaning of life (Bastaman, 2007). As in a study conducted by Ladan Moein and Fatemeh Houshyar (2015) with the title The effects of logotherapy on improving self-esteem and adjustments in physically disabled people, the research findings show that the logotherapy group has a positive effect on social, family and self-esteem components common among people with physical disabilities. In

addition, Hattu (2016) also conducted a study entitled family therapy and logotherapy on the self esteem of persons with disabilities giving results that the application of logotherapy was effective in increasing self esteem in persons with disabilities. Based on studies that have been done previously accompanied by physical and psychological conditions of the subject, logotherapy is chosen for therapy that will increase self-esteem in the subject.

Logotherapy is a type of psychotherapy that was first developed by Victor Frankl in 1938 using a central theme which is the meaning of life. The meaning of life or the meaning of life according to Frankl is the main motivation of humans to achieve a meaningful life (the meaningful life). According to Frankl, if someone succeeds in finding and fulfilling the meaning of his life, then life will become more meaningful and valuable and will ultimately lead to happiness (Bastaman, 2007). This was proven by Frankl himself when he was a prisoner of World War II and experienced life in prison with torture and suffering. But according to Frankl is able to survive or survive in these conditions by interpreting every incident that happened to him as something positive, happy and strengthen his confidence. Logotherapy has wider benefits, especially to increase confidence and self-esteem through the discovery of the meaning of life (Maryatun, 2011).

Logotherapy is a psychotherapy that can see individuals clearly and holistically which includes self-image, self-confidence and the ability of individuals to deal with pressure (Marshal, 2010). Logotherapy is applied to individuals who have low self-esteem to form values and goals and commitment as an important component in life. Logotherapy can help people with disabilities as a means of finding meaning in life so that one's life becomes quality, meaningful and reaches self-integrity (Astuti & Utami, 2014). This study aims to determine changes in self-esteem of patient with *Paraparese Inferior Thoracal Stenosis V TH 1-2* who has been given logotherapy.

## II. METHODS

This study uses a qualitative approach with a single case design as a clinical case study. Single case design is a method in conducting clinical research. The type used in this study is A-B-A. Jackson (2009) explains that the ABA design is where A is the initial phase of the intervention (Baseline phase) which is the determination of the target aspects of the behavior to be intervened, B is the treatment phase that is the intervention technique, then followed by A which is a follow-up phase (follow-up phase) is the phase of evaluating the progress of the intervention techniques that have been given, and knowing whether the subject can maintain the behavior that has been intervened properly.

The subject of the study was the *Paraparese Inferior Thoracal Stenosis V TH 1-2* patient who had low self-esteem in accordance with the criteria of low self-esteem according to Rosenberg and Owens (in Guidon, 2010), namely pessimistic, rigid, inflexible, hesitant and difficult make decisions, easily provide emotional responses to failures, experience events negatively, often experience anxiety when appearing in public, not confident in establishing interpersonal relationships (shy, uncomfortable, confused, unable to express themselves when interacting with others), and have thoughts that are prone to feelings of depression, hopelessness and suicidal thoughts.

Data collection techniques used by researchers in this study were interview methods (autoanamnesa and allowanamnesa), observation and psychological tests. Psychological tests used are the Personality Test (DAP,

BAUM, HTP, Warteg and SSCT (Sack’s Sentence Completion Test)). In addition, the Rosenberg Self Esteem Scale (RSES) is used as a basis for comparison of pre-intervention studies with post-test assessments. This measuring instrument was compiled by Morris Rosenberg in 1960. At the beginning of the use of this RSES, Rosenberg tested it on 5024 participants from 10 schools in New York, United States. The test results show high reliability, using the test-retest technique, obtained correlation results ranging from 0.82 to 0.88. Validity testing also shows good results, ranging from 0.77 to 0.88. Because RSES has high reliability and validity till now, RSES is still the most widely used measurement tool (Schmitt & Allik, 2006).

The intervention applied was logotherapy. Logotherapy is a counseling to help individuals overcome the problem of obscurity of meaning and purpose in life, which often leads to nothingness and loss of life. Logotherapy aims to ensure that the problems faced by the client can find the meaning of suffering and life and love. The intervention procedure is an adaptation of the logotherapy steps compiled by Bastaman (2007), which includes 4 stages.

The stage of rapport introduction and coaching that aims to build commitment with the subject and the subject gains an understanding of the intervention program undertaken. The second stage is the stage of disclosure and assessment of problems that aim to gain an understanding of the actual condition of the subject and the subject can find out its strengths and weaknesses both from within the subject and from the social environment. The third stage is the stage of joint discussion which aims to find meaning in life even though the subject's condition is in suffering. In this third stage the subject has the freedom to choose to accept or exacerbate the problems they face, the expected target in this stage is the subject is able to accept his situation and can find the meaning of his life and achieve his life goals. The final stage of logotherapy is evaluation and conclusion, the purpose of this stage is to review the results of the intervention and the subject can be aware of the results obtained during the intervention process.

### III. RESULTS AND DISCUSSION

#### *Data Collection Results*

Table 1 below is a criterion of low self-esteem according to Rosenberg and Owens (in Guindon, 2010).

Table 1: Low Self-Esteem Criteria

Aspects	Indicator	Data source	Information	
			Ful-filled	Not Ful-filled
Sensitivity to negative experiences	Having problems to face criticism	Subject tends to be unable to accept other people's opinions (graphic) Subject tends to feel incomprehensible to others (graphic)	v	
	Emotional	Subject is easily upset when something is not according to his wishes (interview) Subject has unstable emotions that cause him to get angry easily (graphic)	v	
	Pessimistic	Subject tends to feel unable to deal with everything (graphic)	v	
	Tend to feel people who fail at everything	-		v

Confidence to build interpersonal relationships	Low confidence	Subject is not confident in his physical condition (interview) Subject tends to lack confidence in their own abilities (graphics)	v	
	Feel no more ability	Subjects has feelings of inadequacy, tend to be less active, easily hurt and depressed (graphic)	v	
	Feel nothing to be proud of yourself	Subject is always confused when asked about the advantages he has. Subject finds it difficult to find strengths and always say "what ya miss?"	v	
	Often feel anxious about speaking in public	Subject asked to be moved from the living room to his room because he was ashamed to be seen by others (interview)	v	
	Prefer to be alone or limit hisself to others	Subject has a tendency to close themselves and not reveal the real self in the environment (graphic)	v	
Emotional experience	Try not to make mistakes	When asked to draw on the Warteg test the subject had refused to draw for fear that the gambar was wrong or not good	v	
	Avoiding taking risks	Subject tends to lack sufficient encouragement in carrying out daily activities (warteg)	v	
Emotional experience	Feel unhappy	-		
	Easy to feel anxious	Subject is an individual who is easily anxious and easily distracted (Graphic)	v	
	Easily offended	Subject was offended when a friend said that the subject suffered a stroke (interview) Subject tends to be sensitive to criticism and tends to be easily offended, so the subject rejects other people's opinions (graphic) Subject was offended when someone said that he was young but could not walk (interview)	v	
Patterns of thinking and acting	Rigid way of thinking	-		v
	When acting feel inclined to doubt	Subject tends to hesitate in making decisions (graphic, warteg)	v	
	Not being able to make decisions quickly	When subject has a problem, he is less able to solve rationally so the subject tends to divert the problem (WARTEG)	v	
How to deal with threats to self-concept	Often discouraged	Subject tends to lose physical pride (graphic)	v	
	Often feel guilty about the things that have been done	Subject felt guilty with the actions carried out in the past that were not in compliance with the parents (SSCT) Subject tends to have guilt with his actions (graphic)	v	
Conclusion: 17 out of 20 criteria are fulfilled, subject has low self-esteem				

Based on the results of data collection, a clinical feature of a Paraparese Inferior Thoracal Stenosis V TH 1-2 patient with low self-esteem is characterized by shame and inferiority with his physical condition, lack of confidence in his physical condition, feeling that there is nothing to be proud of. condition, hesitant in making decisions and often feel guilty about things that have been done, less able to control emotions, causing conditions that are irritable and impatient, easily anxious and offended, tend to be unable to accept the opinions of others, prefer to be prepared and limit his self to others. This research is in line with research conducted by Magfiroh, Okatiranti&Sitorus (2014), based on the results of research can be seen that men have a lower self esteem than women. This is because male patients think that a man should be more reliable than women. With a weak physical condition that causes the patient can only do a limited activity it causes the patient to feel unable to achieve something expected. Chronic diseases suffered by the patient can lead to limited activities and the participation of patients in the social activities in their (Dalami, 2009).

**Intervention Results Data Analysis**

Based on the intervention carried out within 5 meetings with the research subjects, a positive change or prognosis is obtained on the subject. This is illustrated in table 2 below:

Table 2: Results of Interventions with Logotherapy for Five Interventions

Meeting	Session	Results
I	Stage of introduction and coaching rapport	Subject agreed to the intervention process that would be carried out. In addition, the subject was cooperative during the intervention.
II	Disclosure stage and problem assessment	Subject feels ashamed and inferior to the conversation of people who say that the subject is young but cannot walk and stroke. The subject felt sad, but the subject began to change his mind after the doctor said that the subject did not stroke. Subjects have not been able to walk because the subject is still lazy for therapy, but the subject realized that all healing processes require processes. When asked to mention the potential of the subject who is less able to mention. But when asked to mention the shortcomings the subject is able to explain and mention. The weaknesses of the subject are impatience, irritability, surrender, shame and inferior because it does not work. After mentioning the weaknesses, the subject is able to mention its strengths, which are easy to smile, easy to adapt and have the spirit to recover quickly. The subject's way to be patient is with practice and not lazy for therapy. In addition, the subject also said that he could practice patience by multiplying prayers.
III		When asked to mention the potential of subject, he is less able to mention. But when asked to mention the shortcomings the subject is able to explain and mention. The weaknesses of the subject are impatience, irritability, surrender, shame and inferior because it does not work. After mentioning the weaknesses, the subject is able to mention its strengths, which are easy to smile, easy to adapt and have the spirit to recover quickly. The subject's way to be patient is with practice and not lazy for therapy. In addition, the subject also said that he could practice patience by multiplying prayers.
IV	Stage of joint discussion	Subject was grateful that he was still given the opportunity to live, and could still be born into the world and have a caring family. But the subject realized after the operation that the subject had not worshiped God. Subject realized that pain could not be used as an excuse for not worshiping. The subject said after the meeting will immediately start to worship again. The purpose of the subject's life is to be useful to others. The subject will be truly happy when he can get well and get married.
V	Evaluation and conclusion stages	Subject expressed more relief and enthusiasm after intervening because it turned out that the subject had potential that could be developed in his current condition.

Based on the results of logotherapy, the subject showed several changes including self-esteem, self-competence and responsibility for oneself for the better. The subject realizes that his current condition does not allow him to work optimally if he utilizes his physical condition, but the subject begins to believe that his current condition must not make the subject worse off. The subject also has begun to eliminate the habit of being lazy and discouraged while undergoing physical therapy. In addition, appreciation for others becomes better, this is marked by the subject starting to exercise patience when calling her mother did not come, the subject does not need to be angry because the subject realizes that her mother also has other activities so that the subject must begin to appreciate the activities of the mother and her family. Socially, the subject has also begun to open himself by being willing to get out of the room even if he just sits in front of the house. Awareness of the subject to get closer to God is done by increasing the obligatory worship and sunnah. Based on the explanation above it can be concluded that the subject began to

appreciate itself even in a less than perfect physical condition, so that the subject's self-esteem increased. Ryan and Brown (2003) state that self-esteem is self-respecting behavior, can be modeled in real behavior such as positive thinking, feeling happy, being optimistic and striving for success.

**Analysis of data on changes in interventions and Pre-Test and Post-test Research Results**

Based on the interventions that have been carried out within nine meetings with the research subject, a positive change in the subject is obtained. this is illustrated in the table below.

Table 3: Analyze changes in intervention with logotherapy

Low self-esteem	Meeting to									Expected behavior
	1	2	3	4	5	6	7	8	9	
Sensitive to negative experiences						v				Think positively in the face of negative experiences
Lack of confidence in building interpersonal relationships						v				Confidence in building interpersonal relationships
Less motivation to develop								v		Have motivation to develop
Negative emotional experiences (easily anxious and irritable)					v					Experience positive emotions
Rigid patterns of thinking and acting							v			Flexible thinking and acting patterns
Threatened by self concept							v			Able to face the threat of self concept

Data analysis on the progress of intervention results: meetings 1 to 3 are the initial phase of the intervention (Baseline phase), which is the determination of the target aspects of the behavior to be intervened. The treatment phase phase (giving treatment begins at the fourth meeting. At the 5th meeting (five) subjects began to reduce negative emotional experiences and build positive emotional experiences. At the 6th meeting (six) subjects began to reduce their sensitivity to negative experiences and begin to be confident in building interpersonal relationships. In the 7th meeting (seven) subjects begin to change their way of thinking to be more flexible and feel not threatened by their self concept. At the 8th meeting (eight) subjects begin to increase their motivation to develop. -9 (nine) is the phase of evaluating the progress of intervention techniques that have been given the results show that the subject can maintain the behavior that has been intervened properly.

The results of logotherapy have a positive impact on the subject, because there are changes in the subject's behavior and attitudes towards a better marked with the subject's self-esteem rising. Cognitively, the subject feels more confident, because even with the condition of the subject who cannot walk the subject remains grateful for being able to make his own business. High self-esteem will help individuals to overcome problems and attain self-happiness. Self-esteem will provide positive cognitive in the individual, so that the life evaluation that appears will be positive (Steinberg, 2011). the subject is confident in the existence of God, the subject is able to draw close patiently, pray and pray. Emotionally the subject begins to exercise patience by increasing worship of God. Logotherapy can foster the spiritual that exists since the content in which to explore meaning in his life (Hastutiningtyas, Andarini, & Supriyati, 2017). Socially, the subject is able to train himself to move from bed to a wheelchair and the subject begins to want to move out of the room and rest in the living room. Logotherapy is one of the therapies that arouse cognitive individuals to be able to understand the potential of self and improve the ability to

open a living situation so that life becomes more meaningful (Hergenhahn & Henley, 2013). Logotherapy is a useful therapy to help a person to improve the concept of self-esteem in particular. It is derived from the process of cognitive self-acceptance, affective and adaptive behavioral change (Sutejo, 2017).

The results of the analysis of the progress of the intervention are supported by the results of the pre-test and post-test using the Rosenberg Self Esteem Scale (RSES). The pre-test score of 13 is included in the low self-esteem category, while the post-test score of 24 is included in the high self-esteem category. This means supporting the results of interventions that have been made. This research is in line with research conducted by Ladan Moein and Fatemeh Houshyar (2015) with the title The effects of logotherapy on improving self-esteem and adjustments in physically disabled people, the research findings show that the logotherapy group has a positive effect on social, family and self-esteem components common among people with physical disabilities. Logotherapy can be applied in various aspects of human life. Physiologically can be used to reduce discouragement and suffering. Psychologically, Frankl develops notably the meaning of paradoxical and dereflection to anticipate anxiety. Spiritually, many people experience meaningful due to the existential vacuum (Frankl, Hutzell, Sahakian & Sahakian, in Schulenberg, Hutzell, Nassif, & Rogina, 2008).

#### **IV. CONCLUSION**

Based on the results of data collection and administration of interventions conducted by researchers during the study, it can be concluded that the results of the application of logotherapy to improve self-esteem in patient with Paraparesis Inferior Thoracal Stenosis has a positive impact, because there is a change in behavior towards better with the discovery of the meaning of his life, which is marked by the subject feeling more confident, because even with the condition of the subject who cannot walk the subject remains grateful for being able to make his own business. The subject is confident in the existence of God, the subject is able to draw close patiently, pray and pray. Emotionally the subject begins to exercise patience by increasing worship of God. Socially, the subject is able to train himself to move from bed to a wheelchair and the subject begins to want to move out of the room and rest in the living room.

The logotherapy intervention carried out in this study proved to be effective in increasing self-esteem in patient with Paraparesis Inferior Thoracal Stenosis. This is because despite the physical limitations possessed by the patient, the patient is able to find the meaning of his life so that he can carry out activities again. The advice that can be recommended is that it should be followed up at least 3 months after the intervention. The activities that will be carried out during the follow-up depend on the subject's condition after 3 months of the intervention, but do not contain reinforcement of the skills that have been acquired in overcoming daily problems, evaluating the subject's thoughts, feelings and behavior during the follow-up phase and assigning tasks that are can make the subject feel more valuable.

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