

## APPLICATION OF REALITY THERAPY TO IMPROVE SELF ESTEEM OF PERSONS WITH DISABILITIES AT SENTRA SOCIAL REHABILITATION BUDI PERKASA PELEMBANG

Efiliya Candra Dewi<sup>1</sup>, Rian Irana Purwa<sup>2</sup> & Sy Muznah Usman Alkap<sup>3</sup>

Email: efiliachandra@gmail.com<sup>1</sup>, khayyirafarraayuri@gmail.com<sup>2</sup>, ninamuznah1@gmail.com<sup>3</sup>

Faculty of Psychology

Program Study Masters of Psychology Profession

Persada Indonesia University Y.A.I. Street Jakarta INDONESIA

### ABSTRACT

This research aims to determine the application of reality therapy to increase the self-esteem of people with disabilities at the Budi Perkasa Social Rehabilitation Center in Palembang. The research method used is an experimental method with a pretest-posttest control group design. The research sample consisted of 20 people with disabilities who were divided into two groups, namely the experimental group and the control group. The experimental group was given reality therapy for eight sessions, while the control group was not given any treatment. The research instrument used was a self-esteem scale which was prepared based on Rosenberg's theory. The research results showed that there was a significant difference between the self-esteem of the experimental group and the control group after being given reality therapy. The experimental group's self-esteem increased significantly, while the control group's self-esteem did not change. This shows that reality therapy is effective in increasing the self-esteem of people with disabilities at the Budi Perkasa Social Rehabilitation Center in Palembang. It is hoped that this research can contribute to the development of psychological science, especially clinical psychology, as well as to practitioners and institutions working in the field of social rehabilitation.

**Keywords:** Self Esteem & Reality Therapy.

### INTRODUCTION

Every human being has the same desire, namely to achieve success in life. In achieving this success, there are always obstacles that arise for individuals. These obstacles can be in the form of daily problems, work accumulation, negligence, or even causing accidents which can change an individual's life due to disability. When that happens, the individual will start his life again from zero. Law of the Republic of Indonesia no. 4 of 1997 concerning people with disabilities, in article 1 paragraph 1 states that a person with a disability is anyone who has a physical or mental disorder, which can interfere with or constitute an obstacle or obstacle for him or her to carry out activities properly, consisting of people with physical and mental disabilities. Physical disability or physical disability is a term for people with physical disabilities. Apart from problems caused by deficiencies in the ability to function in body parts which prevent individuals from being able to carry out certain activities, various psychological problems also arise as a result of these disabilities, as well as due to the inability to carry out certain functions and activities.

Based on the results of interviews obtained from the Palembang Budi Perkasa Center, people with physical disabilities who have just arrived at the Center tend to feel apathetic, embarrassed, low self-esteem, sensitive, and sometimes also have a selfish attitude towards their environment. Situations like this affect abilities in terms of socialization and social

interaction with the surrounding environment or in daily interactions (Carolina, 2006). The existence of physical disabilities is always familiar with the label that individuals with physical disabilities are individuals who are weak, helpless, unable to carry out activities, and are even considered unable to achieve success. With these stereotypes, discrimination often occurs against individuals with physical disabilities. This is in line with the opinion of Soejatiningsih (1995) who explains that teenagers who have physical disabilities are more likely to live in their own environment, with negative attitudes, full of prejudice and low self-esteem. One of the psychological problems faced by people with physical disabilities is low self-esteem which affects their ability to socialize and interact with the surrounding environment or in daily interactions.

One of the government agencies that handles and carries out rehabilitation for people with physical disabilities is Balai Sentra Budi Perkasa, a Social Welfare Institution which is an implementing unit in the field of social rehabilitation for physical disabilities within the Ministry of Social Affairs of the Republic of Indonesia which is under and directly responsible to the Director General. Social Services and Rehabilitation which carries out social services and rehabilitation, resocialization, distribution and further guidance for people with physical disabilities so that they are able to play a role in community life, national referrals, review and preparation of service standards, provision of information and coordination with relevant agencies in accordance with statutory regulations in force and which has a position as an institution that carries out operational activities in the field of rehabilitation to prepare them to have various mental, physical and social skills and readiness needed for the normal interests of life as citizens and as members of society.

This social service and rehabilitation combines elements of recovery, guidance and training, health and other supporting therapies so that people with physical disabilities can carry out their social functions in social life. The focus of learning at the Budi Perkasa Center is skills, because through skills people with physical disabilities will be able to optimize their potential, be able to motivate themselves, and be able to socialize with their environment, as well as making skills a provision for life, free from dependence on other people. Apart from that, religious guidance is also carried out where every Friday religious lectures and recitations are held which are activities to strengthen faith and piety for people with disabilities with the aim of forming psychologically healthy individuals.

The rehabilitation process at the Palembang Budi Perkasa Center is carried out for three to six months and/or if it is still needed and not ready, it can be continued again with the program and skills that have been determined. While at the Center, all the facilities provided are quite adequate, such as clothing, food and shelter. People with disabilities come from all corners of Indonesia. In implementing the rehabilitation program, people with disabilities also receive extracurricular training according to their areas of interest, including: Computers, Electronics, Music, salon, sewing, reflexology and others. There are also sports activities such as gymnastics which is held once a week and other sports.

Balai Centra Budi Perkasa Palembang is not just like receiving lessons at school, but they get skills to be able to compete in the world of work. Social rehabilitation functions so that people with physical disabilities have abilities and skills so that they have an impact on improving the quality of life. Developing self-esteem in people with physical disabilities through providing skills will change the views of individuals with physical disabilities who previously had a narrow view of the world, becoming more aware of their own abilities and making their lives more productive. On the other hand, by having skills, society's initial view that people with

physical disabilities are unable to carry out activities, are helpless, and so on, will be broken by the skills they already have.

Apart from that, people with physical disabilities who initially have an apathetic attitude, low self-esteem, and are ashamed of their surroundings can grow into independent individuals. The aim of this research is to find out the process of developing self-esteem for people with physical disabilities at the Budi Perkasa Central Hall in Palembang.

Balai Centra Budi Perkasa Palembang is one of the centers that handles disability problems through several stages of service, starting from the initial approach, acceptance, assessment, physical, mental, social and work skills guidance, resocialization, distribution, further guidance and as the final stage of a process social services and rehabilitation and termination. Hall service targets.

Based on the background of the problem above, there are various kinds of negative behavior that they seem to feel, such as experiencing frustration, feeling low self-esteem, anxiety so they find it difficult to blend in with others, fear of not being accepted back in the family and community where they live, especially with their educational background conditions. and lack of talent and skills. This problem is what requires guidance for them.

According to Smith (in Prayitno and Erman Anti, 1994) that reality therapy is a service process provided to individuals to help them acquire the knowledge and skills necessary for individuals to make choices, plans and interpretations necessary for good adjustment. In the context of this research, what we want to discuss is how to increase self-esteem in people with physical disabilities. A person who has low self-esteem will display behavior that easily gives up and despairs when they encounter failure, is less enthusiastic about achieving their goals, is less able to build relationships with other people and lacks self-confidence. Low self-esteem can have an impact on negative behavior, such as low achievement motivation and lack of self-confidence (Wahyuni, 2010), a tendency to depression (Aditomo, 2004) and even misuse of narcotics and dangerous drugs (Pradana, 2008).

Rosenberg (in Mruk, 2006) explains global self-esteem, namely overall self-evaluation, both positive and negative. Self-esteem is not something that a person has had since birth, but is a component of personality that has developed since the beginning of human life. This development occurs slowly, namely through interactions with family (parents), other people who are meaningful to the individual, and peers (Erikson in Santrock, 2011).

Self-esteem is a part of a person's personality that is very important in everyday life. Rosenberg (1993) states that self-esteem is an individual's assessment of the extent to which he is considered valuable, both by himself and others, which ultimately influences his psychological functions, such as beliefs, emotions and behavior. James (in Kritsin, 2011) said that self-esteem is an evaluation of one's worthiness as an individual, as well as an assessment that we are good and valuable.

Based on the background of the problem above, to help increase self-esteem, it is necessary to receive reality therapy to increase self-esteem, so it is necessary to carry out reality therapy using the WDEP technique which is carried out in groups for people with physical disabilities, it is necessary to carry out reality therapy. According to Gerald Corey (2013), reality therapy is a system that focuses on current behavior. The therapist functions as a teacher and model and confronts the client in ways that can help the client face reality and meet basic needs

without harming himself or others. The essence of reality therapy is the acceptance of personal responsibility as equated with mental health.

Reality Therapy is a problem-focused method of cognitive behavioral psychotherapy that is very focused and interactive, and is one that has been applied successfully in a variety of settings, because of its focus on the client's current life problems (the client's current reality) and problem posing techniques. asking questions by the therapist, but reality has proven to be very effective in the short term, although not limited to that moment (Palmer, 2011). Reality therapy is a system that focuses on current behavior. The therapist functions as a teacher and model and confronts clients in ways that can help clients face reality and meet basic needs without harming themselves or others.

Based on the problems above, prospective psychologists (CP) are interested in conducting research with the title "Application of Reality Therapy to Improve the Self-Esteem of Persons with Disabilities at Balai Centra Budi Perkasa Palembang."

### **Self Esteem in People with Physical Disabilities**

The term self-esteem was first pioneered by Rosenberg (in Ahmed M, 2016) who stated that self-esteem refers to an individual's overall positive evaluation of himself. Furthermore, according to him, individuals with high self-esteem value and consider themselves worthy. Apart from that, self-esteem according to I Nyoman Surna and Olga D. Pandeiro (2014) refers to a person's pride in the essence of their existence. This is based on self-acceptance efforts that respect all one's potential and strive to develop it optimally. Individuals who respect themselves tend to have the ability to appreciate the existence of other people, are able to socialize well and are able to have good dialogue so that harmonious relationships can be established with others. Apart from that, Rosenberg (in Mruk, 2006) explains global self-esteem, namely overall self-evaluation, both positive and negative. Self-esteem is not something that a person has had since birth, but is a component of personality that has developed since the beginning of human life.

This development occurs slowly, namely through interaction with the family (Erikson in Santrock, 2011). (1993).

Coopersmith (1967) stated that self-esteem is an evaluation made by an individual of himself and is usually an interpretation he receives from the environment in the form of appreciation, acceptance and treatment that the individual receives. Self-esteem is an important thing in a person's life (Coopersmith, 1967). Self-esteem is closely related to self-concept (Coopersmith, 1967). Lerner and Spanier say that self-esteem is a positive and negative assessment that is connected to a person's self-concept (in Rosyidah, 2015).

Self-esteem is a part of a person's personality that is very important in everyday life. Rosenberg (1993) states that self-esteem is an individual's assessment of the extent to which he is considered valuable, both by himself and others, which ultimately influences his psychological functions, such as beliefs, emotions and behavior. James (in Kritsin, 2011) said that self-esteem is an evaluation of one's worthiness as an individual, as well as an assessment that we are good and valuable. Santrock (in Baron & Byne, 2004) provides a comprehensive explanation of self-esteem which describes it as a broad dimension of self-evaluation, which means the attitude that individuals make towards themselves ranging from a range of positive to negative dimensions.

Santrock also mentioned that self-esteem is also often referred to as self-image or self-worth (self-confidence). Baron, Byrne and Branscombe (in Sarwono & Meinarno, 2011) say that self-esteem shows the overall attitude a person has. Both positive and negative. James also talks about self-evaluation, according to him evaluation of oneself can be known as self-esteem. Added by Sedikides (Baron & Byrne, 2004) who said that in self-evaluation there are three possible motives, namely the individual seeks self-assessment (to gain definite knowledge about himself). Self-enhancement (to obtain positive information about themselves), or self-verification (to confirm what they already know about themselves). After that, understanding of self-esteem will further develop. Tafarodi & Swann (Neff & Vonk, 2009), self-esteem is the idea that each person has an overall feeling of self-worth which also influences their psychological function.

According to Murk (2006), someone who has high self-esteem sees themselves as capable of doing everything without hesitation. Meanwhile, someone who has low self-esteem if they fail to do something, they will see themselves as worthless individuals, feel that life is meaningless, easily give up hope, and this will influence their actions. Sprintball and Collins (1995) say that a person will develop their self-esteem through self-evaluation and self-worth.

The results of the self-evaluation carried out will foster a feeling that oneself is valuable or is called self-worth. A person's self-evaluation is formed from the results of client evaluations of feedback received from significant others as well as comparisons with group standards or values (Burns in Barualago, 2004). According to Maslow (in Warsito, 2010), satisfaction of self-esteem needs gives rise to feelings and attitudes of self-confidence, self-worth, self-capacity, and a feeling of being useful and important in the world. On the other hand, unsatisfied self-esteem needs will give rise to feelings and attitudes of being inferior, awkward, weak, passive, dependent, timid, unable to cope with life's demands, and low self-esteem in social interactions.

Based on several definitions of the figures above, it can be concluded that self-esteem is a client-based assessment made by individuals as an evaluation of themselves which is reflected in a positive or negative attitude. By expressing an attitude of agreement or disagreement originating from various sources, both internal and external. Coopersmith (in Henggaryadi & Fakhurrozi, 2008) suggests that self-esteem can be divided into three types when viewed from individual characteristics, namely low self-esteem, medium self-esteem and high self-esteem.

#### **a. Individuals with High Self Esteem**

Individuals with high self-esteem are individuals who are satisfied with their characteristics and abilities. They accept and give positive appreciation to him. In this way, the individual will create a sense of security in adapting and acting to stimuli from their social environment. They also see themselves as people of important and valuable value. Regarding his social environment, this individual has no difficulty in building friendships and expressing his opinions, besides being an active individual.

H.J. Eyesenck (in Warsito, 2010) found that someone who has high self-esteem tends to be self-confident, believes in their abilities, feels useful, feels valuable and believes that they are liked by other people, while those who have a low opinion of themselves tend to feel inferior, feel like a failure, meaningless and uninteresting.

According to Copersmith (in Sari, 2009) the characteristics of individuals with high self-esteem include:

- 1) Feel valuable and as good as other people of the same age and can also respect other people.
- 2) Can control his actions towards the outside world and can accept criticism from others.



- 3) Likes new, challenging tasks and is not easily confused if things happen that are not planned.
- 4) Excellent academically, can actively express oneself.
- 5) Do not consider themselves to be perfect individuals, know their own limitations and always hope for self-improvement.
- 6) Have democratic and realistic values and attitudes.
- 7) Happy and effective in facing environmental demands.

**b. Individuals with Moderate Self-Esteem (Medium Self-Esteem)**

The characteristics of individuals with moderate self-esteem are almost the same as the characteristics of individuals with high self-esteem. Especially in quality, behavior and attitudes, their self-statements are positive, but tend to be moderate. They rate better than most people, but are not in the select group. Basically, their assessments tend to be more like groups with high levels of self-esteem than groups with low self-esteem.

**c. Individuals with Low Self-Esteem**

Individuals with low self-esteem result in individuals who lose self-confidence and are unable to assess their abilities. This results in the individual being unable to express himself in the social environment. Such as not liking to give their opinion even when asked, finding it difficult to adapt to a new environment. Apart from that, they are also pessimistic individuals and their feelings are controlled by their opinions accepted by the environment.

From the definition above, it can be concluded that self-esteem is how an individual views and evaluates himself, starting from a very negative assessment to a very positive assessment of all aspects of the individual's self-concept.

**Causes of Low Self-Esteem in People with Physical Disabilities**

Individuals with high self-esteem tend to be satisfied with their character and abilities. This positive acceptance and appreciation provides a sense of security in adapting or reacting to stimuli and the social environment. Individuals with high self-esteem are happier and more effective in dealing with environmental demands than individuals with low self-esteem.

Individuals with high self-esteem prefer to take an active role in social groups and to express their views continuously and effectively. Untroubled by fears and conflicting feelings, unencumbered by self-doubt and personality disorders, individuals with high self-esteem are seen to move directly and realistically towards their personal goals. Individuals with high self-esteem adapt more independently to situations, showing great confidence that they will succeed.

According to Copersmith (in Pervin and John, 2001) individuals with high self-esteem are more assertive, independent and creative. These individuals are also less likely to accept social definitions of reality unless they convey their own observations, are more flexible and imaginative, and are able to find original solutions to problems.

According to Maslow (in Warsito, 2010), satisfaction of self-esteem needs gives rise to feelings and attitudes of self-worth, self-confidence, and a feeling of being useful and important in the world. On the other hand, unsatisfied self-esteem needs will give rise to feelings and attitudes of being inferior, awkward, weak, passive, dependent, timid, unable to cope with life's demands and low self-esteem in social interactions.

According to Copersmith (in Sari, 2009) the characteristics of individuals with low self-esteem include:

1. Feeling worthless and disliked, this makes you afraid of failing to carry out social relationships. Because of this, the individual often rejects himself, feels dissatisfied and underestimates himself.
2. Not having confidence in his opinions and abilities, so he is less able to express himself and considers other people's ideas and work results to be better than his.
3. Has difficulty adapting to everything, whether it's tasks or things that are new and clear.
4. Often looks hopeless and depressed.
5. Not paying attention to yourself, so you feel strange/unloved.
6. Feeling unable to complete the job well even though you have worked hard.

Self-esteem is believed to be the root problem of individual social dysfunction. Branden (1994), a figure in the self-esteem movement, stated that self-esteem has profound consequences for every aspect of human existence. Branden further emphasized that a psychological problem is not caused by a single cause, such as anxiety and depression, fear of intimacy. or success and abuse of children.

According to Daradjat (1976) basically every individual needs appreciation, acceptance and recognition from other people. Appreciation, acceptance and recognition have an impact on a person, namely the feeling that he is valuable and his presence is recognized by the environment, thereby increasing his self-confidence and self-esteem. On the other hand, people who feel underappreciated, insulted or looked down upon by others will try to maintain their self-esteem.

### **Negative Impact of Self-Esteem**

Individuals with low self-esteem are individuals who lose self-confidence and are unable to assess their abilities. This is what results in the individual being unable to express himself in the social environment. Such as not liking to give their opinion even when asked, finding it difficult to adapt to a new environment. Apart from that, they are also pessimistic individuals and their feelings are controlled by their opinions accepted by the environment.

Individuals with low self-esteem show higher levels of anxiety, and show more psychosomatic symptoms and feelings of depression. These individuals also believe that they have greater difficulty in forming friendships than individuals with high self-esteem. Individuals with low self-esteem may engage in deviant activities and have psychological problems. According to Andrew et al (in Itasari, 2006) individuals with high self-esteem generally have better knowledge about themselves than individuals with low self-esteem.

Rosenberg (in Reasoner, 2010) explains that individuals with low self-esteem often experience depression and unhappiness, have high levels of anxiety, show greater aggressive impulses, are easily angered and harbored, and always suffer from uncertainty about everyday life day.

The need for attention of people with low self-esteem, through the attention of others. such as, recognition of self-esteem, if needs fail to be met then general behavior will arise, such as stealing, truancy, smoking marijuana and so on (Warsito, 2010). The tendency for an individual to have a low level of self-esteem can have a negative impact on his behavior, therefore efforts need to be made to increase his self-esteem behavior so that it can be proportional to what the individual and his environment expect. So that social beings, of course, it is important for a person if he can be what his environment expects him to be, making it easier for him to be able to actualize himself with the environment.

Based on the description above, it can be concluded that individuals who have low self-esteem will have difficulty finding positive things about themselves, worry about their lives, lack appreciation for success/achievements, fall into failure, feel low self-esteem, feel less happy, lack motivation, and tends to be gloomy where the client (conforms to the characteristics of low self-esteem).

To help increase self-esteem in people with physical disabilities at BPWL Budi Perkasa Palembang, Prospective Psychologists (CP) carry out reality therapy, which is a therapy technique that has been proven effective for increasing self-esteem.

### **Reality Therapy with WDEP Technique**

Reality therapy is a system that focuses on current behavior. The therapist functions as a teacher and model and confronts (openly, bluntly) with clients in ways that can help clients face reality and fulfill basic needs without harming themselves or others.

But reality is an approach originally developed in the 1950s and 1960s by William Glasser, a California-based psychiatrist. According to Galsser, reality therapy is to help clients fulfill their basic psychological needs which include the need to love and be loved as well as the need to feel that we are useful to ourselves and others. Reality therapy is a system that focuses on present or present behavior. (Nelson & Jones, 2006).

According to Corey (1990, in Kunanto, 2013) there are 8 things that are characteristic of therapy, including the following:

- a. Reality therapy rejects the concept of (medical) mental illness  
This therapy assumes that the formation of behavior is the result of irresponsibility. Reality therapy equates mental disorders with irresponsible behavior and, conversely, equates mental health with responsible behavior.
- b. Reality therapy focuses more on behavior now more on feelings and attitudes.
- c. Reality therapy focuses on the present moment, not the past. This therapy argues that the past cannot be changed, but the present and future can be changed.
- d. Reality therapy emphasizes value considerations, placing a premium on the therapist's message in assessing the therapist's own qualities in determining what caused the therapist's failure.
- e. This therapy does not view the traditional concept of transference as important but rather as a way for laptop therapists to hide with themselves.
- f. Reality therapy emphasizes aspects of awareness of mistakes made by the therapist, how to project the client's current behavior so that you don't get what he wants.
- g. This therapy eliminates punishment. According to Glasser, giving punishment to change behavior is ineffective and will lead to failure.
- h. Glasser stated that therapists need to learn to introspect themselves if the therapist makes a mistake and develop yourself if you do something right.

Reality therapy is a system that focuses on current behavior. The therapist functions as a teacher and model and confronts others in ways that can help clients face reality and meet basic needs without harming themselves or others. The essence of reality therapy is the acceptance of personal responsibility as equated with mental health.

Glasser (in Corey, 2005) developed reality therapy from the belief that conventional psychiatry is largely based on erroneous assumptions. Reality therapy outlines principles and procedures designed to help people achieve a "successful identity", which can applied in psychotherapy, counseling, teaching, group work, marriage counseling, institutional management, community



development. Reality therapy is a form of behavior modification because in its institutional applications, it is a less strict type of operant conditioning.

One of the reasons why Glasser (in Corey, 2005) achieved popularity was his success in translating a number of behavior modification concepts into a relatively simple and uncomplicated practice model. But reality is based on the premise that there is a single psychological need that is present throughout life, namely the need for identity which includes a need to feel unique, separate and available. The need for identity causes behavioral dynamics, seen as universal in a culture. According to him, reality therapy would be very useful if we didn't think of it in terms of "identity of success" versus "identity of failure". In identity formation, each of us develops involvement with others and with the imagined self, with which we feel relatively successful or unsuccessful. So it is clear that reality therapy is not based on a deterministic philosophy about humans, but is built on the assumption that humans are agents who determine themselves. This principle implies that the consequences of one's own behavior. People, it seems, become what they set out to do.

Realistic therapy goals are; helping individuals to be able to take care of themselves, helping clients to have the courage to take responsibility and bear all existing risks, according to their abilities and desires in their development and growth, developing events in a real and realistic way to achieve predetermined goals, difficult behavior can be linked to achievement Successful policies are achieved by instilling the values of an individual's desire to change themselves and emphasizing discipline and responsibility for their own awareness.

Reality therapy is verbally active therapy. The procedures are focused on the client's strengths and potential in relation to his current behavior and efforts to achieve success in life. In helping clients to create an identity of success, therapists can use the following techniques :

- a. Engage in role play with clients.
- b. Using humor.
- c. Confronts the client and rejects any excuses.
- d. Assist clients in formulating specific plans as actions.
- e. Act as a model or teacher.
- f. Setting boundaries and structuring therapeutic situations.
- g. Use appropriate verbal shock therapy or sarcasm to confront clients with unrealistic behavior.
- h. Engage with clients in search of a more effective life.

Glasser and Wubbolding (1995) have formulated the reality therapy process into the WDEP system where each letter represents a list of skills and techniques to help clients make better choices in their lives. Reality Therapy techniques use more questioning methods than other approaches. Wubbolding (Palmer, 2011) developed the WDEP System which provides a framework for questions that are asked in a flexible manner and is not intended only as simple steps, namely as follows:

- a. W (Wants) = Wants (exploring desires, needs and perceptions)  
"What do you want?" Is the reality therapist's main question to the client. Therapists help clients to examine their "Quality World" and how their behavior moves to a more open perception of the outside world.
- b. D (Doing) = Directions and doing  
Reality therapy emphasizes present behavior and therefore asks the question: What are you doing now? What did you do last week? What would you want to do differently from last week? Even if most problems are rooted in the past, the past is only discussed if it helps to plan a better tomorrow.

c. E (Evaluation) = Evaluation

The essence of reality therapy is to ask the client to make the following evaluation: "Does your current behavior have a reasonable chance of getting you what you want now and will it lead you to the goals you want to achieve?" The evaluation process is considered important for the success of therapy

d. P (Planning) = Planning and commitment

Firstly, whether the client has identified what he or she wants to change, here there is a need to develop a plan of some kind of action. If the plan does not work then it can be replaced with another. Rigidity is prohibited in reality therapy, flexibility is a necessary virtue. Wubbolding uses the acronym SAMIC3 to explain the characteristics of a good plan: simple (simple, easy to understand; attainable, the client must be able to do what is specified; measurable, must be done as soon as possible; involving, involving the client; C3: controlled (controlled by planners), committed (commitment to carry out), continuously practiced (continues to be practiced) (Alfiah, 2013).

The use of the WDEP technique aims to help clients have greater control over their own lives and be able to make better choices later.

### Steps in Reality Therapy

There are several steps in carrying out reality therapy that will be used as an intervention method, namely :

a. The first step

This is the formation of relationships between CP and groups of people with physical disabilities through unique interpersonal relationships. Cultivating warmth and understanding is important in a counseling relationship.

b. Step Two

After relationships are formed, then there is a process of expressing feelings and exploring the problems of each client in the group. CP's role is to provide support so that they are brave and free to express their feelings.

c. Third step

CP explores further the conflicts experienced by the group and analyzes them together with the group.

d. Step Four

CP tries to develop clients' awareness of their problems and helps to gain insight from each member so that they can exchange information and knowledge to overcome the low self-esteem they feel.

### FRAMEWORK OF THINKING

Based on the description above, self-esteem is a self-assessment obtained from the results of an individual's interaction with their environment, appreciation and acceptance from other people (Chaplin, 2009). Self-esteem problems experienced by a person can affect the way they socialize, behave and interact socially with the surrounding environment. A person who has low self-esteem will display behavior that easily gives up and despairs when they encounter failure, is less enthusiastic about achieving their goals, is less able to build relationships with other people and lacks self-confidence. Low self-esteem can have an impact on negative behavior, such as low achievement motivation and lack of self-confidence (Wahyuni, 2010), a tendency to depression (Aditomo, 2004).

Thus, low self-esteem is associated with various negative impacts, so an effective intervention is needed to increase self-esteem in people with physical disabilities at the Budi Perkasa Center.

To help increase self-esteem in people with disabilities, Prospective Psychologists (CP) carry out Reality Therapy with the WDEP Technique which is a therapy technique that has been proven to be effective in increasing self-esteem where reality therapy is oriented towards helping people with physical disabilities that they have choices, regarding the way they respond to events and that other people no longer control themselves as much as they control them.

By carrying out Reality Therapy using the WDEP technique, it is hoped that it can change the client's negative thoughts into positive thoughts, so that it can increase self-esteem and thereby increase the client's self-esteem.

## CONCLUSIONS AND RECOMMENDATIONS

### 1. Description of Self Esteem for Disabilities at the Palembang Budi Perkasa Center

The description of the self-esteem of disability at Balai Sentra Budi Perkasa Palembang in five clients is: Passivity, feelings of worthlessness, low motivation, emotional instability, low adaptability, and irrational thoughts. This result is supported by the pre-test results using the RSES scale with a score of 11 in the low self-esteem category.

### 2. Results of the Application of Reality Therapy

Based on the results of applying reality therapy using the WDEP technique to people with physical disabilities at Balai Sentra Budi Perkasa Palembang, all members became: active, had feelings of worth, increased motivation, stable emotions, good adaptability and rational thinking. This result is supported by the post-test results using the RSES scale with a score of 21 in the high self-esteem category and supported by an increase in pre-test and post-test results of 121%.

## DISCUSSION

Intervention using reality therapy with the WDEP technique for five people with physical disabilities at Balai Sentra Budi Perkasa Palembang provided by CP to be able to increase self-esteem by forming positive mental conditions for the five clients. CP seeks to help clients increase their self-esteem so that they are better able to overcome the problems they are experiencing and take responsibility for their lives.

Self-esteem is an evaluation of how much value one has or an individual's worth. If you have low self-esteem, you often feel dissatisfied with your life and your level of well-being decreases. People with disabilities at Palembang's Budi Perkasa Center while staying at the Center have their needs well met and receive brief guidance. However, while they were at Balai, many behaved negatively and had low self-esteem.

## Suggestion

### 1. Theoretical Suggestions

For researchers who are interested in researching the application of reality therapy using the WDEP technique to increase self-esteem in people with disabilities at Balai Sentra Budi Perkasa Palembang, it is necessary to consider the factors that influence low self-esteem on the client's condition, so that the results achieved can be optimal and it is recommended that they be able to control these factors. Thus, it is hoped that the results of intervention by applying reality therapy can be more in-depth, so that it can overcome problems or disorders that arise in thoughts, emotions and behavior and can also be recommended for choosing interventions.

### 2. Practical Advice

The results of existing interventions must be maintained, to increase self-esteem to prevent the return of unwanted behavior. The five clients are expected to be more active and diligent in

participating in various activities and skills held at the Budi Perkasa Palembang Center to develop themselves.

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