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## **The Effectiveness of Reality Therapy to Increase Self-Esteem in Former Female Migrant Workers Beneficiaries at the Margo Widodo Social Service Center in Semarang**

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**Abstract:** The Female Migrant Workers (TKW) Group is a group that works to meet economic needs, as well as the influence of the surrounding environment. After quitting and not having a job, some of this group continue to live as PM in Social Institutions. Former TKW tend to look down on themselves, have a pessimistic outlook on life, are not enthusiastic, have difficulty socializing because they feel useless, feel guilty about themselves, and regret their current life so that this group experiences low self-esteem. One way that can help improve the self-esteem of the PM group is Reality Therapy. The purpose of this study was to determine the effectiveness of reality therapy using the WDEP (What, Doing, Evaluating, Planning) technique to increase self-esteem in PM Mantan TKW at the Margo Widodo Social Service Center in Semarang. This research method is a quasi-experiment, with a pattern matching data analysis technique. Participants in this study were 5 PM Mantan TKW. The self-esteem instrument used was Rosenberg Self Esteem in the form of a pre-test and post-test. Based on the results of the pre-test, 5 participants showed low self-esteem. After the application of Reality Therapy to the PM Mantan TKW group, there was an increase in self-esteem, this was supported by the results of the post-test which showed that 5 participants had normal category self-esteem. The following are the results of the pre-test and post-test for each participant, with a score classification from RSES 0-14 low, 15-25 normal, 26-30 high. Participant MH had an RSES score of 14 to 19, participant DA 12 to 16, KI score 11 to 16, BI score 11 to 15, and SN score 12 to 17. Based on the results found before and after the intervention, it can be concluded that WDEP technique reality therapy is effective in helping to improve self-esteem in PM Former Female Migrant Workers at the Margo Widodo Social Service Center in Semarang.

**Keyword:** Low Self-Esteem, Reality Therapy, Female Workers

## INTRODUCTION

In line with the increasing demands for handling of Social Welfare Problems, based on the Governor Regulation Number 111 of 2010, the “Margo Widodo” Transit Work Center was changed to the “Margo Widodo” Semarang III Social Rehabilitation Center. On January 1, 2015, it changed its name again to the “Margo Widodo” Semarang Social Transit Center. Based on the Central Java Governor Regulation Number 31 of 2018, the “Margo Widodo” Social Transit Center changed its name to the Social Service Center (PPS) for Social Welfare Problems (PMKS) “Margo Widodo”, a Technical Implementation Unit under the Central Java Provincial Social Service

The target of the Margo Widodo PMKS Social Service Center is Social Welfare Problem Sufferers in Central Java who need Social Services and Rehabilitation who have the requirements as beneficiaries. The service capacity at the Margo Widodo PMKS Social Service Center is currently 160 beneficiaries. Based on the results of initial interviews with the Head of the Margo Widodo Social Center, on average the PMs at the Center are individuals who no longer have families, some are entrusted by their families due to economic limitations, and the inability to take care of several individuals who have a history of mental disorders, in addition, many PMs are at the Center because they are caught busking and scavenging on the street and disrupting traffic. According to the Head of the Center, the PMs are categorized into two classes, namely A and B, where class A is PMs who have mental disorders and the elderly, where these PMs are unable to take care of themselves, while class B is PMs who are still able to carry out activities well, such as scavengers, buskers, and former TKW/TKI.

Based on the observation results that have been collected while the interns were in the Social Welfare Institution, the activities carried out in the institution include having breakfast together every day, then morning exercise in the field assisted by an exercise instructor, after that the PMs will be given snacks/light meals, then directed to enter the room and watch together, or karaoke. On Tuesdays and Thursdays there are usually social activities organized by the Institution with different speakers. After the activities, the PMs usually return to their respective rooms. During the observation, the practitioner noticed that there were several groups of women who were not very active in the routine activities carried out. The practitioner approached with an initial interview with 5 women who were former migrant workers, the results of the interview showed that these PMs generally felt that participating in activities was useless, so they chose to be alone, avoid and were not very enthusiastic while at the orphanage. The PMs also often regretted their current lives, missed their families, which made these PMs weak, passive and sometimes emotionally unstable. The practitioner validated the feelings of the PMs by giving the RSES Questionnaire to measure the level of self-esteem of these PMs. The RSES results showed that these five PMs had low levels of self-esteem. The results above are in accordance with the view of Simpson-Scott who stated that low self-esteem in a person is a predictor of the emergence of problems in various activities including activities in daily life. This is also supported by Simmons and Rosenberg (Aulia & Sovitriana, 2021) who stated that the tendency of someone who has low self-esteem will have a negative perception of others and themselves.

Social service institutions are one of the implementing units that have the task of providing services and rehabilitation for beneficiaries (PM). Services and rehabilitation are curative, promotive in the form of basic knowledge guidance, physical, mental and social education, skills training, and rationalization of further guidance so that PM can be independent and play an active role in society. These main tasks are carried out with the principles of social work practice according to Adi, 2005 (Aulia & Sovitriana, 2021), namely: acceptance, non-judgment, individuation, confidentiality, participation, communication, self-awareness, networking and Human Rights.

Based on the results of interviews with five former migrant workers, it was found that they were passive, characterized by being lazy to follow various guidance and skills training so that they chose it themselves and did not care about the activities. They admitted that sometimes they were lazy to do something because they doubted whether the material given in guidance and skills training would be useful for them and felt more comfortable avoiding skills activities every time the activity arrived. Doubt was characterized by confusion in answering questions about the material being studied after receiving guidance and training materials.

PMs appear resigned and give up easily so they have no desire to develop themselves in the training provided. Beneficiaries also do not show enthusiasm and an enthusiastic attitude, wanting to struggle in following guidance and skills training. In addition, they do not want to take the trouble so they do not have the spirit and are reluctant to work hard in facing various challenges, and cannot stand following guidance and training choosing to avoid their obligations as beneficiaries. Meanwhile, it is hoped that PMs in every activity including guidance and training activities can carry it out with enthusiasm and not give up, want to develop themselves and always look for something new.

Based on interviews and observations at the Social Service Center, these PMs view the guidance and training given pessimistically, as seen from the problems given by the mentors and trainers which are always seen as unsolvable and unwilling to find solutions to be able to solve them so they choose to give up and surrender. The problems that arise are not always about internal factors because they can also be caused by external factors, it's just that they put the source of the cause in themselves. The above phenomenon according to Guindon's view, 2010 (in Aulia & Sovitriana, 2021) states that self-esteem is an attitude, self-evaluative component, affective assessment of self-concept consisting of feelings of worth and acceptance that are developed and managed as a consequence of awareness of competence and feedback from the outside world.

During the observation, PM showed low self-esteem, the characteristics of which are passive, doubtful, easily give up, pessimistic and dissatisfied with themselves, because they do not want to suffer and feel useless, experience negative emotions, and find it difficult to accept failure. The opinion above is in accordance with the view of Simpson-Scott, 2009 (in Aulia & Sovitriana, 2021) who states that low self-esteem in a person is a predictor of the emergence of problems in various activities including activities in daily life. This is also supported by Simmons and Rosenberg (in Aulia & Sovitriana, 2021) who state that a person who has low self-esteem tends to have a negative perception of others and themselves.

This is also in accordance with the theory of aspects of Self-Esteem According to Rosenberg, 1965 (in Kumalasari & Rahayu, 2022) which explains two aspects of self-esteem, namely Positive feeling about the self (positive feelings towards oneself), individuals who have positive feelings about themselves about physical conditions, social life, and self-quality and Negative feeling about the self (negative feelings towards oneself, individuals who have negative feelings towards themselves about physical conditions, social life, and self-quality).

Based on the problem, namely the decline in self-esteem in PM due to aspects of negative self-assessment, feeling worthless, comparing oneself with others, assessing oneself low, useless because they are no longer working as TKW and have no income, then practitioners in the work practice of the psychology profession provide "Reality Therapy to Increase Self-Esteem in PM Former TKW".

## METHOD

This study used a quasi-experimental pre-post test with control group. Respondents in the study consisted of 5 PM Former TKW at the X Social Service Center in Semarang with the criteria of having symptoms of low self-esteem, still having good communication skills,

aged 40-50 years, having worked as TKW. The following is the identity of the PM group in this study:

| No. | Name | Gender | Age | Origin   | information   |
|-----|------|--------|-----|----------|---------------|
| 1.  | MH   | Woman  | 46  | Jakarta  | TKW 2011-2016 |
| 2.  | DA   | Woman  | 43  | Semarang | TKW 2015-2019 |
| 3.  | KI   | Woman  | 35  | Semarang | TKW 2019-2021 |
| 4.  | BI   | Woman  | 45  | Semarang | TKW 2011-2017 |
| 5.  | SN   | Woman  | 49  | Semarang | TKW 2017-2019 |

## RESEARCH INSTRUMENT

This study applies an intervention in the form of reality therapy with the WDEP technique, data for each respondent was obtained from the process of observation, interviews and giving a self-esteem scale in the form of Rosenberg Self Esteem before and after the intervention. Observations made by practitioners in this case are observations that include the client's physical appearance, observations during interviews, observations when giving instruments, observations of the client's daily life at the X Semarang Social Institution, observations of the client's relationship with the social environment and its surroundings. Interviews are one of the most frequently used data collection techniques in social research where the subject of the study (respondent) and the researcher are directly face to face in the process of obtaining information for primary data purposes (Rosaliza, 2015). Interviews are used as information related to facts, beliefs, feelings, desires and so on that are needed to meet research objectives.

## DATA ANALYSIS TECHNIQUES

The analysis used in this study is Pattern Matching. The analysis is arranged in the form of tables and diagrams to match the theory as a benchmark with cases that occur in the field to show low self-esteem behavior in the PM group of former TKW before and after the intervention.

## RESULTS AND DISCUSSION

This section contains data (in brief form), data analysis, and interpretation of the results. Results can be presented in tables or graphs to clarify the results verbally because sometimes the display of an illustration is more complete and informative than the display in narrative form.

| No | Respondent | Before   | After   |
|----|------------|--|---|
| 1  | MH         | <i>The client blames himself for not working and earning money anymore, the client feels insecure, the client tends to be alone and avoids activities at the shelter because he feels unable to socialize, the client feels helpless with the monotonous routine at the shelter, the client feels worthless with his condition, the client says there is nothing to be proud of about himself anymore.</i> | <i>The client feels that he is starting to be able to accept the current situation and conditions and not blame himself, the client also learns to socialize when participating in activities at the shelter with other PMs, because the client realizes that every human being must have problems in life. This Relita Therapy helps clients to live a better day and be more enthusiastic when they are at the shelter.</i> |

|   |    |  |  |
|---|----|--|--|
| 2 | DA | <p>The client feels regretful about her life, the client feels that there is nothing to be grateful for, "it's so sad, miss, it's like life is like this, it's like</p> <p>I'm desperate for this life, miss, I have no more enthusiasm now". The client feels useless being someone like now</p>  | <p>Feeling more relieved because he has expressed his feelings that have been suppressed, starting to feel more valuable</p> <p>even though he no longer has a job. The client begins to learn to forgive himself and begins to</p>  |
|   |    | <p>who lives only depending on the orphanage and her physical condition is lacking (broken hand). The client feels worthless because she can't work well like before.</p>  | <p>accept the situation by wanting to participate in activities at the shelter with more focus and wanting to learn not to avoid it anymore.</p>   |
| 3 | KL | <p>The client blames herself for not being a good wife. The client does not want to communicate with other PMs because the client does not like it when someone comments on her. The client also tends not to accept her current life situation which is no longer able to make money. The client feels that there is nothing to be grateful for and feels hopeless.</p>   | <p>From Reality Therapy, clients begin to open themselves up to accept their current situation of having to live in a shelter, clients realize that not only clients experience serious problems in life, clients are able to understand and accept the situation with the advantages they have. Clients also feel no longer alone, according to clients, this therapy is very helpful for clients, so that clients can be directed in organizing what things to do while in the shelter. In addition, clients also agree with themselves to be enthusiastic even though they are no longer working, clients are still valuable.</p> |
| 4 | BI | <p>The client is less enthusiastic and has a pessimistic view of himself. The client does not really like to participate in activities at the shelter because he feels that it does not change his life. The client regrets his life in the past, not going to school well, so he can get a good job, the client feels less confident, and feels worthless, because now he only lives in the shelter, and is treated like a child who is in a dormitory. The client is less social with other PMs.</p> | <p>The client feels relieved to be given the opportunity and space to express what is in their heart that has been very difficult to convey. With this reality therapy, the client feels that their thoughts are more focused, the client feels that there are people who have experienced the same fate as the client, the client feels happy to be able to hear stories from fellow PMs that the client has not known. The client begins to have a view of how to be optimistic and enthusiastic to live more actively in the shelter.</p>   |
| 5 | SN | <p>The client feels useless, and cannot work as before. The client regrets not being able to live normally like before. The client feels pessimistic about the environment in the orphanage, the client feels that no one can be trusted. The client always blames himself. The client is also not very enthusiastic about participating in activities created by the orphanage, because the client feels that being in the orphanage means that the client is no longer valued by others.</p>         | <p>The client began to be able to understand his current situation of being unemployed and having to live on the beach. The client realized that being alone would make the client even worse, the client wanted to have a friend to talk to like what happened during therapy. The client got the support he had needed, the client was satisfied because he could vent his emotions by drawing and writing all the good and bad things he had. The client felt valuable while joining other PMs during reality therapy sessions.</p>   |



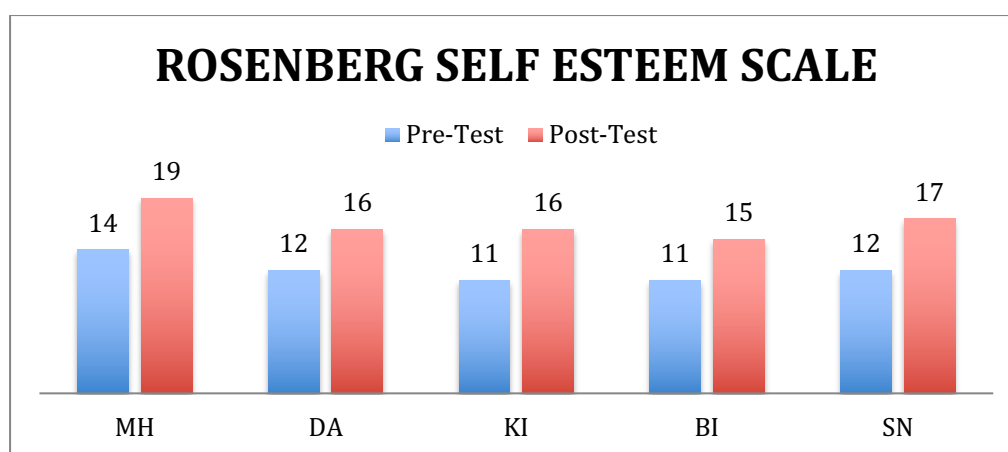
## Quantitative Data

The following are changes in RSES scores for each respondent:

| No | Respondents | Pre-Test | Post-Test | Difference |
|----|-------------|----------|-----------|------------|
| 1  | MH          | 14       | 19        | +5         |
| 2  | DA          | 12       | 16        | +4         |
| 3  | KI          | 11       | 16        | +5         |
| 4  | BI          | 11       | 15        | +4         |
| 5  | SN          | 12       | 17        | +5         |

Based on the results of the pre-test and post-test, each respondent experienced an increase in self-esteem before and after the intervention. The results show that from low self-esteem to an increase to normal self-esteem.

Diagram of Changes in Intervention Results



Based on the results of the assessment with the Rosenberg Self Esteem Scale, it can be concluded that the five PM respondents showed a low level of self-esteem that increased to normal. The following is the classification of scores from RSES 0-14 Low, 15-25 Normal, and 26-30 High.

## Group Intervention Evaluation

### 1. Group dynamics

During their time as female migrant workers abroad, the respondents in this group had income to support their families. However, the respondents also experienced undesirable things such as being treated badly by the host where the respondents worked, sometimes the respondents worked without any time to rest. Hiding this from their distant families was difficult and hard for the respondents. The respondents in this group hoped that their families would know that the respondents were working well and comfortably. The families of the respondents also felt calm because their daily needs could be met. Some clients from this group hoped that they could continue working as migrant workers on the grounds of family needs.

Working as a migrant worker certainly has its pros and cons but is still done by the respondents. Three of the respondents in this group decided to quit their jobs as migrant workers after 5 years because they felt they had been away long enough and wanted to be with their families, while the other two respondents decided to quit being migrant workers because they wanted to return to work in their hometowns.

The respondents in this group experienced problems with their families after not working as migrant workers anymore because they did not get income, it was difficult to get a job so they could not support their families. This made the respondents often think

about life and tend to blame themselves, the respondents felt worthless, felt hopeless, felt useless, had difficulty socializing and were alone. The respondents also felt useless in the midst of their families, especially the respondents' economy which can be said to be below average.

The respondents experienced feelings of worthlessness after returning home and had difficulty finding work, three of the respondents also received poor treatment from their families such as being called useless, stupid, and not considered at home. This was reinforced after the respondents became PMs at the Margi Widodo Social Home, these five PMs showed an attitude of looking down on themselves, regretting their current lives, and not accepting having to live in the Home.

Based on the problems experienced by the respondents, namely psychological problems related to low self-esteem, the practitioner provides reality therapy for the respondents who are PM Panti, on the basis that the problems they face are the same and their background is the same, namely being former Female Migrant Workers.

The therapy was conducted in 6 meetings at the Margo Widodo Social Home with 5 PM participants who had low self-esteem as seen from the results of the interview assessment, observation, FGD, pre-test and post-test. After participating in reality therapy, the group dynamics of these PMs with low self-esteem experienced a change, namely in the implementation of reality therapy, the first and second meetings of this group of former migrant worker PM began to show open behavior and trust each other, this can be seen from the interaction and the process of exchanging stories from fellow PMs. The PM group also realized that in this therapy they had the same background and problems that were not much different, namely having a pessimistic outlook on life, so the PMs tried to encourage each other to be more optimistic in living their lives at the Home.

In the third and fourth meetings, the PM group increasingly showed solidarity, this can be seen from the PM group working together to draw a self-esteem tree which is part of the reality therapy. The PM group was able to respond to each story conveyed by each PM, this shows that the group is able to socialize together. Based on the explanation above, it can be concluded that there was a change before and after the PM group of former TKW in the shelter participated in the Reality Therapy intervention.

Practitioners in carrying out reality therapy also play an active role, both in giving instructions and becoming a liaison between each therapy participant. There is active communication between the practitioner and the participants while providing the material. The practitioner develops trust from each participant well, by taking an approach such as listening to stories and problems experienced by each participant. Participants are also greatly helped by the explanation by the practitioner, and become more familiar with each other with the practitioner's leader.

## 2. Individual Evaluation

| No | Respondent | Evaluation Results  |
|----|------------|---|
| 1  | MH         | After the intervention, the MH client felt satisfied with the training given, the client said "good, can be calmer with the current situation, feel more valuable and better". The client also felt that he could live a better day at the shelter. The MRT client also added that the techniques used helped him to accept his current existence, not be discouraged and feel more valuable. In addition, the MRT client also felt that the instructions, materials and mastery of the materials by the therapist were also clear. |

|   |           |  |
|---|-----------|--|
| 2 | <b>DA</b> | Client DA felt that there was a change after doing this activity, client DA felt relieved because with this activity she was able to express her feelings or problems that the client had experienced for a long time, and learned to accept it better. The client felt more enthusiastic than before. The client felt that this activity was good to do to reduce the stress experienced and interspersed with fun games that female PMs could do. The client also expressed that the mastery of the material, instructions and materials presented were clear. "This is good...thank you, please continue" |
| 3 | <b>KI</b> | After conducting the intervention, the KI client felt that there was a change that the client felt. The client said, "The activity was good, I learned a lot and am more aware of other people's feelings." The client felt that this activity was very effective to do and suggested that it be done to other women in social institutions.   |
| 4 | <b>BI</b> | The client expressed that with this group intervention, the client was able to tell about problems that had been buried for a long time and learned to realize and then accept each problem so that it would not drag on. The BI client also said that this intervention was well done and the materials and instructions were also very clear and the language used was simple.   |
| 5 | <b>SN</b> | The client felt more relieved and calm after the intervention. This also affected the client's sleep, the client said "night, sleep well". The client also felt that this technique could help him to live a better day. What the therapist conveyed both in terms of material and instructions was also clear and easy for the SN client to understand.   |

Based on the evaluation results of each individual, it can be concluded that Reality Therapy with the WDEP Technique that was carried out had an impact on the lives of the group of female migrant workers who experienced low self-esteem while in the Social Institution.

### 3. Evaluation of Intervention Implementation

Based on the results of reality therapy, a picture of the progress of each group member was obtained. Respondent 1 was able to not avoid activities at the orphanage as seen in the 3rd meeting, never giving up and being optimistic was seen in the 5th meeting, and more stable emotions were seen in the 6th meeting. Respondent 2 was able to socialize and not avoid orphanage activities as seen in the 4th meeting, never giving up and being optimistic was seen in the 5th meeting, more optimistic and stable emotions were seen in the 5th meeting. Respondent 3 was able to socialize as seen in the 4th meeting, not avoiding orphanage activities, never giving up and being more optimistic was seen in the 5th meeting, more active was seen in the 5th meeting, and more stable emotions were seen in the 5th meeting. Respondent 4 was able to socialize and not avoiding orphanage activities as seen in the 3rd meeting, never giving up and being more optimistic was seen in the 5th meeting, while for more stable activeness and emotions were seen in the 5th meeting. Respondent 5 was able to socialize and did not avoid the orphanage activities as seen at the 3rd meeting, never giving up and being more optimistic was seen at the 4th meeting, while being more active and emotionally stable was seen at the 5th meeting.

## CONCLUSION

This study resulted in research results that the PM group increasingly showed solidarity, this can be seen from the PM group working together to draw a self-esteem tree which is part of reality therapy. The PM group was able to respond to each story conveyed by each PM, this shows that the group is able to socialize together and the presence of practitioners in this reality therapy is able to provide short-term positive impacts for each respondent or the group of former migrant workers with low self-esteem.



Based on the explanation above, activities that can increase self-esteem in female PMs such as training to socialize with fellow PMs, counseling sessions for PMs. Providing Reality Therapy using the WDEP technique so that it helps female PMs to increase their self-esteem. It is expected to carry out Reality Therapy using the WDEP technique continuously so that they are more aware of the current conditions, and accept the situation so that they are able to increase self-esteem in everyday life at the orphanage.

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