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**A DESCRIPTIVE CASE STUDY: EXPLORING DRAWING ART THERAPY IN BUILDING SELF-ESTEEM AMONG PATIENTS WITH CHRONIC LOW SELF-ESTEEM**

**Adinda Nurnilamsari, Laura Khatrine Noviyanti\***

School of Nursing, Universitas Telogorejo Semarang, Jl. Anjasmoro Raya, Tawangmas, Semarang Barat, Semarang, Jawa Tengah 50144, Indonesia

\*[laura\\_noviyanti@universitastelogorejo.ac.id](mailto:laura_noviyanti@universitastelogorejo.ac.id)

**ABSTRACT**

Chronic low self-esteem is a common type of mental disorder characterized by negative feelings towards oneself due to perceived shortcomings. This condition is often caused by negative judgment, both from oneself and the environment. One nursing intervention that can be used to improve self-esteem is drawing art therapy. Drawing art therapy allows patients to channel negative emotions into works of art and gain self-confidence through positive achievements in preferred activities. This writing aims to identify a decrease in signs and symptoms of rednah self-esteem using observation sheets before and after being given drawing art therapy. The method used is descriptive case study. With the criteria that patients are cooperative and do not experience verbal communication disorders. Data for this descriptive case study were collected through involving in-depth interviews, participant observation, and clinical documentation. The collected data were analyzed using descriptive-qualitative analysis. This process involved reducing interview transcripts and observation notes, followed by a thematic review of the patient's drawings to identify psychological shifts. The effectiveness of the therapy was determined by comparing the frequency of signs and symptoms before and after the 5-day intervention. The results of nursing evaluation after 5 days of intervention showed a decrease in signs and symptoms of low self-esteem from 14 to 8. This shows that drawing art therapy is effective in increasing self-esteem in patients with chronic low self-esteem.

Keywords: chronic low self-esteem; drawing art therapy; mental disorders; nursing

**INTRODUCTION**

Mental disorders have become a significant global health issue due to their complex impact(Nobre, Oliveira, Monteiro, Sequeira, & Ferré-Grau, 2021). hese conditions encompass various disturbances that affect not only psychological aspects but also cognitive, emotional, and social functioning (Wijayati, Nasir, Hadi, & Akhmad, 2020). Furthermore, the negative stigma attached to mental illness often discourages sufferers from seeking help, thereby exacerbating their condition. Consequently, a holistic approach—comprising public education, the provision of mental health services, and social environmental support—is essential to manage and prevent mental disorders (Tuasikal, Siauta, & Embuai, 2019). In summary, mental disorders are health conditions that affect multiple dimensions of a person's life, requiring a comprehensive understanding for effective intervention.

According to 2022 WHO data, the global prevalence of mental disorders has reached an alarming level. It is estimated that approximately 970 million people worldwide suffer from mental health conditions. The highest prevalence was recorded in the Americas at 15.6%, followed by the Eastern Mediterranean at 14.7%, Europe at 14.2%, and Southeast Asia at 13.2%(WHO, 2022). In Indonesia, the 2023 Indonesian Health Survey (SKI) showed a significant increase in prevalence, rising from 1 per 1,000 households in the previous year to 7 per 1,000 households in 2023. Central Java Province ranks second in Indonesia with a prevalence of 6.5%, following DI Yogyakarta at 9.3% (Kemenkes, 2023). JBased on data from the Dr. Amino Gondohutomo Psychiatric Hospital, there were 1,266 patients treated between October and December 2021. Among them, 45% were at risk of violent behavior, 39.7% experienced hallucinations, 13.6% suffered from social isolation, 1.1% had self-

care deficits, and 0.6% experienced Chronic Low Self-Esteem (Corneanto, 2023). Thus, Chronic Low Self-Esteem ranked fifth in prevalence at 0.6% in 2021.

Individuals with Chronic Low Self-Esteem tend to experience a decline in daily functioning, characterized by a loss of motivation, lack of responsibility, and difficulty meeting life's needs. These conditions potentially lead to a decrease in the quality of life for individuals with mental disorders (Daryanto & Khairani, 2020). Therefore, immediate intervention and appropriate management are necessary (Anggawijayanto, Putrikita, & Widanarti, 2024). Interventions for these patients can include both pharmacological and non-pharmacological therapies (Fekaristi, Hasanah, Inayati, & Melukis, 2021). Jadi dapat disimpulkan dengan penerapan intervensi yang tepat, diharapkan individu dapat meningkatkan kualitas hidup mereka dan mengatasi dampak negatif dari Harga diri rendah kronis. In conclusion, the application of appropriate interventions is expected to help individuals improve their quality of life and overcome the negative impacts of Chronic Low Self-Esteem.

One form of modality therapy that can be administered individually is Drawing Art Therapy. Non-pharmacological approaches are vital in assisting patients with Chronic Low Self-Esteem through interventions focusing on behavioral, cognitive, and emotional changes. Drawing Art Therapy is an activity using drawing tools and colors aimed at helping individuals express emotions or thoughts that are difficult to verbalize (Yuandini, Teguh Kurniawan, Dwi Sulisetyawati, Program Studi Keperawatan Program Sarjana Fakultas Ilmu Kesehatan Universitas Kusuma Husada Surakarta, & Program Studi Keperawatan Program Sarjana Fakultas Ilmu Kesehatan, 2023). This therapy allows patients to channel their feelings through art and communicate non-verbally. It also assists nurses in assessing the patient's developmental level and emotional state, as well as designing further interventions (Yosep, 2019). Essentially, drawing therapy empowers individuals to convey their inner thoughts and feelings through creative work.

Research by Anggraeny et al (2024) demonstrates that drawing art therapy significantly affects the improvement of self-esteem (Wilcoxon test  $p\text{-value} = 0.001 < 0.05$ ; Mann-Whitney test  $p\text{-value} = 0.000 < 0.05$ ). Furthermore Anggawijayanto et al (2024), indicated that this intervention is effective, showing a significant increase in social self-esteem scores by 7.20 and global self-esteem scores by 15.20 after a five-day implementation. Similarly, Setyaningrum et al (2023) reported an increase in average self-esteem scores from 10.44 to 20.56 within seven days ( $p\text{-value} 0.000$ ), proving that this therapy effectively helps participants express themselves and boost their confidence. In summary, drawing art therapy is an effective method for enhancing self-esteem in patients with Chronic Low Self-Esteem.

Based on the data and descriptions provided, the author is interested in applying drawing art therapy as an intervention to improve self-esteem in patients with Chronic Low Self-Esteem. Therefore, the author intends to conduct a scientific study titled "A Descriptive Case Study: Exploring Drawing Art Therapy In Building Self-Esteem Among Patients With Chronic Low Self-Esteem". The objective of this study is to describe the implementation of nursing care through the application of drawing art therapy as an effort to improve self-esteem in patients with chronic low self-esteem.

## **METHOD**

This paper employs a descriptive design with a case study approach, aiming to explore the stages of nursing care in managing Chronic Low Self-Esteem at Psychiatric Hospital. The approach utilized in this case study is the nursing process framework, which encompasses five primary stages: assessment, nursing diagnosis, intervention planning, implementation of nursing actions, and evaluation of the nursing outcomes provided

The subject of this case study is a patient diagnosed with chronic low self-esteem undergoing treatment at Dr. Amino Gondohutomo Psychiatric Hospital, Semarang. A single subject was involved in this study, with a minimum treatment period of nine days. The focus of this case study is the implementation of drawing art therapy as a nursing intervention to improve self-esteem in patients with self-concept disturbances, specifically chronic low self-esteem, undergoing treatment at Dr. Amino Gondohutomo Regional Psychiatric Hospital, Semarang. Psychiatric nursing care in this case study is defined as a form of nursing service provided to patients with mental disorders at Dr. Amino Gondohutomo Regional Psychiatric Hospital, Semarang.

The nursing care process encompasses the stages of assessment, nursing diagnosis, intervention planning, implementation of nursing actions, and evaluation, focusing on patients with self-concept disturbances in the form of chronic low self-esteem." The Standard Operating Procedure (SOP) for drawing art therapy consists of five stages: warming-up or introduction, recalling events, emotional expression and issues, restitution, and termination. These stages are divided into eight sessions conducted over a period of five days (Anggawijayanto et al., 2024). The observation sheet for signs and symptoms of chronic low self-esteem comprises cognitive (thought), affective (emotional), physical, behavioral, and social aspects, representing the signs and symptoms frequently manifested in patients with chronic low self-esteem."

## **RESULT**

Mr. K, a 36-year-old unmarried adult male, is currently being treated at Dr. Amino Gondohutomo Psychiatric Hospital with a medical diagnosis of schizophrenia. Within the last year prior to admission, the patient experienced drastic behavioral changes, including social withdrawal, sleep disturbances, loss of motivation, and a decline in self-care. The family reported that the patient frequently isolated himself in his room, spoke in a low voice, avoided eye contact, and was reluctant to interact with others. Additionally, the patient appeared persistently moody and lacked initiative in performing daily activities.

The nursing assessment revealed a history of previous mental health issues. Three years ago, he underwent psychiatric treatment; however, upon discharge, he discontinued his medication, believing he had recovered. Over the past year, the patient faced significant psychological pressure due to job loss and repeated employment rejections, which further exacerbated his condition, particularly in psychosocial aspects. Furthermore, unpleasant childhood experiences, such as frequent criticism from his family and feeling undervalued, contributed to his low self-esteem. The loss of his mother also served as a factor that intensified his loneliness and loss of emotional support.

Physical observations indicated that the patient appeared poorly groomed, with disheveled hair, and frequently removed his clothes without a clear reason. The patient exhibited low energy levels, slow speech tempo, and a flat facial expression. No perceptual disturbances, such as hallucinations or delusions, were found; however, the patient possessed negative thought patterns toward himself, feeling worthless, useless, and burdened by past mistakes. The primary nursing diagnoses identified were self-concept disturbance in the form of chronic low self-esteem, social isolation, and ineffective coping.

To address the patient's chronic low self-esteem, a behavior-based therapy intervention was implemented, focusing on strengthening the patient's positive attributes and increasing self-confidence. The patient was guided to recognize his remaining abilities and encouraged to engage in activities that could boost his self-assurance. Intervention steps included establishing a therapeutic relationship based on mutual trust, assisting the patient in assessing functional abilities, and providing positive reinforcement for every small achievement. Simple activities, such as making the

bed, preparing meals, and drawing, were incorporated into a progressive therapy plan to enhance the patient's self-confidence.

In addition to behavioral therapy, drawing art therapy was applied as a supplementary method to help the patient express his emotions. During the therapy sessions, the patient drew objects reflecting his feelings. This was followed by a joint discussion regarding the meaning of the drawings to help the patient identify positive inner feelings and express emotions more adaptively. This therapy aimed to increase the patient's self-awareness of his positive traits while simultaneously reducing negative self-perceptions.

## **DISCUSSION**

Mr. K exhibits signs of chronic low self-esteem, characterized by feelings of worthlessness and a tendency toward self-blame. The patient experiences a discrepancy between his ideal self and reality; he possesses a desire and a perceived obligation to work but faces difficulties in securing employment, which diminishes his self-perception. According to Iskandar & Kertamuda (2024), self-esteem is an individual's evaluation of their own worth. There is a close relationship between self-concept and self-esteem, where a gap between the actual and ideal self-concept can lead to a decline in self-esteem.

Mr. K identifies himself as a job seeker but feels he has lost his role within both social and family spheres since his mother's passing. He feels he no longer holds a meaningful role, which increases his emotional burden. Furthermore, the patient expressed feeling useless and burdened by mistakes, reflecting a negative self-view. This aligns with Coopersmith's (1967) self-esteem theory, which states that self-esteem is influenced by experience and environmental acceptance. Individuals with chronic low self-esteem tend to have negative self-perceptions, particularly when they feel undervalued or lose significant life roles (Muhayati et al., 2022).

### **Social Relationships**

Since his mother's death, the patient has felt alone and lost his emotional outlet. He has also experienced a shift in social roles; previously a welder, he has been unemployed for the past year. Additionally, the patient shows a tendency to withdraw by avoiding interaction and preferring isolation, both within the psychiatric hospital and in daily life. This is consistent with withdrawal behavior theory, which posits that individuals who feel unable to adapt to their environment or experience emotional pressure tend to withdraw as a self-defense mechanism (Lei et al., 2024).

### **Mental Status**

The patient's mental status reflects signs of chronic low self-esteem. He appears poorly groomed, with disheveled hair, and frequently removes his clothes without a clear reason. He speaks in a low, slow tempo and requires a longer time to respond to questions. His motor activity appears lethargic, characterized by slow and weak movements. Furthermore, the patient is mostly silent and lacks initiative. This aligns with Beck's theory of depressive behavior, which states that individuals with chronic low self-esteem often experience a "cognitive triad"—negative thoughts about themselves, the world, and the future. This mindset can lead to a lack of motivation, psychomotor retardation, and poor self-care (Fachrudin, 2019). Emotionally, the patient exhibits a moody expression, feelings of hopelessness, and statements of worthlessness. His affect is flat with a monotonous tone and minimal emotional response. During interviews, he rarely makes eye contact and frequently looks down, indicating discomfort in interaction. This negative belief system, feeling inferior to others and burdened by mistakes, further supports Beck's cognitive triad theory.

### **Coping Mechanisms**

The patient demonstrates ineffective coping mechanisms. Following job loss and perceived rejection due to incapacity, he experienced hopelessness and disappointment. These feelings,

coupled with the loneliness following his mother's death, led to social withdrawal, daydreaming, and a lack of motivation. According to Lazarus & Folkman's Stress and Coping Theory, while individuals face stress with various strategies, this patient utilizes maladaptive avoidance coping. Consequently, he is unable to manage stress effectively, contributing to chronic low self-esteem (Oktoji & Indrijati, 2021).

### **Nursing Diagnosis**

Based on the assessment conducted on January 28, 2025, the identified nursing diagnoses are: Self-concept disturbance: chronic low self-esteem, evidenced by subjective statements of feeling useless due to unemployment and objective data such as poor eye contact, silence, and social withdrawal. Social isolation, evidenced by the patient's reluctance to interact and feelings of shame regarding his unemployment. Ineffective coping, evidenced by maladaptive responses to significant life stressors.

### **Nursing Implementation**

Implementation was conducted based on the established care plan, focusing on enhancing the patient's sense of worth and self-confidence. First & Second Implementation (Jan 28, 2025): Focused on establishing a therapeutic relationship and identifying functional abilities. The patient chose to start with bed-making and meal preparation. Although eye contact was still minimal, the patient demonstrated the ability to complete these tasks and showed a slight smile upon receiving positive reinforcement. Third Implementation (Jan 29, 2025): The patient progressed to waste disposal tasks. He began to speak more, though his voice remained low and he continued to avoid eye contact. Drawing Art Therapy Sessions (Jan 29 – Feb 1, 2025): Drawing was introduced as a supplementary intervention. Session 4: The patient drew a tree, which, according to psychoanalytic projection theory, represents his growth process in recovery (Meldayani, 2023). Session 5: He drew colorful flowers representing his family, identifying himself as a "budding flower" and expressing a desire to go home. Session 6: He drew a house as a symbol of safety, reflecting his need for stability (Erikson's theory). Session 7: A "box" exercise was used to differentiate between self-perception and others' perceptions, showing improved cognitive processing (Suharnadi, 2024). Session 8: He drew himself working, representing his aspiration for self-actualization (Maslow's theory). Final Session (Feb 1, 2025): A review of all drawings showed the patient becoming more responsive, smiling, and maintaining better eye contact.

### **Evaluation and Limitations**

Evaluation Effectiveness was measured using a 19-item observation sheet for chronic low self-esteem. Pre-intervention (Jan 28): 14 symptoms present. Post-intervention (Feb 1): 8 symptoms remaining. The patient showed significant improvement in eye contact, responsiveness, and self-care. He began to recognize his abilities and expressed hope for future employment. However, challenges remain, such as mood fluctuations (e.g., an emotional episode on Jan 30) and a continued tendency to withdraw under stress.

### **CONCLUSION**

Based on the assessment of Mr. K conducted on January 28, subjective data revealed that the patient felt useless due to unemployment and expressed that he, as a human being, had many faults. Objective data showed poor eye contact, a downward gaze, prolonged silence, frequent daydreaming, and social withdrawal. Priority Nursing Diagnosis The prioritized nursing diagnosis for Mr. K is Self-Concept Disturbance: Chronic Low Self-Esteem. Nursing implementation was carried out in the Bhisma B Ward at Dr. Amino Gondohutomo Regional Psychiatric Hospital, Central Java, following the established intervention plan. The implementation spanned five days, from January 28 to February 1, 2025. Following several intervention sessions, the patient began to show positive changes, including increased eye contact, improved responsiveness to instructions, and involvement in daily activities. Furthermore, the patient began expressing hope to return to

work and showed an interest in socializing. The outcomes of the drawing art therapy were as follows: First drawing: A small tree, Second drawing: Four flowers representing his family, with himself depicted as a flower bud. Third drawing: A house with himself inside. Fourth drawing: Himself alone inside a box, with others outside the box. Fifth drawing: Himself working as a welder. Final drawing: A larger tree, though it still lacked roots. Evaluation of the drawing art therapy provided to Mr. K indicated an increase in self-esteem. This improvement was evidenced by a reduction in the signs and symptoms of chronic low self-esteem, decreasing from 14 symptoms at the baseline to 8 symptoms by the final session.

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