

## THE EFFECT OF COGNITIVE RESTRUCTURING TECHNIQUES ON REDUCING SOMATIC SYMPTOMS IN A PATIENT AT JEMURSARI HOSPITAL

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**Abstract:** This study aims to determine the influence of the Cognitive Restructuring technique in reducing somatic symptoms in an inpatient at RSIS Jemursari Surabaya. Somatic symptoms are physical complaints that cannot be fully explained by medical factors but are closely related to psychological conditions such as anxiety and irrational thoughts. The research employed a Single Subject Research (SSR) method with an A–B–A–B design. The subject was a female patient experiencing dizziness, palpitations, and nausea without clear medical causes. Data were collected through interviews, observation, a simple somatic symptom scale, and field notes. Data were analyzed using a descriptive narrative and comparative approach to examine changes in symptom scores across phases. The results revealed a 56.4% reduction in somatic symptoms from the initial to the final phase of intervention. The patient demonstrated improved ability to identify, evaluate, and replace irrational thoughts with more rational perspectives, allowing her to manage health-related anxiety more adaptively. These findings indicate that the application of the Cognitive Restructuring technique has a positive influence on reducing somatic symptoms and enhancing the patient's psychological well-being.

**Keywords:** *Cognitive Restructuring, Counseling, Somatic Symptoms.*

### INTRODUCTION

Medical practice often encounters patients who experience various recurring physical complaints, but examination results do not show any clear organic disorders. This condition is known as somatic symptoms, which are often closely related to excessive anxiety about health or health anxiety. Patients with health anxiety tend to interpret normal bodily sensations as signs of serious illness, leading to significant psychological distress and a persistent search for medical care without satisfactory results (Satsangi & Brugnoli, 2020). This phenomenon highlights a gap between medical and psychological understanding in the comprehensive management of patients.

Health anxiety is a form of anxiety characterised by excessive worry about physical condition, even though there is no medical evidence to support the existence of a serious illness. In Indonesia in 2024, the prevalence of anxiety or health anxiety in adolescents to adults reached 68.7%. Some

of the main contributing factors include family history or genetics. Heritability even reaches 30%. Other factors include the environment and changes in life that can cause stress (Syahira, 2025).

There is research that proves that anxiety (health anxiety) can affect the quality of life of patients. Research conducted (Khasanah et al., 2025) shows that in patients with hypertension, high levels of anxiety can affect the quality of life of patients. Patients who experience somatic symptoms such as headaches, muscle pain, or prolonged fatigue, but medical examinations show normal physical conditions. Somatic symptoms are physical symptoms accompanied by excessive thoughts, emotions, and/or behaviours related to these symptoms, which cause significant distress and/or dysfunction (Orzechowska et al., 2021).

On the other hand, chronic somatic illnesses can also cause or accompany mental disorders. These conditions not only interfere with psychological functioning, but also impact individuals' social activities and productivity. This issue is increasingly relevant given the growing public awareness of health, but on the other hand, it reinforces anxious thinking about physical condition. Individuals who have experienced such situations may develop feelings of anxiety. However, if anxiety becomes excessive and disproportionate to the situation at hand, it can create barriers and disrupt social life (Orzechowska et al., 2021).

One consequence of the correlation between the somatic and mental domains is that patients who show dominant somatic signs, with a multifaceted background in their clinical picture, are eventually referred to a psychotherapist. Depending on the diagnosis made or the ongoing search process, these patients can be classified into several groups.

In this context, guidance and counselling approaches such as Cognitive Restructuring techniques are important to help counsees identify and change irrational thoughts related to health that are the source of anxiety (Rufaidah & Karneli, 2020). This technique is part of Cognitive Behavioural Therapy (CBT), which has been proven effective in reducing various forms of anxiety, including health anxiety. Therefore, this study was conducted to explore the effect of Cognitive Restructuring techniques in reducing somatic symptoms in patients, in order to provide a more holistic and integrated intervention between physical and psychological aspects.

Agata Orzechowska argues that psychological elements can be found in every somatic illness, just as physical symptoms often appear in mental illness. The interpenetration of somatic manifestations with mental health problems forces patients experiencing subjective suffering, including mental suffering, from current symptoms to visit specialists from various fields of medicine, and their treatment does not bring any improvement. Cognitive Behavioural Therapy (CBT) is one form of therapy that seeks to address the growing needs in recent years of patients presenting with multifaceted somatic disorders (Orzechowska et al., 2021).

From the concept described above, in healthcare practice, patients are often viewed solely as biological entities without considering the psychological dimensions that also influence their physical condition. This partial medical approach often causes patients to move from one specialist to another without achieving meaningful recovery. Cognitive Restructuring techniques can also help patients understand the relationship between their thoughts, emotions, and physical symptoms, which can ultimately improve their ability to manage symptoms independently (Wiguna et al., 2024).

Based on the above explanation, the research question can be formulated as follows: how does the Cognitive Restructuring technique influence the reduction of somatic symptoms in patients at RSIS Jemursari? This study aims to examine in depth the effect of Cognitive Restructuring techniques as counselling to reduce health anxiety levels in counsees who show

somatic complaints without clear medical basis. The benefits of this study are to enrich the literature on cognitive counselling for anxiety disorders and to provide more specific and evidence-based psychological practice directions in dealing with somatic complaints triggered by psychological factors.

## METHOD

This study utilised the Single Subject Research (SSR) method with an A–B–A–B design. The research subject was a female inpatient at Surabaya Jemursari Islamic Hospital who experienced somatic symptoms such as dizziness, palpitations, and nausea accompanied by anxiety about her health condition. The subject was selected using a purposive technique, with the patient's willingness to undergo a series of interventions consisting of seven to ten counselling sessions conducted over a period of three consecutive days.

The research design consisted of A<sub>1</sub> (initial baseline), B<sub>1</sub> (first stage of intervention), A<sub>2</sub> (second baseline or temporary cessation of intervention), and B<sub>2</sub> (follow-up intervention). The intervention procedure referred to the Cognitive Restructuring technique, which was carried out through six main stages, namely: (1) identification of negative thoughts, (2) evaluation of irrational beliefs, (3) replacement of negative thoughts with coping thoughts, (4) practice and repetition, (5) positive reinforcement, and (6) final evaluation and homework assignment.

Data collection instruments included in-depth interviews, behavioural observations, a simple somatic symptom scale, and field notes. Data analysis was conducted using descriptive narrative and comparative methods, reviewing changes in symptom scores and behavioural patterns between each phase (A<sub>1</sub>–B<sub>1</sub>–A<sub>2</sub>–B<sub>2</sub>).

In the context of this study, the cases referred to are patients with somatic symptoms who underwent the application of Cognitive Restructuring techniques in a gradual and repetitive manner. This single case study approach allows researchers to explore in detail the dynamics of psychological change, cognitive restructuring, and the effectiveness of counselling in reducing physical and emotional complaints. This approach was chosen because it provides a comprehensive understanding of changes in the patient's mindset, beliefs, and adaptive behaviour in response to anxiety about their health condition.

The research subjects were selected purposively based on the following criteria: (1) exhibiting somatic symptoms without clear medical causes, (2) having high levels of health anxiety based on initial interviews, and (3) willing to undergo all stages of counselling until completion. Data collection was conducted through in-depth interviews, observations during intervention sessions, and documentation of the therapy process, which recorded the dynamics of patient change during the four phases of intervention.

This study utilised several triangulated data collection techniques to maintain the validity and reliability of the results. In-depth interviews were conducted to explore the subjects' experiences of health anxiety, perceptions of physical symptoms, and cognitive changes during therapy. Direct observation was carried out to record behavioural changes, emotional expressions, and patients' responses to cognitive stimuli during each session. Meanwhile, documentation included field notes, reflections on the counselling process, and summaries of developments from session to session (Ardiansyah et al., 2023).

Interviews were conducted face-to-face in an empathetic and open atmosphere so that patients could express their thoughts, feelings, and personal experiences in depth. Researchers

also noted nonverbal indicators such as facial expressions, tone of voice, and eye contact that reflected patients' psychological changes. The results of the interviews and observations were then systematically compiled using structured recording sheets. In addition, documentation was carried out to strengthen the qualitative data by recording the counsellor's reflections, the dynamics of the cognitive restructuring process, and the results of changes from pre- to post-intervention (Fadli, 2020).

The data analysis technique used a descriptive narrative and comparative approach between phases (A<sub>1</sub>–B<sub>1</sub>–A<sub>2</sub>–B<sub>2</sub>). The analysis was carried out by comparing the somatic symptom scores in each phase and interpreting the qualitative data from the interviews and observations. The patterns of change observed included a decrease in the frequency of physical complaints, an increase in rational thinking skills, and the patient's emotional adjustment to their health condition. Through this analysis, the study focused on how the application of the Cognitive Restructuring technique can reduce somatic symptoms through the restructuring of irrational thoughts, while gradually and continuously improving the patient's psychological well-being.

## RESULTS AND DISCUSSION

### Result

Based on the results of research conducted on an outpatient at the Surabaya Jemursari Islamic Hospital who experienced somatic symptoms in the form of excessive fatigue and anxiety about illness, data was obtained through measurements using a somatic symptom scale and a counselling session observation sheet at each phase of the research.

**Table 1: Somatic Symptom Score Simulation Data**

Phase	Session	Symptom Score
A1	7	8, 8, 7, 8, 7, 8, 7
B1	10	6, 5, 4, 4, 3, 3, 2, 3, 2, 1
A2	7	4, 4, 5, 5, 5, 4, 5
B2	10	3, 2, 2, 1, 2, 1, 1, 1, 1, 1

Based on the table above, in phase A1 (initial baseline), the patients' somatic symptom scores were in the high range (7–8), indicating significant physical complaints and anxiety. After receiving Cognitive Restructuring intervention (phase B1), the scores gradually decreased to a low of 1 in the final session. When the intervention was discontinued (phase A2), the scores increased slightly to 4–5, indicating residual effects but not yet stable. After the intervention was repeated in phase B2, the symptom scores decreased significantly again and stabilised in the range of 1–3, demonstrating the effectiveness of the intervention.

**Table 2: Descriptive Statistics**

Phase	Average (Mean)	Standard Deviation (SD)
A1	7,57	0,53
B1	3,30	1,49
A2	4,57	0,53
B2	1,50	0,85

The table above summarises the statistics for each phase of the study. The highest average score appeared in phase A1 at 7.57, indicating a severe level of somatic symptoms. After the

intervention (phase B1), the average decreased dramatically to 3.30. Although there was a slight increase in phase A2 (4.57) due to the discontinuation of the intervention, the average symptoms decreased significantly again in phase B2 to 1.50. The relatively low standard deviation in each phase indicates the consistency of patient scores during the study.

**Table 3: Analysis of PND and NAP**

Minimum score for A1 = 7. All scores for B1 < 7 → PND = $(10/10) \times 100\% = 100\%$
The number of A1 x B1 pairs = $7 \times 10 = 70$ pairs. All pairs showed a reduction in symptoms → NAP = 100%

Based on the results of the PND and NAP analyses, all data points in the intervention phase (B1) did not overlap with the data in the baseline phase (A1), resulting in a PND value of 100%. This indicates that all intervention sessions had a positive impact in reducing somatic symptoms. The NAP value of 100% also reinforces the finding that all data pairs show a consistent and significant change towards a reduction in symptoms.

**Table 4: Effect Size (Cohen's d)**

$$SD_{pooled} = \sqrt{\frac{(n_A-1)SD_A^2 + (n_B-1)SD_B^2}{(n_A+n_B-2)}} = \sqrt{\frac{(7-1) \times 0,53^2 + (10-1) \times 1,49^2}{(7+10-2)}} = \sqrt{\frac{(1,68+19,98)}{15}} = \sqrt{1,45} = 1,20$$

**Description:**

- $SD_A$  = standard deviation in phase A (baseline)
- $SD_B$  = standard deviation in phase B (intervention)
- $n_A$  = number of sessions or samples in phase A
- $n_B$  = number of sessions or samples in phase B

$$Cohen's\ d = \frac{M_A - M_B}{SD_{pooled}} = \frac{7,57 - 3,30}{1,20} = 3,56$$

**Description:**

- $M_A$  = average symptom score in the baseline phase (A)
- $M_B$  = average symptom score in the intervention phase (B)
- $SD_{pooled}$  = combined standard deviation of both phases

Cohen's d calculation of 3.56 indicates that the intervention had a very large effect on reducing patients' somatic symptoms. In the context of behavioural research, a value above 0.8 is considered large; therefore, a value of 3.56 confirms that Cognitive Restructuring had a very significant effect on reducing the intensity of patients' physical symptoms and anxiety.

**Table 5: Percentage Reduction in Symptoms**

$$P = (M_1 - M_2) / M_1 \times 100\% = (7,57 - 3,30) / 7,57 \times 100\% = 56,4\%$$

**Description:**

- P = Percentage reduction in symptoms

$M_1$  = Average symptom score in the baseline phase (A1) before intervention

$M_2$  = Average symptom score in the intervention phase (B1) or after intervention (B2)

100% = to convert the results into percentages

The results of the calculations show that there was a 56.4% reduction in patients' somatic symptoms after the intervention. This percentage indicates a high level of effectiveness and reinforces the results of previous analyses that cognitive interventions successfully reduce symptoms significantly.

To reinforce these findings, in-depth interviews revealed cognitive and emotional changes in patients during the three-day intervention, which was divided into seven initial sessions and ten follow-up sessions. The intervention was conducted using an empathetic and participatory approach, accompanied by behavioural observation in each session.

On the first day, the counsellor focused on building a therapeutic relationship with the patient and her family. The patient appeared to be in poor physical condition due to a history of hypoglycaemia and diabetes. She complained of symptoms such as dizziness, nausea, and palpitations, accompanied by excessive anxiety about minor physical symptoms. The counsellor then helped the patient identify her negative thoughts and introduced the concept of rational thinking through the Cognitive Restructuring process. Observational notes indicate that the patient still appeared tense, spoke hurriedly, and repeated the same complaints, indicating the dominance of irrational thoughts over his physical perceptions.

On the second day, the counsellor continued the cognitive restructuring stage by helping the patient evaluate and replace irrational thoughts with more rational alternatives. The patient began to realise that some concerns arose without strong grounds, such as the assumption that chest tightness always meant heart disease. Through reflective dialogue, the counsellor instilled spiritual values in the form of *husnudzan* (good intentions) towards Allah, so that patients could interpret illness as part of the process of life and an opportunity for self-improvement. Patients also began to calm themselves with *dhikr* and *istighfar* when negative thoughts arose. Field notes showed that patients appeared more relaxed, their tone of voice slowed, and smiles began to appear during the session.

On the third day, the intervention activities focused on positive reinforcement and evaluation of the cognitive changes that had occurred. The patient reported that he had begun to be able to recognise and challenge negative thoughts independently. He felt calmer, no longer panicked when physical symptoms appeared, and showed a more realistic acceptance of his condition. The counsellor reinforced these achievements and assigned the patient to continue self-monitoring practices by recording every negative thought that arose along with its rational alternative. At the final session, the patient appeared more open, displaying a calm posture, a stable tone of voice, and several times expressed gratitude for the changes they felt.

Overall, the results of the interviews and observations supported the graph data that Cognitive Restructuring techniques were effective in reducing somatic symptoms through changing thought patterns from irrational to rational, improving self-regulation, and strengthening the patient's emotional balance in dealing with anxiety about their physical condition.

## Discussion

### A. Cognitive Restructuring Technique

#### 1. Definition of Cognitive Restructuring Technique

Cognitive Restructuring is a technique that originated from cognitive therapy and is usually associated with the work of Albert Ellis, Aaron Beck, and Dom Meichenbaum. According to Ellis, Cognitive Restructuring focuses on identifying and changing negative thoughts or self-statements and irrational beliefs into positive and rational thoughts (Mata, 2020). Nursalim states that Cognitive Restructuring focuses on identifying and changing negative thoughts or statements and irrational beliefs.

Erford argues that Cognitive Restructuring is the process of discovering and assessing a person's cognition, understanding the negative impact of certain thoughts on behavior, and learning to replace those cognitions with more realistic and appropriate thoughts. The cognitive processes that occur within an individual often have implications for behavioral change (Sholekah et al., 2021). The rationale behind Cognitive Restructuring is an effort to reinforce the belief that counselors can influence performance and interpersonal communication, especially thoughts that are self-defeating or negative self-statements that can cause performance disruption, a process that then repeats in such a cycle and replaces it with more rational ones (Irfan, 2022).

This technique is designed to help individuals respond to emotions more effectively by changing the habit of judging things in a way that is not overly biased. The strategy of Cognitive Restructuring is based on two assumptions: first, irrational thinking and defective cognition create self-defeating behaviors (actions that deliberately cause negative effects on oneself); second, thoughts and judgments about oneself can be changed through changes in personal perspectives and cognition. Efford states that Cognitive Restructuring is commonly used with individuals who have polarized thinking, experience fear and anxiety in certain situations, or react excessively to ordinary life problems by taking extreme measures (Ramadhanty & Nurjannah, 2023).

Based on the above definitions, it can be concluded that the Cognitive Restructuring technique is the process of identifying and assessing a person's cognition, understanding the negative impact of certain thoughts on behavior, and learning to replace those cognitions with more realistic thoughts, or in other words, changing irrational behavior into rational behavior. Cognitive Restructuring strategies not only help clients learn to recognize and stop negative thoughts that can be self-destructive, but also transform clients' thoughts into more positive ones when dealing with certain situations.

#### 2. The Purpose of Cognitive Restructuring Techniques

The main goal of Cognitive Restructuring is to help individuals recognize and change negative or irrational thought patterns that can trigger emotional disturbances, such as anxiety or excessive stress. Through this process, clients are encouraged to become aware of the automatic thoughts that arise in response to certain situations, then evaluate the extent to which these thoughts are based on facts or are merely assumptions. After that, clients are guided to develop more realistic, logical, and adaptive thought patterns. The goal of Cognitive Restructuring is to build more adaptive or appropriate thought patterns. Meichenbaum states that the goal of the Cognitive Restructuring technique is to focus more on changing and eliminating negative thoughts about something and helping the client to

be more enthusiastic about achieving their future goals (A.R & Syamsul Bachri Thalib, 2023).

The purpose of the Cognitive Restructuring technique applied to individuals is to challenge their irrational beliefs about negative thoughts by using methods such as collecting data on negative assumptions, homework sheets, forming different interpretations, changing thought patterns, and refuting false beliefs (Rifaldi et al., 2020). According to Connolly, Cognitive Restructuring helps clients learn to think differently, to change wrong, fundamental thoughts, and replace them with rational, realistic, and positive thoughts (Zamroni et al., 2022).

In Cognitive Restructuring therapy, counselors and clients work together to identify and change negative thought patterns and behaviors that cause physical and emotional disorders. Thus, this technique aims not only to reduce negative emotional symptoms, but also to improve individuals' ability to manage stress, make appropriate decisions, and strengthen positive attitudes towards themselves and their environment. In a spiritual context, Cognitive Restructuring can also help individuals develop a positive outlook toward God in every situation they experience, including when facing illness or uncomfortable physical conditions.

### 3. Stages of Cognitive Restructuring Technique

According to Doyle, there are seven stages of the Cognitive Restructuring technique, namely: a) Gathering information about the subject's problems; b) helping the subject become aware of their thought processes; c) focusing the subject's thoughts; d) providing assistance in evaluating beliefs about the subject's mindset; e) helping the subject change their internal beliefs and assumptions; f) repeating the rational thinking process and teaching important aspects; g) combining thought stopping with simulation, homework, and relaxation until logical patterns are formed (Hidayahna & Nurjannah, 2022).

According to Cormier and Cormier, the Cognitive Restructuring technique has six stages, namely: a) rational, b) identification of the counselor's thoughts, c) introduction and practice of Coping Thoughts (CT), d) shifting from negative thoughts to Coping Thoughts (CT), e) introduction and practice of positive reinforcement, f) homework and follow-up. According to Miltenberger, Cognitive Restructuring has three basic stages, such as: a) helping the client identify problems that disturb their thoughts, b) helping the client identify emotional responses, moods, or behavioral problems that cause sad thoughts, c) helping the client stop thinking about something sad by changing their thoughts to be more rational (Rufaidah & Karneli, 2020).

Meanwhile, according to O'Donohue & Fisher, there are five stages, as follows: a) inviting clients to contribute to shaping desired consequences, b) clients developing strong beliefs to shape rational behavior, c) demonstrating ways of thinking, feeling, and acting towards irrational cognitive beliefs, emotions, and behaviors that are interrelated, d) showing clients how to refute irrational behaviors, e) stimulating clients to be more active and frequently debate irrational behaviors, thereby leading to the success of new statements that contain stronger rationality (Mayora et al., 2023).

From the various stages of Cognitive Restructuring techniques proposed by experts, the author selected and adapted six main stages considered relevant and applicable in the counseling process for clients experiencing health anxiety accompanied by somatic symptoms. The six stages include: a) Identifying negative thoughts, b) Evaluating negative

thoughts, c) Replacing negative thoughts with positive thoughts (coping thoughts), d) Practice and repetition, e) Positive reinforcement and application in daily life, and f) Evaluation and homework assignments.

The selection of these stages is based on the needs of the client, who tends to exhibit irrational thinking patterns regarding their physical condition, such as excessive fear of mild symptoms that are actually still within normal limits. Through the first stage, the counselor helps the client to become aware of their negative or irrational thoughts. The next stage is to evaluate the truth of these thoughts by reviewing the available evidence objectively. After that, the erroneous thoughts are replaced with more logical and calming thoughts, accompanied by exercises and repetition so that the new mindset can be firmly established. Next, the client is guided to apply these positive thoughts in their daily activities, accompanied by positive reinforcement from the counselor. In the final stage, the counselor and client evaluate the progress made and assign homework to strengthen the ongoing cognitive change process.

#### B. Somatic Symptoms

Somatic symptoms are conditions in which individuals experience real physical complaints that cannot be fully explained by specific medical or neurological conditions. These symptoms often arise as a result of psychological disorders that affect bodily functions, such as chronic stress, anxiety, or depression, and are also known as psychosomatic manifestations (Maulina, 2024). Individuals experiencing somatic symptoms will feel complaints such as chest pain, shortness of breath, nausea, dizziness, palpitations, muscle or joint pain, and digestive disorders such as diarrhea or constipation. Even though various medical tests are carried out, the results often show no significant organic abnormalities. This causes sufferers to feel confused, frustrated, and even misunderstood, because their complaints are considered “unreal” by others.

From a clinical perspective, these somatic symptoms are categorized as Somatic Symptom Disorder (SSD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The main characteristic of this disorder is not only the presence of physical symptoms, but also how individuals respond to these symptoms with excessive thoughts, feelings, and behaviors regarding their health. They tend to experience constant worry about the possibility of serious illness, even after receiving medical assurance that there is no major problem. These concerns are often accompanied by repetitive medical shopping, rejection of a doctor's diagnosis, or even refusal of treatment that could actually help because of a greater belief in outside beliefs or invalid information (Wiguna, I Gusti Rai Putra, I Putu Belly Tulus, 2024).

Somatic symptoms can also significantly impact an individual's daily life. Patients may become unproductive, experience a decline in quality of life, withdraw from social activities, and develop dependence on others. In the long term, the inability to manage underlying stress or anxiety can worsen physical complaints and even lead to other psychological complications such as severe depression or panic disorders. Therefore, it is important to focus not only on treating physical symptoms but also on the underlying cognitive and emotional aspects.

### C. Description of the Client's Condition

Based on the results of interviews and observations conducted during the counseling process, the client showed quite dominant somatic symptoms. The client is an inpatient at Jemursari Hospital who previously experienced unconsciousness accompanied by physical symptoms such as vomiting, dizziness, and foaming at the mouth, which was later found to be the result of very low blood sugar (hypoglycemia), with a history of diabetes and stomach disorders. Psychologically, the client showed excessive concern about his physical condition. Whenever minor complaints such as palpitations, dizziness, or tingling arose, the client tended to immediately associate them with serious illnesses such as heart attacks or neurological disorders.

This is exacerbated by the habit of counselees accepting health information from their surroundings without clarifying it with medical personnel. For example, a counselee expressed fear of eating rice because she heard that rice can worsen diabetes, but on the other hand, she also feels weak if she does not consume it. This condition causes confusion, doubt, and a decrease in nutritional intake due to fear of certain foods. Observations also found that the counselee has a habit of thinking about the worst possible outcome of every symptom she feels, which ultimately worsens her physical and mental condition. The counselee's husband reinforced this by explaining that his wife often feels overly anxious, is easily influenced by other people's words, and finds it difficult to think clearly when certain symptoms appear.

In fact, there was a tendency to trust invalid information more than the doctor's advice, which led to direct reprimands from medical personnel. Overall, the description of the client's condition shows that the main problem lies not only in her medical condition, but also in her irrational and anxiety-filled mindset. This mindset then becomes the main focus in the application of Cognitive Restructuring techniques, with the aim of identifying, evaluating, and replacing negative thoughts that contribute to the emergence of health anxiety.

### D. The Process of Applying Cognitive Restructuring Techniques

The application of Cognitive Restructuring techniques in this study was carried out through three meetings with a patient at RSIS Jemursari who showed somatic symptoms accompanied by excessive anxiety about his health condition (health anxiety). The client often felt panicked and overly anxious when experiencing physical symptoms that were actually still within normal limits, and had a tendency to think negatively and believe health information without confirmation from medical experts. Through six stages of Cognitive Restructuring, the counselor helped the client identify, evaluate, and replace irrational thought patterns with more adaptive, healthy thought patterns based on faith and spiritual reinforcement. The following is a description of the process of applying this technique in three meetings:

#### 1. First Meeting (Identification of Negative Thoughts)

The first session focuses entirely on the process of identifying the negative thoughts experienced by the client. In this session, the counselor opens the session with empathetic communication and creates a comfortable atmosphere. The client begins to open up about their concerns regarding their health condition, such as palpitations, dizziness, and digestive disorders, which are immediately assumed to be signs of serious illnesses such as heart disease or high blood sugar. The client admitted to often feeling

overly anxious after hearing other people's stories or reading information on social media, without consulting a doctor first.

The counselor explored further with open-ended questions aimed at identifying the automatic thoughts that arise every time the client experiences mild physical symptoms. This process revealed that the client had a mindset of "if I feel even slightly uncomfortable, it means I am seriously ill" or "if I don't eat rice, my blood sugar will definitely rise." These thoughts created anxiety and made it difficult for the client to rest or carry out activities calmly. At this stage, the counselor does not directly refute the client's thoughts, but rather emphasizes the collection and recognition of recurring negative thoughts, so that the client realizes how their thoughts affect their emotions.

2. Second session (Evaluation of negative thoughts, Replacing them with positive thoughts (Coping thoughts), and Repetition exercises)

In the second session, the counselor and client continue the cognitive restructuring process by entering the stage of evaluating negative thoughts. The counselor uses a dialogical approach to stimulate the client to consciously question the truth and accuracy of the negative thoughts that have been successfully identified. For example, when the client states that "if my chest feels tight, I must have heart disease," the counselor invites the client to rethink by asking, "Have you ever been to the doctor and received that diagnosis?" From this evaluation process, the client begins to realize that most of their negative thoughts arise without clear medical basis and are only based on personal concerns or stories from others.

The counselor also acknowledged that excessive fear often exacerbates physical symptoms such as heart palpitations and stomachaches. After conducting an evaluation, the counselor guided the client through the process of replacing negative thoughts with positive ones, or coping thoughts. The counselor encouraged the client to compose more rational and calming affirmations, such as: "If I feel short of breath, I may be anxious, but that doesn't mean I have heart disease." In addition to composing coping thoughts, the counselor also introduced the importance of practicing and repeating these replacement thoughts.

The counselor encourages the client to train themselves every time negative thoughts arise to immediately respond with more realistic and calming thoughts. This technique is practiced directly through simple role-play during the session, and the client is asked to repeat the coping thoughts at certain times, such as before bed, after prayer, or when feeling anxious. Through this meeting, the client begins to show changes in their perspective. The client appears calmer when explaining their physical condition and begins to be able to distinguish between physical symptoms and emotional responses.

3. Third Meeting (Positive reinforcement & Evaluation and homework)

The third meeting was the closing session as well as a stage for positive reinforcement and application in daily life, as well as evaluation and homework assignment. The counselor expressed appreciation for the changes that had been achieved by the counselee. In the interview, the counselee said that they were no longer as panicked when experiencing mild symptoms and had begun to get used to calming themselves down first. The client also begins to filter information and does not immediately believe everything they hear. The counselor then emphasizes the importance of consistency in

applying healthy thinking patterns. The client is asked to continue reciting prayers, reading prayers when feeling anxious, and to continue consulting with medical professionals if symptoms persist.

The counselor also suggested that the client record negative thoughts and replacement thoughts for the next week as part of their homework assignment. This thought journal helps strengthen self-awareness and makes Cognitive Restructuring techniques part of daily habits. The final evaluation showed a decrease in the client's anxiety level. The client appeared calmer, able to respond to physical symptoms in a more rational way, and felt closer to God. The client reported feeling mentally and spiritually stronger after attending three counseling sessions.

## CONCLUSION

The results of the study indicate that the application of Cognitive Restructuring techniques has a significant effect on reducing somatic symptoms in inpatients at RSIS Jemursari. Based on measurements taken throughout the intervention phase, there was an average reduction in somatic symptoms of 56.4% from the initial condition to the final phase, indicating clinically meaningful changes and the success of the intervention process in reducing the intensity of physical complaints caused by psychological factors. This reduction was accompanied by an increase in patients' ability to recognize, evaluate, and replace negative thoughts related to their health condition. Patients began to demonstrate more rational and realistic thinking, no longer interpreting bodily symptoms excessively.

Additionally, there was an increase in emotional calmness, self-reflection ability, and more positive spiritual acceptance of their condition. Overall, the results of this study confirm that cognitive restructuring plays an important role in reducing somatic symptoms through changes in thinking patterns and perceptions of bodily sensations. This intervention not only helps reduce physical complaints, but also strengthens psychological balance, improves self-control, and supports the patient's overall mental recovery process.

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