The Effect of Cognitive Behavioral Therapy (CBT) on Reducing Anxiety Levels in Patients with Bipolar Affective Disorder at the Mental Health Clinic of Dr. MM Dunda Limboto Regional General Hospital

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ABSTRACT
People with bipolar disorder experience anxiety disorders in 90% of cases. Anxiety disorders are comorbid disorders and can exacerbate the condition of people with bipolar disorder. Anxiety arises because of stimuli that are interpreted as danger or threats by people with bipolar disorder. The purpose of this study is to determine the effect of cognitive behavioral therapy (CBT) on reducing anxiety levels in patients with bipolar affective disorder at the Mental Health Clinic of Dr. MM Dunda Limboto General Hospital. The study design is a pre-experimental design with a one-group pretest-posttest design. The population consists of all patients with bipolar affective disorder, and the sample size, determined using purposive sampling, is 30 respondents. The data were analyzed using a paired t-test. The results of the study showed that the significance value (p-value) was 0.000 ($p < 0.05$), indicating that there is an effect of cognitive behavioral therapy (CBT) on reducing anxiety levels in patients with bipolar affective disorder at the Psychiatric Clinic of Dr. MM Dunda Limboto General Hospital. The results of the study are expected to be applied in reducing anxiety levels in patients with bipolar disorder.
KEYWORDS: Anxiety, *Cognitive Behavioral Therapy*, Bipolar

INTRODUCTION

Bipolar disorder is a recurrent chronic disorder characterized by fluctuations in mood and energy states. Bipolar disorder is one of the causes of disability among young people, which leads to cognitive and functional impairments. This disorder affects more than 1% of the world's population regardless of nationality, ethnic origin, or socioeconomic status. According to data from the *World Health Organization (WHO),* in 2016 there were around 60 million people with bipolar disorder in the world.

In Indonesia, specific data related to *Bipolar affective disorder* It has not been explained specifically, but it is grouped in the data of households that have household members with mental disorders. Based on the 2023 Indonesian Health Survey, it is estimated that there are 315,621 households that have household members with psychotic mental disorders with a prevalence of 4.0% per mile, which means that out of 1000 households there are 4 household members with mental disorders, including people with bipolar disorder. (Ministry of Health, 2023).

Mood swings in sufferers *Bipolar affective disorder* interfere with personal, social, and work functions, if not treated immediately, bipolar disorder can be very detrimental as well as dangerous to the quality and survival of the sufferer. Mood swings are not one of the symptoms that arise in sufferers *Bipolar affective disorder*, but also anxiety disorders. This is supported by research Bahetta & El Moussaoui, (2023) who reported the prevalence of bipolar disorder, 90% experienced anxiety disorders. Anxiety symptoms can worsen cognitive impairment in people with bipolar disorder and can affect the inhibition of cognitive impairment, (Yoldi-Negrete et al., 2024).

Some psychotherapies that can be applied to patients with bipolar disorder who experience anxiety are *Interpersonal and Social Rhythm Therapy* (IPSRT), this therapy suppresses the stabilization of daily rhythms and interpersonal relationships, thus helping in managing mood swings. Family-focused therapy (FFT), this therapy involves families to improve communication and problem-solving skills. Mindfulness-based therapy, this therapy combines the practice of *Mindfulness* to help patients manage stress and emotional regulation and contribute to mood stabilization. Next is cognitive behavioral therapy (*cognitive behavioral therapy/*CBT), this therapy is most widely used in the treatment of patients with bipolar disorder that focuses on changes in dysfunctional patterns and behaviors, (Çınaroğlu, 2024), (Özdel et al., 2021b), (Henken et al., 2020).

CBT therapy has been widely used and proven to be effective in treating bipolar *disorder* patients , one of which is to reduce anxiety levels. So in this study, to avoid and reduce anxiety disorders in *bipolar affective disorder,* cognitive behavioral therapy (CBT) interventions were applied. CBT is a counseling that focuses on

improving maladaptive aspects of thoughts and behaviors or changing *negative thoughts* and *cognitive distortion,* so that a person has *a more adaptive* core belief.

Research related to the effectiveness of CBT has been widely reported through a study. A meta-analysis showed that CBT significantly reduced anxiety symptoms in bipolar patients, with an effect size of 0.89 suggesting high efficacy. (Jessline et al., 2021). In a control study study, CBT was shown to significantly reduce anxiety symptoms in people with bipolar disorder compared to usual treatments, (Nambiar et al., 2024). However, in the treatment of bipolar disorder, it is necessary for CBT to collaborate with pharmacological treatment, so that people with bipolar disorder are more controlled and with the application of CBT can increase the patient's adherence to taking medication.

CBT applies techniques that blend thinking therapy and behavioral therapy. Behavioral therapy looks at that a person's feelings and thoughts are affected by actions. Meanwhile, thought therapy states that the mindset will determine a behavior. CBT modifies the way of thinking, handling problems and changing mindsets and behaviors from previously negative to positive thoughts and behaviors.

CBT recognizes that thoughts, physical sensations, feelings and actions are one and all that affect each other. Negative thoughts continue to trap them in the same problem so that the patient feels depressed and increases anxiety in bipolar patients. CBT focuses on finding solutions, improving mindsets and helping bipolar disorder patients practice positive habits.

Anxiety disorder is a comorbid disorder in Bipolar Disorder patients . Anxiety is caused by the presence of a stimulus from the outside or a stimulus from within that is received and interpreted as a danger or threat by people with bipolar. So that anxiety disorders can aggravate the condition of bipolar sufferers. Anxiety disorders in bipolar patients are caused by various factors, if anxiety disorders in bipolar are not treated immediately, it will cause destructive problems in bipolar patients. For this reason, CBT is applied to help reduce anxiety in bipolar patients. CBT is one of the psychotherapies that has been proven to be effective in reducing anxiety.

CBT in bipolar people aims to identify the negative symptoms that trigger anxiety and replace them with something positive. In providing CBT interventions, previously therapists have known the causes of anxiety in bipolar patients that are negative. So that there is an improvement in maladaptive aspects of thoughts and behaviors or *negative thoughts* and *cognitive distortion,* so that bipolar sufferers have more adaptive *core beliefs* to reduce anxiety in bipolar sufferers. The techniques used to provide CBT interventions are supportive *guidance,* positive thinking therapy, *socratic method,* and *thought stopping.*

Supportive guidance *techniques* aim to provide encouragement and bring the client to emotional balance. Positive thinking therapy encourages bipolar sufferers to look at everything positively and always think about good things, in this case by thinking positively the sufferer is able to see every problem positively. *Socratic method,* in this technique, bipolar sufferers are taught to face irrational or maladaptive thoughts by considering alternative ways of thinking. *Thought stoping*, bipolar sufferers are directed to concentrate fully on the maladaptive thoughts that cause the anxiety and then the therapist loudly expresses "stop" and begins to teach the sufferer to start saying so to himself if symptoms that cause anxiety begin to appear. With CBT Intervention, bipolar patients will become therapy for themselves so that they are calmer, have logical thinking, always think positively or adaptively, so that it can reduce anxiety in bipolar patients.

Based on a preliminary study conducted by researchers with initial data collection at the MM Dunda Limboto Hospital, the number of patients in 2022 was 24 patients, in 2023 there were 32 patients and in 2024 there were 42 patients. The data is increasing every year. Meanwhile, the results of questionnaires and interviews with 6 respondents, on average, people with bipolar disorder have never received cognitive therapy, so far the patient has only consumed medications, sometimes forgetting. Based on the results of the questionnaire, 2 people experienced mild anxiety, and 4 people experienced moderate anxiety. For this reason, it is necessary *to intervene conitive behavioral therapy*. Based on the description above, the researcher is interested in identifying and analyzing the effect *of cognitive behavioral therapy* (CBT) on anxiety levels in bipolar affective disorder patients at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital.

METHODOLOGY

Research Design

The types of research used in this study are *Pre-Experiment* with a plan *One Group Pretest Posttest*. Where the researcher researches one group used in the research, the first observation (pretest) is carried out

which is likely to test the changes that occur after intervention, then a post test is carried out to test for changes that occur after being given an intervention, (Notoatmodjo, 2018).

The research was carried out at the Psychiatric Polyclinic of MM Dunda Limboto Hospital, Gorontalo Regency. Researchers use techniques *Non probability sampling* is a sampling technique by which samples are taken not randomly. The population element that is selected as a sample can be obtained by chance or because there are other factors that have been previously planned. The sampling in this study uses the *purposive sampling*. *Purposive* Sampling techniques for determining samples are carried out by researchers with certain considerations. The researcher will use this technique to obtain a suitable and representative sample for his research purposes (Pasaribu et al., 2022). The number of samples was 30 respondents. with the following sample criteria:

Data Analysis Techniques

Univariate Analysis

Univariate analysis aims to explain or describe the characteristics of each research variable. The form of univariate analysis depends on the type of data. In general, this analysis only produces the frequency and percentage distribution of each variable, (Note; 2012) Calculating the frequency distribution and percentage of each variable can use the formula:

$$p = \frac{f}{n} x\ 100\%$$

Information:

$p = Persentase$

$f = Frekuensi$

$n = Total\ Sampel$

Bivariate Analysis

Bivariate analysis was performed after univariate analysis. Bivariate analysis was performed on two variables studied that were suspected to be related or correlated. In this study to find out influence *cognitive behavioral therapy* (CBT) on anxiety levels in patients *Bipolar affective disorder* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital, using statistical tests *Paired t-test.* Use of statistical tests *Paired T-Test* is to test the effectiveness of a treatment of a quantity of variables to be determined by comparing the average value *Pre-test* and average scores *Post test,* (Santoso, 2018).

The *paired t-test* is used if the data distribution of each variable is normally distributed, but if the data is not normally distributed, the test used is the *Wilcoxon test* with a significant standard value (p=0.05). To test the normality of the data distribution of each variable, the *Kolmogorov Smirnov test was used*.

RESULT

Respondent Characteristics

Table 1. Characteristics of respondents with bipolar disorder at the Psychiatric Polyclinic of Dr.MM Dunda Limboto Hospital.

Yes	Respondent Characteristics		Frequency (f)	Percentage (%)
1	Gender	Man	11	37
		Woman	19	63
2	Age	17-25 years old	2	7
		26-35 years old	15	50
		36-45 Years	8	27
		46-55 Years	5	17
3	Final Education	SD	10	33
		JUNIOR	9	30
		SMA	11	37

4	Long Suffering from Bipolar	≤ 6 months	14	47
		>6 months	16	53
Total			**30**	**100**

Based on table 1 above, most of the characteristics of respondents based on gender are mostly female, as many as 19 respondents (63%). Characteristics of respondents based on age were mostly early adulthood or 26-35 years old as many as 15 respondents (50%). The characteristics of the respondents based on the last education of most high school students were 11 respondents (37%). And most of the respondents had been suffering from bipolar for more than 6 months, namely 16 respondents (53%).

Univariate Analysis

Anxiety Level of Bipolar Disorder Sufferers before *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

Based on the results of the research conducted, an overview of the level of Anxiety of *Bipolar Disorder Sufferers* before being given *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital, can be seen in the following table:

Table 2. Frequency of Anxiety Levels of Bipolar Disorder Sufferers before being given *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital.

Yes	Anxiety Level (Pre)	f	%	Max	Min	Mean
1	Light	3	10			
2	Keep	18	60	33	17	25,67
3	Heavy	9	30			
	Total	**30**	**100**			

Source : Primary Data, 2025

Table 2 shows that the level of anxiety of respondents before being given *Cognitive Behavioral Therapy* (CBT) mostly experienced moderate anxiety, namely 18 respondents (60%), severe anxiety as many as 9 respondents (30%), and mild anxiety as many as 3 respondents (10%). The maximum value of the respondents' anxiety before being given CBT was 33, the minimum value was 17 and the mean value or average was 25.67.

Frequency of Anxiety Levels of Bipolar Disorder Sufferers after *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

Based on the results of the research conducted, an overview of the level of anxiety of *Bipolar Disorder sufferers* after being given *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital, can be seen in the following table:

Table 3. Frequency of Anxiety Levels of Bipolar Disorder Sufferers after *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

Yes	Anxiety Level (Post)	f	%	Max	Min	Mean
1	Light	16	53			
2	Keep	12	40	30	14	19,60
3	Heavy	2	7			
	Total	**30**	**100**			

Source : Primary Data, 2025

Table 3 shows that the level of anxiety of respondents after being given *Cognitive Behavioral Therapy* (CBT) mostly experienced mild anxiety, namely 16 respondents (53%), moderate anxiety as many as 12 respondents (40%), and severe anxiety as many as 2 respondents (7%). The maximum value of respondents' anxiety before being given CBT was 30, the minimum value was 14 and the mean value or average was 19.60.

Bivariate Analysis

Bivariate analysis tested the Effect *of Cognitive Behavioral Therapy* (CBT) on Reducing Anxiety Levels in *Bipolar Affective Disorder Patients* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital using a Paired t-test *statistical test*, so it was necessary to conduct a data normality test. The results of the data normality test were *P = 0.735* (*P* >0.05) which means that the data is distributed normally and is eligible to use the *Paired t-test* statistical test. The results can be seen in the following table.

Table 4. Analysis of Respondents' Anxiety Level before and after being given CBT in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

Group	n	Mean	t	*P-value*
Anxiety Levels Before CBT Is Administered	30	25,67	8.152	0.000
Anxiety Level After CBT	30	19,60		

Source : Primary Data, 2025

Table 4 shows the results of the *paired t-test* with a significance value or *p-value* of 0.000 (P<0.05) which means that there is an Effect *of Cognitive Behavioral Therapy* (CBT) on Reducing Anxiety Levels in Bipolar *Affective Disorder Patients* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital.

DISCUSSION

Anxiety Level of Bipolar Disorder Sufferers before *Cognitive Behavioral Therapy* (CBT) in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

The anxiety level of respondents before being given *Cognitive Behavioral Therapy* (CBT) was mostly moderate anxiety, namely 18 respondents, severe anxiety as many as 9 respondents, and mild anxiety as many as 3 respondents. The maximum value of respondents' anxiety before being given CBT was 33, the minimum value was 17 and the mean value was 25.67. Based on the results of the questionnaire, respondents with moderate to severe anxiety levels stated that they were very anxious, felt tense, could not rest calmly, trembled, restless, experienced sleep disturbances and experienced other body disorders. While 3 respondents with mild anxiety stated that although they felt anxious and a little tense, they did not currently interfere with other activities.

Previous research reported that before CBT therapy, the level of mild anxiety was 71 respondents and moderate anxiety was 16 respondents. (Tanaya & Yuniartika, 2023). The same is true for studies that applied CBT to reduce anxiety in 5 respondents and got 100% results of experiencing very high anxiety, (Salsabila & Putri Harahap, 2024).

Other studies explain that anxiety is a common and significant comorbidity in patients with *Bipolar Disorder*. Anxiety disorders in *Bipolar Disorder* It is associated with a variety of negative clinical outcomes including increased disease severity, poorer treatment response, and decreased quality of life. This is because patients with bipolar disorder and anxiety show a lack of sensitivity to standard care, (McIntyre et al., 2022).

A number of clinical and epidemiological studies show that the comorbidity rate of anxiety disorder comorbidities is very high in bipolar patients compared to the general population. In the American National Comorbidity Survey (NCS), lifetime anxiety comorbidities are close to 90%. Two French clinical studies showed the presence of at least one anxiety disorder in about 25% of bipolar subjects, (Bahetta & El Moussaoui, 2023).

Based on the results of the above study, it shows that the very high prevalence of anxiety in patients with bipolar disorder will affect the effectiveness of treatment, the need for psychological interventions to reduce the intensity and frequency of anxiety symptoms. One of the most common and proven effective approaches in dealing with anxiety disorders is *Cognitive Behavioral Therapy* (CBT). The CBT approach focuses on identifying and modifying negative mindsets as well as maladaptive behaviors that maintain anxiety conditions. Thus, the administration of CBT is expected to help respondents in improving coping skills, reducing excessive threat perception, and improving physical symptoms that arise in response to stress. (Özdel et al., 2021).

Anxiety Level of Bipolar Disorder Sufferers after *Cognitive Behavioral Therapy* (CBT) Is Given in the Psychiatric Polyclinic Room of MM Dunda Limboto Hospital

The anxiety level of respondents after being given *Cognitive Behavioral Therapy* (CBT) was mostly mild anxiety, namely 16 respondents, moderate anxiety as many as 12 respondents, and severe anxiety as many as 2 respondents. The maximum value of respondents' anxiety before being given CBT was 30, the minimum value was 14. Based on the results of questionnaires and interviews, respondents with severe to moderate anxiety reported that their anxiety was reduced although sometimes respondents were still anxious and experiencing tension to experience sleep disturbances, but by applying positive thinking therapy, anxiety can be controlled. Meanwhile, respondents with mild anxiety stated that they always applied positive thinking therapy to suppress anxiety, so that their anxiety could be controlled and did not interfere with activities.

This research is in accordance with research conducted by Hariningsih et al., (2023), there was a decrease in anxiety levels after the intervention *cognitive therapy* Where the average anxiety score before intervention was 27.67 and after intervention decreased to 18.80. This study explains that anxiety in bipolar disorder is caused by multiple factors including biological factors, psychological factors and social factors.

There are several other studies that report a decrease in anxiety after the application of CBT. Research Tanaya & Yuniartika (2023), showed a decrease in anxiety, namely not anxious by 71.3%, mild anxiety reduced to 28.7%. While research Salsabila & Putri Harahap (2024), shows that before the application of CBT 100% anxiety is very high, after the application of CBT the level of anxiety is 100% low.

Based on this description, in applying CBT, it is necessary to know the main cause of anxiety in bipolar patients, this is of course to change negative mindsets or maladaptive behaviors to adaptive mindsets and behaviors. So that it can minimize the occurrence of anxiety in bipolar patients. In other studies, it is stated that CBT is a safe and effective psychotherapy in reducing anxiety levels in bipolar patients, this is proven that after the application of CBT, there is a decrease in social anxiety in bipolar patients, (Pavlova et al., 2024).

The Effect *of Cognitive Behavioral Therapy* (CBT) on Anxiety Levels in Bipolar *Affective Disorder Patients* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital.

The results of the study through a paired t-test *statistical test* with a significance value or *p-value* of 0.000 which means that there is an effect *of Cognitive Behavioral Therapy* (CBT) on reducing anxiety levels in Bipolar *Affective Disorder patients* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital.

In this study, CBT was given as many as 2x a week. The implementation of CBT is given in accordance with standard operating procedures (SOP) consisting of 5 sessions. The first session of the researcher conducted assessment and diagnosis. The second session looked for the root of the problem. The third session developed an intervention plan by providing positive-negative consequences to the patient. The fourth session carried out status formulation, therapy focus and behavioral intervention. The fifth session builds the client's commitment to actively form positive thoughts, feelings, and deeds in every problem faced.

Cognitive Behavioral Therapy (CBT) has been shown to reduce anxiety in a variety of patients, including bipolar disorder patients. This research is in line with research conducted by Hayati et al., (2022), obtain the results of statistical tests *Paired T-Test* with a value of p = 0.000 which means cognitive behavioral therapy can lower anxiety levels. Research Haikal, (2022), by doing cognitive behavioral therapy for 7 days, showing a decrease in anxiety levels, this study concludes that cognitive behavioral therapy can reduce anxiety levels against distorted thoughts. Research Zebua et al., (2025), concluding that there is a positive relationship *Cognitive Behavioral Therapy* with anxiety disorders in grade XII students who will face final exams.

Search results of 5 journals through *Literature Review* done by Fauziah & Kesumawati (2021), concluding that CBT therapy may lower anxiety in patients with mental disorders. The same thing with literature studies conducted by Sauran & Salewa, (2022), by collecting relevant data from books, journals, and magazines to outline the CBT approach in bipolar disorder, particularly bipolar patients with anxiety disorders. This literature study explains that CBT changes the perception of the wrong mindset about oneself, thus having an impact on maladaptive behavior. The presence of CBT in a therapy will turn maladaptive behavior into adaptive behavior with several CBT techniques, including supportive *guidance*, positive thinking therapy, *Socratic Method*, and *thought stoping*.

Other studies confirm that CBT has a significant impact on reducing anxiety and improving mood stability in bipolar patients in Islamic hospitals. Quantitative data showed a substantial decrease in anxiety

levels after participants completed a 12-week CBT program, with an average decrease of 28 points in anxiety scores. This suggests that CBT can effectively relieve anxiety symptoms in bipolar patients, becoming a tool to manage emotional responses and mood fluctuations more effectively, (Jamilah, 2024).

Psychotherapy through *cognitive behavior* can help a person become more effective and rational in dealing with various stimuli that cause fear and anxiety, (Pati, 2022). If the application of CBT is done well, the individual can control his anxiety, provide adaptive responses and reduce maladaptive responses, (Fauziah & Kesumawati, 2021). CBT is an effective and efficient psychotherapy because it can be applied anytime and anywhere and provides many benefits, especially in reducing anxiety levels in bipolar disorder patients.

CBT intervention in bipolar patients not only reduces anxiety symptoms but also provides several other benefits including increasing medication adherence, (Maharani, 2024). In addition, it relieves symptoms of diseases such as depressive episodes, irritability, and mood swings, (Özdel et al., 2021).

Based on this description, researchers assume that anxiety is a comorpation of bipolar disorder and greatly affects the treatment process. People with bipolar disorder account for 90% of people experience anxiety, so the need for psychotherapeutic intervention in dealing with this problem. Treatment through psychotherapy can be done with the application of CBT interventions. CBT interventions by healthcare workers help patients to transform the maladaptive thoughts and behaviors that cause anxiety into adaptive thoughts and behaviors.

CONCLUSION

The anxiety level of respondents before being given *Cognitive Behavioral Therapy* (CBT) was mostly moderate anxiety, namely 18 respondents, severe anxiety as many as 9 respondents, and mild anxiety as many as 3 respondents. The maximum value of the respondents' anxiety before being given CBT was 33, the minimum value was 17 and the mean value or average was 25.67.

The anxiety level of respondents after being given *Cognitive Behavioral Therapy* (CBT) was mostly mild anxiety, namely 16 respondents, moderate anxiety as many as 12 respondents, and severe anxiety as many as 2 respondents. The maximum value of respondents' anxiety before being given CBT was 30, the minimum value was 14 and the mean value or average was 19.60.

The results of the study through *the paired t-test statistical test* showed that the significance value or *p-value* was 0.000 which means that there is an Effect *of Cognitive Behavioral Therapy* (CBT) on Reducing Anxiety Levels in *Bipolar Affective Disorder Patients* at the Psychiatric Polyclinic of Dr. MM Dunda Limboto Hospital.

SUGGESTION

The results of this research are expected to be read and can apply science and theory that can be applied by students in providing *Cognitive Behavioral Therapy* , especially for patients with *Bipolar Affective Disorder.*

It is hoped that *Cognitive Behavioral Therapy* can be considered to always be applied in overcoming comorbid anxiety in bipolar patients.

It is suggested for future researchers, the application *of Cognitive Behavioral Therapy* is not only carried out for one week. The duration of CBT administration is increased so that it provides more optimal results in bipolar patients.

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