

The Application of Positive Group Psychotherapy to Increase Life Satisfaction for HIV-Infected Wives Through Her Husband

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Abstract— Human Immunodeficiency Virus (HIV) has become a major health problem. HIV affects several aspects, including physical, psychological, financial, and social aspects. This impact resulted in individuals having low life satisfaction. Low life satisfaction is caused by not fulfilling the domain satisfaction in their life. Positive Group Psychotherapy is a group therapy that aims to help individuals recognize their strengths. So that they can think, behave, and have positive emotions. This study aims to see whether positive group psychotherapy is effective for increasing life satisfaction in wife infected with HIV through their husbands. Participants in this study did not attend individual or group psychological intervention sessions. The sampling technique in this study was purposive sampling. The research design in this study was quasi- experimental design one group pretest posttest. Data analysis in this study used a non-parametric analysis technique, The Wilcoxon signed- Rank Test. Positive Group psychotherapy in this study consisted of 15 sessions over 7 weeks. Based on the results of The Wilcoxon signed-Rank Test, it was found that positive group psychotherapy effectively increased life satisfaction in wife infected with HIV through their husbands with $Z = - 2.041$, $p = 0.041 < 0.05$.

Keyword: HIV, wife, positive group psychotherapy

I. INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks white blood cells which causes a decrease in a person's immune system which has an impact on the function of white blood cells to fight infections, viruses, and diseases. HIV transmission can be through several ways, transmission with risky sexual relations, the use

of needles or other equipment that has been contaminated with HIV, blood transfusions, and can also be transmitted through the mother to her child during pregnancy, and breastfeeding. The HIV virus that attacks a person's immune system within five to ten years will develop into Acquired Immune Deficiency Syndrome (AIDS). The problem of HIV / AIDS has been established as a major health problem [1]

The World Health Organization (WHO) noted that HIV sufferers reached 35 million in 2017 and around 940,000 died from the HIV virus. HIV sufferers in Indonesia alone as of December 2017 reported 14,640 people, with the highest percentage at the age of 25-49 years (69.2%), followed by the age group 20-24 years (16.7%), and the age group > 50 years (7.6%). The results of calculations carried out by the Ministry of Health of the Republic of Indonesia (KKRI) from 2015-2017 showed the percentage of HIV / AIDS deaths which increased by 1%. Data from the Directorate General of Disease Prevention and Control until mid-June 2016 sufferers of HIV / AIDS in Indonesia if classified according to the type of work shows housewives as the highest group of people infected with the HIV / AIDS virus as many as 11,655 cases, 10,565 cases, employees 10,488 cases, and groups of commercial sex workers who contracted HIV / AIDS, which were 2,818 cases.

The Ministry of Health of the Republic of Indonesia (KKRI) conducted research in 2016 concerning estimates of HIV / AIDS sufferers in Indonesia in 2011-2016 which showed an increase in the number of HIV / AIDS infections in low risk groups of women, namely housewives [2]. Housewives are not included in the population at high risk for HIV / AIDS transmission. According to the KKRI, housewives

should be categorized as a low-risk group of women, because they might be infected with the HIV through sexual relations with husbands who have been infected with the HIV. Based on interviews that the researcher did with one of the doctors in the hospital "x", that most people with HIV / AIDS who did treatment were infected wives from their husbands. Usually they realize that they need to take an HIV / AIDS test when they find out their husband is positively infected with HIV / AIDS or their husband died of the virus.

Therefore, wives who are infected with HIV through their husbands will experience more pressure in dealing with their situation, because they do not carry out risky behavior but must experience positive HIV impacts[3]. According to Sarafiono and Smith states that a disease that is severe can cause negative feelings such as anxiety, depression, stress, or feeling helpless and certain negative feelings [4]. HIV / AIDS has an impact on all aspects of the life of the sufferer which includes the physical aspects of people living with HIV who decline as HIV develops into AIDS and the side effects of treatment. The next aspect is the financial aspect caused by the loss of work or the amount of costs incurred for routine maintenance or check-up costs that are not borne by the government or insurance[5].

People with HIV will experience obstacles in developing intimacy and trust with their partners, especially if there is no support provided by the family. The main problem is that there is still a negative stigma and discrimination from the community that HIV is a disease that cannot be cured and leads to death, so it does not want to use the same eating and bathing equipment as HIV sufferers, and HIV sufferers are always associated with "negative" because it is related to violations of social norms and morals [5][6][7]

Problems both internally and externally have an impact on the assessment of individuals with all aspects of their lives. Individuals who are first diagnosed with HIV / AIDS will experience negative emotions such as sadness, fear, disappointment, anger, feeling guilty, loss of self control, and assume that they will die [8].

The above problems will affect the judgment of people with HIV on their whole lives, according to research conducted by Strine, Chapman, Balluz, Moriarty, & Mokdad that health-related factors such as chronic illness, anxiety, and physical dysfunction positively correlated with someone's life satisfaction.

Life satisfaction and health have a two-way relationship, if someone has good health,

it will affect the quality of life satisfaction which of course is also influenced by other supporting factors [9].

The problems experienced by people with HIV not only need medical treatment, but also require psychological treatment. people who are able to regulate unpleasant feelings in their lives and change their perspective in interpreting life will affect their satisfaction. Life satisfaction is the ability of individuals to cognitively assess satisfaction or not being lived and lead to happiness in their lives, this assessment includes the overall experiences experienced in the lives of individuals [10]. Based on the research of Vicki, Rose Anne & Francesca that HIV / AIDS infection has a complex impact on sufferers in addition to reducing the body's resistance and opportunities infections that follow it, psychological and social problems are also experienced by people who detected HIV / AIDS. Psychologically people with HIV / AIDS can experience psychological distress, including low self-esteem, anxiety, fear, and even a reduced sense of satisfaction with their lives. Various factors cause people with HIV susceptible to stress and depression which can have an impact on their subjectivewell-being.

People with high life satisfaction are people who have goals in their lives and are successful in achieving those goals. So, individuals who have high life satisfaction feel that their lives are meaningful and have important goals and values in their lives [11]. . Diener says that individuals who are satisfied with their lives are individuals who judge that their lives are not perfect and everything does not always go well, but always has the desire to develop and like challenges.

The above statement is supported by research conducted by Mudgal & Tiwari which performs forgiveness and life satisfaction comparisons of individuals experiencing HIV / AIDS with normal individuals, the results show that individuals with HIV / AIDS have low levels of forgiveness and life satisfaction [12] . Mudgal & Tiwari (2015) explained that individuals infected with HIV / AIDS certainly have complex situations compared to normal people, besides social pressure, routine treatment that must be done, and medical expenses also affect individuals in understanding their life satisfaction [12][13] .

Based on research conducted by Mudgal & Tiwari which still lacks in the form of an intervention program that is not used to increase the level of life satisfaction of individuals with HIV / AIDS, researchers conducted a literature study and found that, so far the therapy used was more focused on efforts to correct negative things focus on the injuries in the individual, such as trauma,

conflict, disability and physical disturbances[12][14] interventions to improve life satisfaction can be done through therapeutic efforts that use a conceptual model in the form of psychotherapy. One of them is Positive Psychotherapy which is part of positive psychology, which is an intervention based on positive psychology that is expected to help individuals understand the advantages that exist within them.

Positive Psychotherapy explained by Guney is a psychotherapy method to minimize the occurrence of psychopathological disorders by developing positive emotions, strengths, and meaningfulness of life in individuals as an effort to achieve happiness through optimism, hope, humor, and resilience by building a pleasant life, life that is full of activities (engaged life), and life that is meaningful (pursuit of meaning), to overcome clinical disorders and negative things that can be done individually or in groups [15].

Research conducted by Seyedi, Sadeghi, Bakthiari, Ahmadi, Anamagh, & Khayatan, for infertile woman shows the effectiveness of Positive Group Psychotherapy in improving life satisfaction and quality of life [16]. Research conducted by Ironson and Hayward shows that individuals who are able to develop psychological conditions positively can prevent and slow the progression of the HIV virus to AIDS. However, research using Positive Group Psychotherapy is still very limited, especially in the clinical context. Therefore the researchers chose the use of the Positive Group Psychotherapy intervention to improve life satisfaction for wives infected with HIV / AIDS through their husbands.

II. RESEARCH METHOD

Participants and procedure

This study based in quasi-experiment on one group of participants who would receive an intervention. Gravetter & Forzano explain that specifically, the design of this study uses within subject, one-group pretest-posttest design [17]. The study sample was also not divided into several groups, but only one research group took part in the treatment. Measurement of life satisfaction using the life satisfaction scale (SWLS). Participants in this study were wife infected with HIV through their husbands and had never received psychological intervention. The sampling technique used in this study was purposive sampling. The participants in this study were five people. The study consisted of

fifteen sessions and was held for 7 weeks. All the participants were signed an informed consent before entering the study. Collected data are processed by SPSS software. Non-parametric Wilcoxon Signed Ranked Test is used to measure the significance of the pre-test and post-test differences. The results of the validity and reliability test of the life satisfaction scale show Cronbach's alpha $r = 0.858$ and the five items are declared valid for people with HIV.

Positive Group Psychotherapy Intervention

The participants in this study were randomly placed into one groups of intervention. The treatment was held for seven weeks. Interventions were performed in a foundation room. Each session lasting an hour and half was held in a group therapy format, in one meeting consisted of two sessions. The meeting included the following positive exercises: (a) VIA Character Strengths, (b) Gratitude journal, (c) gratitude letter, (d) forgiveness letter, (e) Savoring, (f) Open and Closed memories, (g) Positive Appraisal, (h) Reach, (i) Expressive writing, (j) Tree of Positive relationships, (k) Positive legacy. The overall design of the intervention can be seen in table

1. The intervention was conducted by master degree student in clinical psychology program and supervised by adviser.

Table 1: Positive Psychotherapy session by session description

Session Number and Title	Content	Main Practices
Phase One		
1: Positive Introduction and Gratitude Journal	This session orients clients to the clinical milieu and clarifies client and clinician roles and responsibilities. This session also teaches how to start the ongoing practice of cultivating gratitude through journaling positive experiences and appreciating the impact of gratitude on well-being	<i>Positive Introduction:</i> Client recalls, reflects, and writes a one-page Positive Introduction sharing a story with a beginning, middle, and positive end, in concrete terms that called for the best in the client. <i>Gratitude Journal:</i> Client starts an ongoing journal to record three good things every night (big or small) and also writes what made these happen.
2: Character Strengths and Signature Strengths	This is the first of three sessions focusing on character strengths and signature strengths, which are positive traits that can be developed through practice and can contribute to personal growth and wellness.	<i>Character Strengths:</i> Client compiles his signature strengths profile by collecting information from multiple resources including self-report, an online measure, a family member, and a friend
3: Practical Wisdom	This session presents the skills of practical wisdom. These skills teach us how to adaptively apply our signature strengths in a balanced way to solve problems.	<i>Know-How of strengths:</i> Client applies four practical wisdom strategies (specificity, relevance, conflict, reflection, and calibration) to resolve three specific scenarios.
4: A Better Version of Me	This session looks at articulating and implementing a written plan of positive, pragmatic, and persistent self-development.	<i>A Better Version of Me:</i> Client writes a self-development plan called a Better Version of Me, that uses her strengths adaptively through specific, measurable, and achievable goals.
Phase Two		
5: Open and closed Memories	In this session, clients recall, write, and process memories, and they learn to develop skills for dealing with open or negative memories	<i>Positive Appraisal:</i> After practicing relaxation, client writes bitter memories and explores four ways to deal with them adaptively.
6: Forgiveness	This session teaches that forgiveness is a process for change, rather than an event. This session explains what forgiveness is and what it is not.	<i>REACH:</i> Client learn about REACH- a process of forgiveness; and/or <i>Forgiveness Letter:</i> Client writes a letter of forgiveness but does not necessarily deliver it
7: Maximizing versus Satisficing	This session presents the concepts of maximizing (aiming to make the best possible choice) and satisficing (making a good enough choice).	<i>Toward Satisficing:</i> Client explores in which domain of life he maximizes or satisfices. Client drafts a plan to increase satisficing.
8: Gratitude	This session expands the concept of gratitude by having the client recall and write to someone who is alive	<i>Gratitude Letter:</i> Clients reflects and writes a letter of gratitude to someone who helped at a

now and who in the past did something positive but who the client has never fully thanked.

time of need and who has not been thanked properly.

Gratitude Visit:

Client invites the person for whom she wrote the Gratitude Letter for a one-on-one meeting. Without explaining in advance, client reads the letter in person.

Phase Three

9: Hope and Optimism

In this session, clients learn to see the best possible, realistic outcomes. They learn that challenges are temporary and how to develop a sense of hope

One Door Closes, Another Door Opens:

Client reflects and writes about three doors that closed and three doors that opened.

10: Posttraumatic Growth

This session invites clients to explore their deep feeling and thoughts about a traumatic experience that continues to bother them.

Expressive Writing:

Client can complete an optional exercise of transporting troubling and traumatic experiences to a piece of paper, with the assurance that this writing is only for the client's eyes, to be kept in secure place. The practice is completed after the client develops healthy coping skills and is not overwhelmed by current stressors.

11: Slowness and Savoring

In this session, clients learn how to deliberately slow down and develop an awareness of how to savor. In so doing, they learn to attend mindfully to the positives

Slow and Savor:

Client selects one slowness technique and one savoring technique that fit her personality and life circumstances.

12: Positive Relationships

In this session, clients learn the significance of recognizing the strengths of their loved ones.

Tree of Positive Relationships:

The client, along with his loved ones, assesses his strengths; everyone plots them on a large "tree", drawn on paper. Client discusses with his loved one ways of enriching relationships by celebrating one another's strengths.

13: Positive Communication

In this session, clients learn about four styles of responding to good news and which of these predicts relationship satisfaction.

Active Constructive Responding:

Client explores the strengths of her significant other and also practices active-constructive responding.

14: Altruism

In this session, clients learn how being altruistic helps both themselves and others

Gift of Time:

Client plans to give the gift of time by doing something that also uses client's signature strengths.

15: Meaning and Purpose

This session focuses on the search and pursuit of meaningful endeavors for the greater good

Positive Legacy:

Client writes how she would like to be remembered, especially in terms of her positive footprints.

III. RESULT

After 7 session of positive group psychotherapy intervention, the posttest results also showed an increase in the total score of life satisfaction before and after the intervention (table 2). The results of the non-parametric

statistical tests of The Wilcoxon Signed-Rank Test were obtained $Z = - 2.041$ and $P = 0.041 < 0.05$ which showed that the group positive psychotherapy was significantly effective in increasing individual life satisfaction (table 3).

Table 2: Comparison of SWLS score before and after intervention

No	Participants	Total Score	
		Pretest	Posttest
1	A	9	12
2	B	15	17
3	C	19	22
4	D	19	21
5	E	5	9

Table 3: The Wilcoxon Signed Ranks

Wilcoxon Signed Ranks	
Z	-2.041
Asymp. Sig. (2-tailed)	0.041

IV. DISCUSSION

HIV is a physical illness caused by several physical and emotional factors. The results of this study are consistent with the research of Seyedi, Sadeghi, Bakhtiari, Ahmadi, Anamagh, & Khayatan which also support the application of positive psychotherapy groups in increasing life satisfaction [16]. Group intervention shows significant results to improve life satisfaction to individuals with similar situations and conditions. Life satisfaction could be considered as a cognitive and judgmental process which is based on comparing the individual's condition with what is considered as a proper standard. Positive psychotherapy interventions are certain treatment methods cultivating positive emotions, positive behaviors, and positive cognitions[13]. Considering the fact that these treatment methods emphasize on positive emotions and strengths, they both can be improve life satisfaction. For example, by applying gratitude and forgiveness, wives infected with HIV through their husbands will make dealing with their pasts and change their negative responses into positive responses. The

researchers found several advantages that made this study increase the life satisfaction of wives infected HIV through their husbands (a) through a group approach, group members can know that other people are willing to share feelings, thoughts and problems (universality), (b) fellow group members can also develop their own concepts by helping other subjects (altruism), (c) group members can also develop optimism for self-improvement by learning from group members (instillation of hope), (d) members can give imparting information, revive family dynamics between members may not be found in the core family (corrective recapitulation of primary family experience), (f) can learn to develop adaptive and effective communication (development of socializing techniques), (g) each member can learn to express various feelings and can learn to build trust, feeling of belonging and togetherness experienced with other members (cohesiveness), (h) can learn to accept responsibility for past and present experiences now. (i) The emergence of insight through feedback given by other members, and of course it is expected that this group approach will help each individual understand himself.

V. CONCLUSION

This study showed that group positive psychotherapy could be beneficial in elevating life satisfaction in wives infected HIV through her husband. Considering positive group psychotherapy is an effective intervention to help clients recognize their strengths, this intervention also helps group members to be able to support each other and open new perspectives.

This study has several limitations. First, this study has several limitations, first this intervention requires consistent implementation time, in reality in this study there were several sessions that were not carried out consistently. Second, the location of the study had a long distance, some people have difficulty reaching the study location. Third, this study does not have a measurement method for each session, this measurement serves to see whether the whole session is useful for participants.

future studies can consider the location and timing of intervention. Choosing the right location will facilitate the implementation of the intervention. Control group can also be used to compare the impact of the therapy with those without structured intervention. The HIV Foundation can provide psychological services that will help improve life satisfaction. The application of group support supervised by experts is expected to increase the life satisfaction of the HIV infected wife through her husband.

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