

Effectiveness of Group Cognitive Behavioral Therapy to Improve Subjective Well-Being in People Living with HIV/AIDS (PLWHA)

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Abstract— This study aims to determine the effectiveness of group cognitive behavioral therapy in increasing subjective well-being in people living with HIV/AIDS (PLWHA). The research design used a quasi-experimental one group pretest posttest. The data collection method uses purposive sampling technique, namely the researcher sets the criteria before selecting the research subject. This study uses a group cognitive behavioral therapy module which includes cognitive restructuring and coping skills techniques. Measurement of subjective well-being used the Satisfaction with Life Scale (SWLS) and the Scale of Positive and Negative Experience (SPANE), which were analyzed using the Wilcoxon nonparametric statistical test. The result showed an increase in subjective well-being in people living with HIV/AIDS after being given group cognitive behavioral therapy ($p = 0.043$; $p < 0.05$; $z = -2.023$) and had effect size of 64 %. This means that group cognitive behavioral therapy is effective in increasing subjective well-being in people living with HIV/AIDS and has a relatively large effect.

Keywords— Subjective well-being, group cognitive behavioral therapy, people living with HIV/AIDS.

I. INTRODUCTION

One of the chronic diseases that pose a health challenge for the whole world is HIV / AIDS (Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome). From the 2019 UNAIDS data, it can be seen that there are 37.9 million people living with HIV and this data has increased from the previous year. UNAIDS states that there are 770.000 cases of people who have died from AIDS. In Asia, as many as 5.9 million people have HIV¹. In Indonesia, in 2018 there were 372.282 people living with HIV and 114.065 people suffering from AIDS².

People living with HIV / AIDS (PLWHA) not only experience a decline in health but also experience psychological changes. When diagnosed with HIV / AIDS, reactions that are usually experienced are confusion, shock, anxiety, denial, and tend to withdraw from the environment because they are worried about stigma and discrimination from society³. This is in line with interviews with several PLWHA who said that they received stigma and discrimination such as being expelled from their homes, being humiliated, receiving different treatment, and being shunned. This stigma affects the psychological condition of PLWHA, namely the presence of low self-esteem, anxiety, fear, and reduced satisfaction with life, which impacts on subjective well-being⁴.

Diener (2006) defines subjective well-being (SWB) as an individual's evaluation of his life including affective and

cognitive⁵. Cognitive includes an individual's assessment of his / her life satisfaction, and affective includes the emotional reactions that individuals feel about an event. Individuals who have a high SWB will feel satisfied with their lives, feel happy, and rarely feel unpleasant emotions. A high SWB also makes individuals have health and longevity, supportive social relationships, and are more productive at work. Conversely, individuals who have a low SWB will judge their life as unsatisfactory and often feel unpleasant emotions⁶.

SWB consists of two basic components, namely cognitive and affective. PLWHA who have cognitive distortions and negative effects can affect SWB. There are several cognitive distortions that PLWHA have, namely all or nothing (extreme ways of thinking about good and bad), mental filtration (only focusing on negative things), and overgeneralization (generalizing one aspect of life to their whole life)⁷. This cognitive distortion affects the emotions and behavior of PLWHA, namely feelings of sadness, disappointment and anger as well as crying behavior, reluctance to do activities, and being silent. There are several factors that can affect SWB, namely personality, age, gender, social relationships, life events, and coping strategies.

One form of intervention that can increase SWB is cognitive behavioral therapy⁸. Cognitive behavioral therapy (CBT) is a form of psychological intervention that targets ways of thinking and behaving. Spiegler (2003) suggests that there are two techniques in CBT, namely cognitive restructuring, which aims to change irrational thoughts to be rational, and coping skills which aim to provide new skills. Some studies show that with the reconstruction of the mind and provide new skills so the individual can improve in his welfare aspects⁸.

CBT can be done in groups or called group cognitive behavioral therapy (GCBT). Hersen & Sledge (2002) suggest that GCBT can reduce feelings of alienation felt in individuals such as reducing feelings that they are the only person experiencing problems⁹. In addition, GCBT can also provide reinforcement to individuals which this can be obtained from group members, as well as receiving lessons learned from groups such as how to solve problems.

II. OBJECTIVE AND METHOD

Purpose of this study was to determine the effectiveness of group cognitive behavioral therapy to increase subjective well-being in people with HIV / AIDS. The research design used a quasi-experimental one group pretest posttest. The data

collection method used purposive sampling technique. Participants in this study amounted to five PLWHA with criteria aged 20-35 years and taking ARVs. The age range of participants is 23-35 years. Each participant will be given cognitive behavioral therapy in groups and facilitated by a psychologist. The intervention session was given for eight sessions with five times the number of meetings. The scales used are the Satisfaction with Life Scale (SWLS) and the Scale of Positive and Negative Experience (SPANE) which are then analyzed using the Wilcoxon nonparametric statistical test.

III. RESULT AND DISCUSSION

Hypothesis in this study is that group cognitive behavioral therapy is effective in increasing subjective well-being in people living with HIV / AIDS. Based on the results of the Wilcoxon test analysis of the pretest and posttest scores, the Z value is -2.023 with a significance value of 0.043 and the value is less than 0.05. It can be concluded that there is a significant difference between the pretest and posttest scores, which means that there is an increase in subjective well-being in people living with HIV / AIDS after being treated with group cognitive behavioral therapy. Then the existence of an effect size of 64% indicates that the group cognitive behavioral therapy has a relatively large effect in increasing subjective well-being in people living with HIV / AIDS.

The results of this study are in line with the research of Mehrnaz Sadat Kahangi (2015) regarding the effectiveness of cognitive behavioral therapy on subjective well-being of chronic headache sufferers. His research shows that subjective well-being has increased significantly when given cognitive behavioral therapy. Having techniques that change thinking and identify negative thoughts can help patients understand their assessment of their lives. Through cognitive behavioral therapy, patients can also become aware of their own emotions, both positive and negative. Awareness of the emotions helps the patient to increase positive emotions and reduce negative emotions¹⁰. This study is also in line with research on cardiovascular patients from Sara Karimi (2014) who stated that cognitive behavioral therapy significantly increases subjective well-being¹¹.

In this study, the effect size obtained was relatively large. This large can be strengthened by changes in functional analysis before and after treatment. Before being treated, participants in this study had irrational thoughts such as "I must have been shunned by other people", "I am a weak person", "I must have been ostracized, insulted, ridiculed, and humiliated", "my PLWHA status must have been spread". These irrational thoughts influence the emotions and behavior of the participants. In terms of emotions, participants feel feelings of anger, sadness, shame, disappointment, fear, and anxiety. In behavior, participants are often alone, reluctant to interact with others, cry, avoid others, are reluctant to do something, and blame God. After being given the group cognitive behavioral therapy, changes occurred in the participants thoughts, emotions, and behavior. In terms of thoughts, participants formed rational thoughts, namely "I can be accepted", "I can work, I am strong", "I am not isolated and

not humiliated", and "my PLWHA status is not disseminated". In line with changing thoughts, emotions and behaviors also change, namely becoming happy, calm, and relaxed, and behaving more enthusiastically in doing activities, there is a desire to interact with other people, want to gather with friends, increase appetite, and be more open to others.

These changes in thoughts, emotions, and behavior have an impact on the daily activities of the participants such as improved health, not feeling lonely, confident, enthusiastic, not having thoughts that burden them, and being more productive in carrying out their daily activities and work. Shasha (2017) revealed that PLWHA who have satisfaction with their life and feel positive emotions will be more able to accept their condition, interact with the community, be able to do activities, and be able to live healthy¹².

In addition to changes in thoughts, emotions, and behavior, participants also have coping skills in dealing with problematic situations. Rzeszutek et al (2017) suggested that people living with HIV who have adaptive coping will give better effect to the welfare of the situations that create stress¹³. In this study, before being treated, the participants had coping such as avoiding, shutting themselves up, having suicidal ideas, crying, and always thinking negatively. After being given the treatment, the participants had adaptive coping namely telling stories to others, doing positive activities, thinking about positive things, praying, encouraging themselves, and relaxing.

Giving treatment carried out in groups also affects the welfare of the participants. Alvani et al (2015) revealed that a cohesive group makes friendships among group members and forms good social support¹⁴. In this study, all participants showed cohesiveness during the treatment. They also have a commitment to support each other, provide assistance, and always communicate. This shows the formation of new social support that participants have. Correspondingly, Diener emphasized that social support has a relatively large impact on subjective well-being¹⁵.

IV. CONCLUSION

Based on the results of this study, it can be concluded that group cognitive behavioral therapy is effective in increasing subjective well-being in people living with HIV / AIDS. This can be seen from the results of the Wilcoxon test, the pretest and posttest scores obtained by a Z score of -2.023 and a significance of 0.043. In addition, there is also an effect size of 64%. Based on the results of the Wilcoxon test, it can be concluded that there is a significant difference between the participants pretest and posttest scores after being given the group cognitive behavioral therapy. This means that there is an increase in subjective well-being in people living with HIV / AIDS after being treated with group cognitive behavioral therapy. Group cognitive behavioral therapy also has a large effect in increasing subjective well-being in people living with HIV / AIDS.

REFERENCES

- [1] UNAIDS. "Global HIV&AIDS Statistics," 2019

- [2] Kementerian Kesehatan Republik Indonesia. "Profil Kesehatan Indonesia Tahun 2018," Unpublished.
- [3] Arriza, B.K., Dewi, E.K., Kaloeti, D.V.S. "Memahami rekonstruksi kebahagiaan pada orang dengan HIV/AIDS (ODHA)," *Jurnal Psikologi Undip*, vol. 10, 2011.
- [4] Hutton, V.E., Misajon, R., Collins, F.E. "Subjective well-being and 'felt' stigma when living with HIV," *PubMed: Quality of Life Research*, vol. 22, pp. 65-73, 2013.
- [5] Diener, Ed. *The Science of Well-Being*. New York: Springer Science+Business Media, 2009
- [6] Diener, Ed., Pressman, S.D., Hunter, J., Chase, D.D. "If, why, and when subjective well-being influences health, and future needed research," *Applied Psychology: Health and Well Being*, 9(2), pp. 133-167, 2017
- [7] Getachew, A., Daniel, G. "Attitude and cognitive distortion on HIV/AIDS among undergraduate students of madda walabu university, southeast Ethiopia," *Journal of AIDS & Clinical Research*, vol. 7, issue 11, 2016.
- [8] Chow, P.I. "Psychology therapies and interventions that raise subjective well-being," *Handbook of Well-Being*, 2018
- [9] Hersen, M., Sledge, W. *Encyclopedia of Psychotherapy*. USA: Elsevier Science, 2002.
- [10] Kahangi, M.S. "The effectiveness of cognitive behavioral therapy on subjective well-being of patients with chronic tension-type headache," *Journal of Novel Applied Sciences*, vol. 4, pp. 1187-1191, 2015.
- [11] Karimi, S., Kakabarae, K., Yazdanbakshs, K., Moradi, G.R. "Effect of cognitive behavioral therapy on subjective well-being of patients with cardiovascular disease," *Journal of Kermanshah University of Medical Sciences*, vol. 18, pp. 147-156, 2014.
- [12] Triana, A.S. "Subjective well-being pada orang dewasa dengan HIV/AIDS (ODHA)," *Jurnal UMS Surakarta*, 2017.
- [13] Rzeszutek, M., Gruszczynska, F.B., Ewa. "Coping profiles and subjective well-being among people living with HIV: less intensive coping corresponds with better well-being," *Quality of Life Research*, vol. 26, pp 2805-2814, 2017.
- [14] Alvani, R., Zaharim, N.M. "Effect of group cognitive behavioral therapy (CBT) in psychological well-being and glycemc control in adults with type 2 diabetes," *International Journal of Diabetes in Developing Countries*, vol. 35, pp. 284-289, 2015.
- [15] Siedlecki, K.L., Salthouse, T.A., Oishi, S., Jeswani, S. "The relationship between social support and subjective well-being across age," *Soc Indic Res*, pp. 561-576, 2014.