

The Effectiveness of Positive Group Psychotherapy for Improving Psychological Well-Being in Peer Support for People with HIV/AIDS on Medan Plus In Medan City

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Abstract – Peer supporters who are living with HIV/AIDS play a crucial role in assisting and exchanging information with other individuals living with HIV/AIDS (PLWHA). The desire to contribute more effectively motivates PLHIV to become peer supporters. However, they often encounter challenges that affect their psychological well-being while fulfilling their responsibilities. This research aims to evaluate the effectiveness of group positive psychotherapy in enhancing the psychological well-being of peer supporters among PLWHA. The study employed a quasi-experimental pretest-posttest control group design, utilizing a non-probability sampling method for data collection. The participants included an experimental group ($n = 10$) and a control group ($n = 10$). The positive psychotherapy group module comprised five sessions, covering topics such as positive introduction and gratitude journaling, character strengths and signature strengths, hope and optimism, altruism, and meaning and purpose. The Psychological Well-Being Scale-27 (PWBS-27) was used for measurements. Data analysis involved the application of the Mann-Whitney nonparametric statistical test. The results indicated a significant improvement in psychological well-being among the experimental group compared to the control group after undergoing the positive psychotherapy intervention ($U = 6$, $Z = -3.327$, $p < .001$, $r = .74$). Therefore, the group positive psychotherapy demonstrated effectiveness in enhancing the psychological well-being of individuals supporting people with HIV, yielding a relatively high effect size.

Keywords – Psychological wellbeing, Group positive psychotherapy, and Peer support.

I. INTRODUCTION

Peer support is a group of people living with HIV/AIDS who come together to share their experiences, strengths, and hopes. According to [15], peer support for people living with HIV/AIDS is a group consisting of individuals who have similar issues or situations, which serves to provide support to one another. The study conducted by [8] found that peer support involves support given by People Living with HIV/AIDS (PLWHA) to PLWHA, especially those who have recently been diagnosed as HIV positive. Another study by [15] also found that various reasons motivate individuals to become peer supporters for PLWHA, such as personal experiences, a calling to save others after experiencing being an PLWHA themselves, a desire to become a role model for other PLWHA to follow, the need to share experiences, and the desire to help and be beneficial to others.

Based on the initial data collected by the researchers, it was found that 80% of the 15 peer supporters for PLWHA at the Medan Plus Institution sometimes feel unappreciated when providing services. Additionally, they also experience a lack of self- confidence when meeting the PLWHA they are serving. They sometimes feel the pressure of the workload, which

comes from the number of PLWHA they serve each day. Furthermore, they face challenges in their families, such as their children and parents becoming suspicious and wanting to know their status. These factors sometimes make the peer supporters for PLWHA feel that their work does not make them more prosperous due to the numerous problems they face.

The pressures of work, the number of patients being handled, the rejection by patients and their families experienced by peer supporters for PLWHA, as well as the issues of low self-confidence and daily life challenges, can create negative emotions within them and impact their psychological well-being, as defined by [5]. Psychological well-being is disturbed when negative emotions hinder a person's functionality in their daily activities. Not all peer supporters for PLWHA lead prosperous lives [5].

There are many therapies that can enhance psychological well-being, but according to [13], some therapies only aim to help individuals with their problems by focusing on efforts to improve negative aspects and heal existing wounds within the individual. Unlike other therapies, positive psychotherapy develops positive strengths and fills life with positive emotions [13]. According to [9], positive psychotherapy is a therapeutic effort in positive psychology to alleviate stress by increasing well-being.

The researchers are interested in using positive psychotherapy to enhance psychological well-being among peer supporters because individuals are able to turn their weaknesses into strengths and correct what is wrong within themselves [13].

II. PURPOSE AND METHODS

This study aims to determine the effectiveness of group positive psychotherapy in improving the psychological well-being of peer supporters of people living with HIV/AIDS (ODHA) in Medan Plus. The participants in this study involved 20 peer supporters in Medan Plus, who were divided into two groups: the experimental group and the control group. The sampling in this study used a non-probability sampling technique with a purposive sampling strategy, selecting specific individuals based on similar characteristics [1]. Data collection was conducted using the PWB scale from [12], which was adapted from [11] research and consisted of 27 items. This scale consists of six dimensions, including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The statistical analysis technique used in this study was the non-parametric Mann-Whitney's U test.

III. RESULT AND DISCUSSION

The participants were comprised of 20 people, who were then divided into two groups: ten individuals for the experimental group and ten individuals for the control group.

Table 1 Overview of Research Participants

Group	Name	Sex	Age	Education
Experiment	SA	Male	27	Bachelor Degree
	ZB	Male	30	Bachelor Degree
	SH	Male	29	Senior High School
	RF	Female	31	Senior High School
	WS	Male	26	Vocational School
	DI	Male	33	Senior High School
	RS	Male	47	Senior High School
	CS	Male	44	Vocational School
	TH	Female	41	Vocational School

	MN	Male	32	Vocational School
Control	BS	Male	33	Senior High School
	SR	Female	54	Vocational School
	KS	Female	33	Vocational School
	IS	Male	32	Bachelor Degree
	LK	Female	38	Bachelor Degree
	RP	Male	26	Vocational School
	JD	Male	26	Senior High School
	EP	Male	35	Senior High School
	WU	Male	39	Vocational School
	IP	Female	40	Senior High School

Based on table 2 below, the psychological well-being of the research participants can be seen before and after the treatment. During the pretest, 20% of the participants in the experimental group were classified as high, 60% as moderate, and 20% as low. During the posttest, out of the 10 individuals in the experimental group, 50% were classified as high and 50% as moderate. As for the control group, during the pretest, 20% were classified as high, 70% as moderate, and 10% as low. During the posttest, 70% were classified as moderate and 30% as low.

Table 2 Categorization of Psychological Well-Being in Experimental and Control Groups Before and After Intervention

Scores	Categories	Experimental Group		Control Group	
		Pre-test (presentase)	Post-test (presentase)	Pre-test	Post-test
$X < 106$	High	2 (20%)	5 (50%)	2 (20%)	-
$100 \leq X < 137$	Moderate	6 (60%)	5 (50%)	7 (70%)	7 (70%)
$137 \leq X$	Low	2 (20%)	-	1 (10%)	3 (30%)
Total				10	

Table 3 Overview of Experimental Group Participant Data

Group	Name	Age	Sex	PWB Scores		Gain Score	N Gain Score
				Pretest	Posttest		
Experiment	SA	27	Male	82	121	39	.49
	ZB	30	Male	130	144	14	.44
	SH	29	Male	108	123	15	.28
	RF	31	Female	103	131	28	.47
	WS	26	Male	110	139	29	.56
	DI	33	Male	108	129	21	.39
	RS	47	Male	132	140	8	.27
	CS	44	Male	100	146	47	.75
	TH	41	Female	122	137	15	.38
	MN	32	Male	110	121	11	.21
Average				110,4	133,1	22,7	.42

Based on Table 3, it can be seen that the average gain score for psychological well-being in the experimental group is 22.7. This means that after receiving the positive psychotherapy group intervention, participants experienced an increase in scores by 22.7. Furthermore, in terms of N-Gain Score or normalized gain value, the experimental group scored 0.42, indicating that the experimental group experienced a moderate increase in PWB based on the N-Gain Score index criteria in Table 4.

Table 4. Criteria for N-Gain Index (Hake, 1999)

N-Gain Score	Interpretation
$g > 0.7$	High
$0.7 > g > 0.3$	Modetate
$g < 0.30$	Low

In the control group, there were also changes in psychological well-being before and after the treatment. The score changes can be seen through the Gain Score test, and the results of the changes in psychological well-being scores in the experimental group can be seen in Table 5 below.

Tabel 5. Overview of Experimental Group Participant Data

Group	Name	Age	Sex	PWB Score		Gain Score	N Gain Score
				Pretest	Posttest		
Control	BS	33	Male	132	136	-4	-.13
	SR	54	Female	91	126	28	.39
	KS	33	Female	126	116	-10	-.28
	IS	32	Male	120	112	-8	-.19
	LK	38	Female	121	125	4	.10
	RP	26	Male	108	117	-29	-.83
	JD	26	Male	129	92	1	.02
	EP	35	Male	107	101	-37	-1.12
	WU	39	Male	121	102	-19	-.46
	IP	40	Female	127	98	-6	-.11
Average				118,2	110,2	-8	-.26

In the control group, the average gain score for psychological well-being is -8. This means that on average, participants who did not receive the positive psychotherapy group intervention experienced a decrease of -8. Similarly, the N-Gain Score is - 0.26, indicating a low decrease in scores experienced by the control group.

Table 6. Overview of Psychological Well-Being in Experimental and Control Groups

Classification	Experiment Group				Control Group			
	Min	Maks	Mean	SD	Min	Maks	Mean	SD
Pretest	82	132	110.4	14.8	91	132	118.2	12.6
Posttest	121	146	133,1	9.42	92	128	110.2	11.9

In the experimental group, there is an increase in mean (SD) from before the treatment, which is 110.4 (14.8), moving to 133.1 (9.42) after the treatment. This means that the experimental group experienced an increase in psychological well-being, and the provision of positive psychotherapy group had an impact in this study. On the other hand, the control group, which did not receive the treatment, experienced a decrease in the mean value (SD) from 118.2 (12.6) to 110.2 (11.9), as seen in Table 6.

Table 7. Hypothesis Test Results

1.	Data	Z	p	Description
<i>Posttest Experiment-</i>	-3.327		0.001	Significant
<i>Control</i>				

Based on Table 7, it is known that the p-value is 0.001. This significance value is smaller than 0.05 ($0.001 < 0.05$), indicating that there is a difference in PWB in the group that received the positive psychotherapy group treatment. Based on these results, it can be concluded that the research hypothesis is accepted, which means that there is a difference in PWB in peer supporters of PLWHA who received positive psychotherapy group treatment.

IV. CONCLUSION

The effectiveness of providing group positive psychotherapy to improve psychological well-being (PWB) in peer supporters of people with HIV/AIDS was measured using the Psychological Well-Being Scale (PWBS). Based on the average score changes, the experimental group obtained a value of 0.42, indicating a moderate increase in psychological well-being in that group. On the other hand, the control group obtained an average score change value of -0.26, indicating a low decrease in scores. Furthermore, the significance value obtained from the statistical test was 0.001, which is smaller than 0.05 ($0.001 < 0.05$). Based on the test results, it can be concluded that the research hypothesis is accepted, meaning there is a difference in psychological well-being between peer supporters of people with HIV/AIDS who received the group positive psychotherapy intervention and those who did not.

This result is consistent with a study on other caregivers conducted by [4], which suggests that psychological well-being significantly increases when positive psychotherapy group treatment is given to family caregivers of schizophrenia patients. The technique of finding meaning in life and providing hope helps participants to better understand themselves. Additionally, group positive psychotherapy also assists participants in controlling their thoughts and feelings in life.

Furthermore, the results of this study are also consistent with research conducted by [7], which found that positive psychotherapy can improve psychological well-being in depressed adolescents. Moreover, a study conducted by [14] also found that positive psychological interventions can enhance psychological well-being in midwives. This is evidenced by an increase in the average scores for each dimension of psychological well-being.

Improved psychological well-being can also be seen from the increase in the mean (SD) of psychological well-being of the experimental participants before and after treatment. During the pretest, the experimental group had a mean (SD) of 110.4 (14.8), while during the posttest, it increased to 133.1 (9.42). This means that the peer supporters of people living with HIV/AIDS (PLWHA) have a better psychological well-being after receiving group positive psychotherapy. Before the treatment, the distribution of the participants' categorization was 20% in the high category, 60% in the moderate category, and 20% in the low category. Peer supporters, before receiving the treatment, tended to feel stressed due to the amount of work and patients they served every day, lack of self-confidence when meeting new people, unwillingness to express opinions, and the stigma they still receive from society. Similar to the research conducted by [3], it is stated that the problems experienced by these peer supporters include the rejection they feel while carrying out their duties. This rejection is a response shown by PLWHA who experience fear and anxiety.

After the treatment, the distribution of categorization percentages changed to 50% in the high category and 50% in the moderate category. This is marked by the tendency of all participants to feel more confident in themselves and be more willing to express their opinions. They also feel a greater sense of purpose in performing their tasks sincerely. They are able to

view every challenge they face positively. For example, feeling burdened by the number of patients they served before the treatment, but after the treatment, they are able to give it a positive meaning, such as feeling needed by other PLWHA.

In addition to the increase in average scores, this study also obtained an effect size of 74%, which means that positive psychotherapy has a significant effect on improving psychological well-being. The magnitude of the effect size is supported by the change in functional analysis before and after the treatment. Before receiving the treatment, the participants had feelings of low self-confidence when meeting new people, feeling stressed about the demands of work and the number of patients they have to serve every day, and reluctance to express their true feelings.

In addition, the changes in feelings experienced by the experimental group participants also had an impact on their daily lives. They felt improved health, were no longer burdened, felt more comfortable because they dared to express their true feelings, enjoyed their lives as peer supporters, and felt more productive in their peer support activities. Peer supporters who are also people living with HIV/AIDS (PLWHA) and feel dissatisfied with their lives tend to have a tendency for depression, which can affect their behavior that is detrimental to their health, such as irregular medication intake, drug or alcohol consumption, and other risky behaviors [6]. On the other hand, peer supporters who are also PLWHA and are satisfied with their lives and experience positive emotions in their daily lives are able to accept any condition they have, build interactions with others, engage in activities as usual, and live a healthy life [2].

Meanwhile, the control group did not receive any treatment, so the mean (SD) posttest scores showed a similar number to the pretest scores. The results indicated a slight decrease in overall scores, with an average of -0.26, but the decrease was not significant.

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