



THE EFFECTIVENESS OF EMPATHIC LOVE THERAPY TO IMPROVE THE PSYCHOLOGICAL WELL- BEING OF FAMILIES ACCOMPANYING SCHIZOPHRENIA PATIENTS IN KLASAMAN DISTRICT, SORONG

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Abstract

Schizophrenia is a serious mental disorder and is among the highest in Indonesia. Family caregivers play a crucial role in the recovery of schizophrenia patients. Being a caregiver for schizophrenia patients is not easy, as several studies have shown low psychological well-being due to the psychological burden and pressure they experience. One approach to improving the psychological well-being of families caring for schizophrenia patients is through a therapeutic approach, namely empathic love therapy (ELT). The purpose of this study was to determine the effectiveness of Empathic Love Therapy in improving the psychological well-being of families caring for schizophrenia patients in Sorong. ELT is a psychosynthetic love method that emphasizes recognizing, realizing, and loving all aspects of oneself, accompanied by personal growth and development in the form of unification with the whole self. The research method used was a quasi-experimental one-group pretest-posttest design. Psychological well-being was measured using the Psychological Well-being Scale, while Empathic Love used the Empathic Love Therapy Assessment Sheet, which consists of the General Overall Assessment (GOA) and the Specific Assessment and Reactions to Empathic Love Therapy (SAR). The Wilcoxon Signed-Rank test showed a significant difference ($Z = -2.023$, $p = 0.043$). This indicates that the Empathic Love Therapy (ELT) intervention was effective in improving the psychological well-being of family caregivers of schizophrenia patients in the Klasaman District of Sorong.

Keywords: *Empathic Love Therapy*; Keluarga Pendamping; Kesejahteraan Psikologis; Psikosintesis; Skizofrenia.

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INTRODUCTION

Mental disorders are generally divided into two categories: severe mental disorders and mild mental disorders. One of the severe mental disorders is schizophrenia. Schizophrenia is a psychotic disorder characterized by disturbances in the content and form of thought, perception, emotions, self-recognition, behavior, and interpersonal relationships (1). According to WHO data (2022), approximately 24 million people, or 1 in 300 individuals (0.32%) worldwide, suffer from schizophrenia (2). In Indonesia, the prevalence of schizophrenia is 6.7 per 1,000 population, meaning that out of every 1,000 households, 6.7 have a member with schizophrenia. About 14% of them have been restrained (pasung) to prevent harm to themselves or others (3).

The limitations faced by individuals with schizophrenia in carrying out daily life require them to have companions at home. The term “companion” refers to family caregivers who take responsibility for directly caring for their family members with schizophrenia in all situations—both during relapse and remission—by providing physical, emotional, and financial support (4). These caregivers are usually parents, children, or spouses who, due to moral obligations, take on the caregiving role (5).

Schizophrenia does not only pose challenges for the patients but also places a significant burden on their caregivers. The burdens experienced by caregivers while caring for family members with schizophrenia include physical, emotional, social, financial, and psychological burdens (6). Based on preliminary interviews conducted with three caregivers, the physical burden relates to physical exhaustion from daily tasks such as waking up, bathing, feeding, and preparing the patient’s needs. One caregiver reported fainting alone due to exhaustion, with no one noticing, and then resuming activities as usual after regaining consciousness. Caregivers also reported feeling isolated, with no time to leave the house or socialize with friends. Additionally, they expressed feelings of fear and sadness about the patient’s condition, and at times anger when dealing with them. They also felt ashamed due to neighbors’ judgments and ridicule. This aligns with previous research showing that caregivers experience a range of negative emotions, including feelings of devastation, fragility, sadness, worthlessness, shame, fear of loss, anger, and guilt (7).

The burden of caring for patients with schizophrenia ranges from moderate to severe in about 49% of caregivers (8). Other studies have shown a positive correlation between caregiving burden and depression, anxiety, and stress among

caregivers (9). About 60% of caregivers experience stress, ranging from mild, moderate, severe, to very severe stress (10). One factor associated with caregiver stress is the length of time spent caring for a patient with schizophrenia (11). Caregivers often sacrifice their personal time to meet the patient’s needs. The greater the burden and stress they experience, the lower their psychological well-being (12,13).

Psychological well-being refers to a state in which individuals function positively in life—having a positive evaluation of themselves and their lives, experiencing continuous personal growth and development, believing that their life has purpose and meaning, maintaining good relationships with others, managing life effectively, and having a strong sense of personal autonomy (14). Psychological well-being represents a person’s psychological health based on positive psychology criteria, which include six dimensions: self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life, and personal growth. Among these, self-acceptance and environmental mastery show a strong correlation (14).

The psychological well-being of caregivers of individuals with schizophrenia is generally low (15). Their psychological well-being is poorer compared to caregivers of patients with other physical or mental illnesses (16). They struggle with self-acceptance and building positive relationships with others (17). Many caregivers feel resigned and purposeless in life, perceiving their situation as suffering (18). The low psychological well-being of caregivers deserves attention because the quality of care for patients with schizophrenia depends heavily on the psychological well-being of those who care for them (12).

Problem Solving Approaches

One treatment for improving psychological well-being is therapeutic psychological intervention using a transpersonal approach. The transpersonal approach is considered the most comprehensive. Assagioli states that the transpersonal approach has two therapeutic goals: first, the personal goal of strengthening personality development by engaging all mental processes (thoughts, feelings, and behavior) toward harmony and optimality. Second, the transpersonal goal offers the possibility of realizing the true self, which concerns human connection with the Creator (19).

Empathic Love Therapy (ELT) is a psychological intervention using a transpersonal approach. The ELT method is a love therapy in psychosynthesis, structured based on Assagioli's

concept, with a series of processes or stages of self- change that begin with recognizing and accepting all elements of the self, both supportive and inhibiting. Then, coordination and transformation, namely recognizing the hidden qualities of elements considered inhibiting, then integration, namely beginning to recognize values and aspirations, and finally, synthesis, namely unification with the whole self (20).

ELT research has been conducted in Indonesia, some of which include ELT being given to improve psychological well-being (21,22), ELT to reduce stress (23), reduce depression (24,25), reduce self-injury (26). A sense of worth and acceptance of all elements of oneself, both painful and pleasant, leads these individuals to discover a whole and unlimited self (27)

State of The Art and Newness

The gap in mental health services in Indonesia, particularly in Papua, is a pressing need. The high prevalence of schizophrenia, the lack of professional staff (psychiatrists and psychologists), limited access to medication by family caregivers, and minimal community involvement in mental health services mean that treatment for patients focuses more on pharmacological treatment. Therefore, this study aims to improve the psychological well-being of caregivers of schizophrenia patients using a therapeutic-based approach. To date, Love Therapy (ELT) has never been applied to families of schizophrenia patients in Papua, so researchers are interested in examining the effectiveness of ELT on the psychological well- being of caregivers of schizophrenia patients in the Klasaman District of Sorong, West Papua.

METHOD

The study participants were five family members or caregivers of people with mental health problems (ODGJ) in Klasaman District, Sorong. Potential participants were selected based on recommendations from psychiatric nurses at the community health center. The participant criteria were that they were adults aged 20 years and over, related to and living in the same household as a patient diagnosed with schizophrenia (F20 in PPDGJ III), had a low or moderate score on the psychological well-being scale during participant screening, and were willing to participate in the study by signing an informed consent.

The research instruments used were as follows:

1. Psychological Well-being Scale

The psychological well-being scale is based on Ryff's theory, adapted into Indonesian (29). The scale was administered before and after

treatment.

2. Self-Assessment Sheet (Diary)

The diary contained a self-assessment sheet to determine the participants' daily state of mind, feelings, and behavior. The diary also included a description of events and the participants' feelings and thoughts related to these events. The diary was completed daily during the intervention.

3. Observation Sheet

The observation sheet was used to guide the observer during the therapy process. Aspects observed included general impressions, participant conditions, and specific descriptions of the therapy implementation. This information was used to guide the observer during the therapy process.

4. Love Therapy Assessment Sheet

The Love Therapy Assessment Sheet aims to determine the level of success and usefulness of therapy. This instrument consists of a General Overall Assessment (GOA) and a Specific Assessment and Reactions to Love Therapy (SAR). The GOA consists of two open-ended questions about the therapy experience and the session deemed most effective, three Likert-scale items assessing each session, and one rating item regarding the extent to which the participant would recommend Empathic Love Therapy to others. The SAR consists of four open-ended questions about the usefulness of the therapy, changes that occurred after participating in ELT, sessions that would be repeated, and sessions that would not be repeated. This sheet was administered after the final therapy session was completed.

The research method used was a quasi-experimental design with a one-group pretest-posttest. A quasi-experiment is an experiment in which the smallest experimental units are not randomly assigned to the experimental and control groups (28). The pre- and posttests aim to compare conditions before and after the treatment is administered.

Table 1. Quasi-Experimental Research Design

Group	Pre-test	Intervention	Posttest
Treatment	O1	X	O2

Description: O1: pretest; X: empathic love therapy; O2: posttest

In the first stage, a pretest was conducted to assess the participants' psychological well-being by administering a psychological well-being scale. In the second stage, empathic love therapy was administered. Empathic Love Therapy is structured based on the seven main concepts of Assagioli's psychosynthesis, with seven therapy sessions. These seven sessions include: 1) introduction; 2) self-exploration; 3) player interaction; 4) I Love Myself; 5) will; 6) action

planning; and 7) love and gratitude. Finally, a post-test was conducted to assess the participants' psychological well-being after the treatment by administering a psychological well-being scale. The module used will be revalidated and adjusted to the literacy levels of the research participants through a field trial. After data collection is complete, the researcher will conduct a quantitative analysis by analyzing the scores obtained (gain scores) from the psychological well- being scale before and after treatment using the non-parametric Wilcoxon matched-pairs signed- ranks test.

RESULT AND DISCUSSION

The following is a summary of participant demographic data:

Table 2. Demographic Data of Participants

Keterangan	Partisipa n 1	Partisipan 2	Partisipan 3	Partisipan n 4	Partisipan 5
Usia	54	65	43	52	39
Jenis Kelamin	Perempuan	Laki-Laki	Pere mpua n	Perempuan	Peremp uan
Pendidikan	SD	SMA	S1	SMK (tidak lulus)	SMA
Pekerjaan	IRT	Marbot Masjid	Guru	IRT	Wirausa ha
Agama	Islam	Islam	Islam	Kristen	Islam
Hubungan dengan pasien	Kakak	Suami	Orang tua (ibu)	Orang Tua (Ibu)	Adik
Lama mendampingi	8 bulan	5 tahun	3 tahun	11 tahun	4 bulan

Table 3. Pre-Post Test of Psychological Well-being of Schizophrenia Patient Companions

Peserta	Jenis Kelamin	Pre Test	Kategori	Post Test
Kategori				
P1	Perempuan	54	Sedang	102
P2	Laki-Laki	56	Sedang	105
P3	Perempuan	47	Rendah	84
P4	Perempuan	52	Sedang	94
P5	Perempuan	46	Rendah	92

Based on the data, it appears that there was a change in scores before and after the intervention. The data were analyzed using the non-parametric Wilcoxon Signed Rank test. The following results were obtained:

Table 4. Pre-Post Test Statistics for Psychological Well-Being of Schizophrenia Patient Caregivers

	N	Mean Rank	Sum of Ranks
Negative Ranks	0 ^a	,00	,00
Positive Ranks	5 ^b	3,00	15,00
Ties	0 ^c		
Total	5		

- a. Post-Test < Pre-test
- b. Post-Test > Pre-test
- c. Post-Test = Pre-test

Based on the table above, it was found that all participants experienced an increase in scores from pre-test to post-test. This supports the statistical test results that the Empathic Love Therapy intervention had a positive impact on all participants.

Tabel 5. Test Statisticsa Wilcoxon Signed Ranks Test

	Post-Test - Pre-test
Z	-2,023 ^b
Asymp. Sig. (2-tailed)	,043

Wilcoxon Signed Ranks Test Based on negative ranks.

Based on the results of the Wilcoxon Signed- Rank Test, the median psychological well-being score increased from 51 in the pre-test to 96 in the post-test. The Wilcoxon Signed-Rank Test showed a significant difference (Z = -2.023, p = 0.043). This indicates that the Empathic Love Therapy (ELT) intervention was effective in improving the psychological well-being of family caregivers of schizophrenic patients.

The ELT intervention was conducted over three sessions. The first session focused on recognizing and acknowledging the key players within oneself (roles, character, personality, and emotions). The second session focused on accepting one's strengths and weaknesses. The third session focused on finding one's purpose in life and experiencing love and gratitude. This aligns with the six dimensions of psychological well-being: self-acceptance, positive relationships with others, environmental understanding, autonomy, purpose in life, and personal growth.

In the ELT process, changes in thoughts, feelings, and behaviors are carried out through several stages, beginning with recognition, acceptance, coordination and transformation, integration, and synthesis (19). The first process begins with recognizing the players within oneself, both supportive and inhibiting. Identification and disidentification are the initial steps to fully recognizing oneself. Identification involves recognizing and associating oneself with the structures of one's personality, such as beliefs, attitudes, personality, behavior, emotions, and the role of "I." Disidentification, on the other hand, involves separating oneself from one's identity and acting as an observer of the self experiencing that identity (19) (20).

In the first meeting, all participants were able to identify the players/emotions/characters/personalities within themselves. Participant 1 even stated that after recognizing the supporting and inhibiting

players/characters, she felt more relieved and more aware of her daily life, as she had been operating on autopilot and going through the day without truly realizing what was happening. Meanwhile, Participant 5 felt more relieved after imagining the supporting and dominant emotions. Furthermore, Participant 5 recognized her own presence as an observer, feeling supported and closer to herself. Meanwhile, Participant 3 and Participant 4 felt heavy after the first meeting because they had to remember times that were less pleasing to their hearts.

The next stage is accepting one's strengths and weaknesses. Accepting the players and the primary wounds is not easy, especially if those primary wounds have shaped personality patterns that have sought to protect oneself from things one dislikes (19). It takes strength and love to see these parts and accept them as they are (27). By accepting one's strengths and weaknesses, coordination and transformation emerge. The coordination and transformation stage is characterized by the restructuring of old patterns or beliefs that are limiting or even self-destructive (19). In the coordination and transformation stage, individuals become aware of hidden qualities within themselves. These hidden qualities are free, spontaneous, and unlimited will (20). All participants were able to discover hidden qualities within the players/self that had previously been perceived as inhibiting.

The next stage is integration. Integration means the coming together and uniting of various parts of the self, each with its own distinctive characteristics that often seem contradictory. Integration aligns with the true self (or personal self) as a manifestation of the transpersonal self (or transpersonal self). True self-values are expressed in aspirations or a calling in life. In transpersonal interventions, love and kindness are not only realized horizontally, or with others, but also more deeply, a vertical realization of love, namely love for God. The synthesis stage represents union with the whole self. The individual actively manifests the ideal model. A sense of truth is felt and fulfills the calling of the transpersonal Self. This awareness opens the path to connection with the true self, filled with wisdom, truth, and goodness. The third session was the most enjoyed by all five participants. All five participants felt God's love within themselves, then radiated and shared it with others. They also felt gratitude for life, were thankful for all God has given them, and pledged to do things that bring goodness.

The relaxation techniques used were also one of the reasons for the success of ELT. Participants felt calm and relieved after the relaxation, whether through breath relaxation, imagery, or muscle relaxation. Participants

reported feeling relieved, calm, and a lighter burden, fatigue disappeared, and tension and anxiety decreased after the relaxation. Participants 1, 2, 4, and 5 said they particularly enjoyed the breath relaxation and imagery. Breathing relaxation can have a positive effect on the body, increasing positive emotions and decreasing negative ones (30). Likewise, imagery relaxation reduces cognitive and emotional stress

(31). Meanwhile, muscle relaxation techniques make participants feel a sense of comfort throughout their bodies. Progressive muscular relaxation can reduce stress and pain in the body

(32). Muscle relaxation also helps a person view daily life challenges as more manageable, thus improving stress management skills (33). Participants 1, 2, and 3 stated that they would repeat the muscle relaxation exercises at home.

Historical factors pose a threat to the internal validity of the study. Events outside of therapy impacted the participants' psychological state. For example, in Participant 4, her child's relapse during the intervention phase caused her emotions to become unstable, especially during the second session. Meanwhile, Participant 2 appeared calm and stable, having just returned from accompanying his wife for treatment in Java. Participant 2 stated that his wife was now more stable, so he also felt stable and better able to accept everything that had happened in his life. Meanwhile, Participant 5, who had only been caring for her younger sibling for three months, felt less busy than the other participants, especially since her sibling's condition had calmed down relatively quickly. Besides history, maturity can also influence the internal validity of the study. Maturity occurs because changes in participants can occur naturally. Participant 3 admitted that during the first meeting, she regretted being too open with others. However, after the second meeting, and especially the third, she realized the importance of openness in fostering acceptance. Meanwhile, for Participant 5, the first meeting actually made her realize what she had been holding in. After getting to know herself, she became more expressive and felt relieved.

The activities carried out in the intervention sessions have strengths and weaknesses that need to be evaluated. The self-awareness session, which explores "I," can backfire if not conducted carefully. This session is the most challenging and often evokes negative feelings such as anger hatred, feelings of sadness, isolation, etc. Therefore, it is very important for facilitators to equip participants with practical techniques to maintain their emotional stability, for example simple relaxation techniques.

CONCLUSION

Empathic Love Therapy can improve the psychological well-being of family caregivers of schizophrenia patients in the Klasaman District of Sorong. The ELT process brings positive changes and contributes to improved psychological well-being scores across six dimensions: self-acceptance, positive relationships with others, environmental understanding, autonomy, purpose in life, and personal growth.

Recommendation

- In this study found a lack of community involvement in mental health services for families accompanying patients. For example, there is no dedicated group for families accompanying schizophrenia patients. Furthermore, families with families are less open and trusting of outsiders. Families with families are more open to mental health workers, so it is recommended to provide training in Empathic Love Therapy to mental health workers (mental health workers at community health centers). This will enable these mental health workers to provide interventions based on a therapeutic approach.
- It is hoped that mental health workers can establish a community for families accompanying schizophrenia patients and even provide peer counselor training to the community/families accompanying schizophrenia patients. This will enable these counselors to become agents of change, further improving mental health through a therapeutic approach.

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