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Empathic Love Therapy to Reduce Depression on Victims of Female Student Violence in Courtship

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Abstract

The psychological impact experienced by women victims of violence in courtship is depression. This study aims to reduce the symptoms of depression by using Empathic Love Therapy. This research used a quasi-experiment with one group pretest-posttest design model. Three women aged 21-23 years, experiencing severe depression based on Beck Depression Inventory-II (BDI-II) participated in eight therapy sessions. The results of quantitative analysis with the Friedman Test showed that there were differences in depression scores before treatment, after treatment and after the follow-up process. This result is supported by the average value of depression which decreases from before treatment, after treatment and after the follow-up process. In addition, Empathic Love Therapy has also been shown to affect decreasing manifestations of depression both in emotional, cognitive, motivational and physical/vegetative aspects of depression. Meanwhile, the description analysis shows that the Empathic Love Therapy session is effective and useful to help participants identify themselves towards recovery. Therefore, it can be concluded that Empathic Love Therapy is effectively used to reduce the symptoms of depression in female victims of dating violence. Empathic Love Therapy can heal wounds for victims of violence in courtship by fostering empathic love in the participants so that the level of depression decreases.

Keywords: depression, empathic love therapy, violence in courtship

Introduction

Dating is a human way to get to know and understand the opposite sex to learn to build relationships and prepare before marriage (Basyarudin, 2010). Santrock (2013) said that dating can have positive impacts such as being able to establish intimacy and contribute to the development of identity in socializing and as a means to find a life partner. However, Santrock (2013) mentions that dating also has negative impacts such as the appearance of rape, extramarital pregnancy, and contracting sexual diseases. In line with this, dating can also bring up negative feelings such as feelings of trauma arising from violent behavior from partners (Poerwandari, 2008).

The University of Michigan Sexual Assault Prevention and Awareness Center (in Murray, 2007) defines dating violence as a deliberate act of violence committed to gaining satisfaction in maintaining power and control over a partner. Forms of violence that occur in relationships in courtship according to Yayasan pulih (2015) dan Poerwandari (2004), occur in four forms including physical violence, psychological violence, sexual violence, and economic violence. Physical violence is violence that leaves real marks on the victim's body such as punches, kicks, slaps, and even cigarette burns. Psychic violence such as verbal abuse, shouting, harsh words, threats of leaving, and excessive jealousy. Sexual

violence in the form of inappropriate speech about sex, touching parts of the body without the victim's consent to the coercion of sexual relations. Economic violence, namely one party requires to spend money or prohibit work.

Based on the annual records (CATAHU) of the National Commission on Discovery, in 2018 cases of violence against women increased by 14% from the previous year. Violence in a relationship is ranked third after violence against wives and violence against children. The highest forms of violence were physical violence 41%, sexual violence 31%, psychological violence 15%, and economic violence 13%. The highest perpetrators of sexual violence are in the private/personal domain, namely boyfriends.

Annual Note's of the national commission on violence against women (CATAHU) also mentions that there are other patterns of violence in courtship that use technology to disseminate content that damages the reputation of the victim malicious distributor in 2018. This violence aims to intimidate or terrorize the victim and the perpetrator is a former boyfriend. The pattern used is to threaten or spread sexually nuanced photos or videos on social media. This is done if the victim refuses to have sexual relations with the perpetrator or the victim does not want to return with the perpetrator.

The age of women who experience violence from a partner according to the World Health Organization (WHO, 2010) is the age of emerging adulthood, namely the age of 18-21 years. Arnett (2004) mentions the age of 18-25 years is the age of new development. Erikson (in Santrock, 2012) added, in this stage of development individuals begin to explore identity, especially in romantic relations in establishing intimate or intimate relations with the opposite sex.

In Indonesia, Soba et al., (2018) conducted a study to look at 131 cases of dating violence in students. The result, as many as 90% of students who experience violence are at the age of 18-21 years, female sex and dating for 1 to 3 years. The most dominant forms of violence are social violence in the form of checking mobile phones, psychological violence in the form of suspicion, physical violence in the form of pinching, sexual violence in the form of being touched on body parts, and economic violence in the form of requested treats. Meanwhile, abroad Straus (2004) researched 31 tertiary institutions in the world, as many as 17-45% of students experienced violence in courtship. Then, Prospero & Gupta (2007) also researched students in the United States with the largest value of presentation in cases of dating violence are 82% psychological violence, 49% physical violence, and 49% sexual violence.

According to Desideria (2017) in situations of violence in courtship, victims generally have a form of verbal defense capable of being physically able to fight. Forms of verbal resistance are done with harsh words, shouting, crying, and negotiating. Forms of physical resistance carried out by replying, hitting, kicking, shaking off, avoiding and running away. Nevertheless, this method is not effective enough to break the chain of violence and the victims remain in the pattern or cycle of violence with various situations experienced. In the end, the cycle of violence experienced continuously has a serious impact on the victim.

Chastity in courtship can have an impact both physically and psychologically. Physical impacts include bruising, cuts, tears, bleeding, increased risk of sexually transmitted diseases, and other chronic problems (Amar & Gennero, 2005). The psychological impact, repetitive violence will have implications for health problems and psychological well-being of victims such as falling self-esteem, blaming themselves, seeing themselves negatively, and feeling appropriate to be treated poorly (Contens, 2014; Banyard & Cross, 2008). This statement is supported by the results of research by Bonomi et al., (2013) which proves that women with dating violence have an increased risk of smoking, symptoms of depression, hopelessness, loss of interest, eating disorders, and increased sexual intensity.

In Indonesia, especially in the Special Region of Yogyakarta (DIY) cases of violence in courtship are quite often experienced by students. Rifka Annisa Women Crisis Center is a non-governmental organization engaged in the elimination of women. One of the problems handled by Rifka Annisa Women Crisis Center is dating violence. The results of an interview with one of the counselors at Rifka

Annisa Women Crisis Center said that cases of dating violence always increase every year. In 2017 there were 13 latrines, in 2018 there was an increase with 28 cases, and from January to October 2019, there were 34 counseling at the Rifka Annisa Women Crisis Center with cases of dating violence.

Counselor Rifka Annisa Women Crisis Center said that the forms of reporting cases were quite diverse. The picture of cases experienced by the Corps is usually included in the level of severe violence such as violence that has occurred many times, violence is multiple violence, violence accompanied by sexual violence. Violence in courtship has a psychological impact on victims such as experiencing post-traumatic stress disorder, self-harm, suicide at the time, schizoaffective, and depression. In the case of depression, the symptoms of depression felt by the victim are loss of self-worth, feeling worthless, feeling dirty feeling unworthy of anyone until feelings of guilt arise on oneself. This causes the victim to be unproductive in carrying out activities, difficulty sleeping, lack of appetite, withdrawing from the environment, losing motivation to carry out activities until thoughts of ending life.

Depression is a psychological disorder that has a fairly high prevalence of female students at 12.3% (American College Health Association, 2012). Beck & Alford (2009) define depression as an abnormal condition characterized by the appearance of symptoms in emotional, cognitive, physical, or vegetative aspects and motivation. Emotions related to mood swings, having a negative view of yourself, reduced happiness, reduced emotional connection with others, excessive crying, and loss of humor. Cognitive related to low self-esteem, having negative expectations, having a bad view of physical appearance, having a pessimistic attitude, blaming yourself, always criticizing themselves, and having an attitude of doubt in making decisions. Physical/vegetative such as experiencing sleep disturbance, loss of appetite, loss of sexual appetite (libido), fatigue, and possible delusions and hallucinations. Motivation is a change in the level of activity, the desire to withdraw, or run away from the world until thoughts of suicide occur.

Management of depression can be done medically or psychologically. Medical treatment can be done by giving drugs that can be called anti-depressants, while psychological confectionary can be done through psychotherapy (Fourianalisyawati, 2007). Psychotherapy contributes to the improvement of psychological conditions in overcoming life problems such as depression patients (Cuijpers et al., 2014). Several previous studies have shown effectiveness in reducing depression, the type of psychotherapy used is Cognitive Behavior Therapy (Dewi & Waruwu, 2018); Cognitive Behavior Therapy (Risnawati, 2011); Rational Emotive Behavior Therapy (Maekom, 2014); Sand Tray Therapy (Lestari et al., 2015); Logotherapy (Fitriana & Hadjam, 2016); Mindfulness Training (Putri, 2017), Transpersonal therapy (Fourianalisyawati, 2007) and Empathic Love Therapy (Saragih, 2016).

Psychotherapy used to reduce the symptoms of depression in this research is Empathic Love Therapy. This therapy uses a transpersonal psychology approach with the concept of psychosynthesis which suppresses how aspects of the human personality can be synthesized and integrated into increasing the integrity of the individual self. In this case, based on the psychosynthetic point of view of depression experienced by victims of dating violence generally occurs due to the need and desire to be loved. Then, individuals who seek love and get various acts of violence such as being humiliated, beaten, threatened, ignored, abandoned, and used as objects to satisfy the interests of others show that the individual is in a non-empathic love environment (Firman & Gila, 2010). The experience of nonemphatic love can cause individuals to experience injuries and trauma, known as primal wounding.

Primal wounding can make an individual feel uncomfortable feelings such as feeling empty, isolated, ignored, losing identity, feeling shy, feeling inferior, feeling guilty, feeling trapped, anxious, hopeless to experience frustration and depression. To free themselves from this unpleasant condition, the individual then uses various means to struggle and defend himself and think and act to avoid injury. This is done by developing several personalities to survive or called survival personality which is not an expression of the authentic individual self (authentic personality). The emergence of survival personality causes individuals to lose themselves and live without having empathic love (Firman & Gila, 2010).

Empathic Love Therapy brings individuals to be able to identify and be identified in specific parts of the individual and realize parts of themselves that can be mutually integrated or that can function independently in increasing the integrity of the individual self (Firman & Gila, 2010). The growth of empathic love can heal wounds and maximize potential and facilitate the encouragement of individuals from birth, namely actualization and integration (Firman & Gila, 2007). In line with this, Gerner, Siegel & Fulton (2005) mention Empathic Love can give individuals a way to see themselves in understanding their mistakes in thoughts, perceptions, and negative behaviors to be able to construct thoughts, perceptions, and behaviors to be positive. This enables the transformation process to decrease depressive symptoms including emotional, cognitive, physical/vegetative aspects, and motivation.

In Indonesia, Empathic Love Therapy research has been conducted. Results of research conducted by Widiasih (2015); Saragih (2016); Malau (2017); and Sagala (2015) showed that Empathic Love Therapy is effective for decreasing depressive symptoms. Even so, Empathic Love Therapy has never been given to patients suffering from depression due to dating violence. To that end, researchers are interested in conducting research aimed at reducing the symptoms of depression in female victims of violence in courtship with Empathic Love Therapy.

Research Methods

The research method is a quasi-experimental design with one group pretest-posttest design. Pre and post-test aims to see the comparison of conditions before and after treatment. In the first stage, a pretest was conducted to see the severity of depression in each female student who was a victim of dating violence. In the second stage, participants who received depression scores in the heavy category were included in the research process by being given treatment in the form of Empathic Love Therapy. In the third stage, the posttest is identified by measuring the severity of depression again after being given therapy. In the last stage, a follow-up process is carried out two weeks after the therapy process is completed to see the effectiveness of the therapy that has been given.

Researchers used the Beck Depression Inventory-II to measure the severity of depression. This instrument has been adapted into Indonesian and has been validated by Ginting et al., (2013) with a reliability value of .90. Researchers did not test this instrument because based on these data BDI-II is a reliable and valid tool.

Data obtained using the Beck Depression Inventory-II in the expression group was processed using SPSS 16 assistance. The data is then compared and statistical analysis is carried out to test the hypothesis using the Friedman Test analysis. This analysis is also supported by descriptive data as additional data to strengthen quantitative findings. Descriptive analysis is obtained from a brief interview before and during the therapy process, observations include general aspects and specific aspects, as well as field notes during the therapy process

The Empathic Love Therapy (ELT) module is structured in umbrella research based on the seven main concepts of Assagiolo's psychokinesis with eight therapy sessions. This module has been tested in the research "I, You, and You" Exploration Study of the Effectiveness of Psychosynthesis in the Therapeutic Process, Multi Years Study in Transpersonal Psychology (Yuniarti et al., 2015). The eight sessions include 1) a process; 2) self-exploration; 3) wound exploration; 4) the interaction of the players; 5) I love my self and let it go; 6) will; 7) aspirations and action plans; 8) love and gratitude. This module has been validated using expert judgment methods by experts with Doctoral education background in psychology and experts in transpersonal psychology. These experts are Dr. Tjipto Susana, Dr. Siti Urbayatun, and Drs. Subandi, M.A., Ph.D. The content validity coefficient (Aiken's V) is declared valid because the coefficient value is more than .67.

Participants in this study were female victims of courtship violence who had conducted counseling processes at the Rifka Annisa Women Crisis Center and were selected by accompanying counselors based on research criteria, namely: a) students aged 18-25 years, b) had experienced violence in courtship by ex-girlfriends with broken relationship status, c) depressed with severe category based on

Beck Depression Inventory-II, d) not diagnosed with other psychological disorders, and e) not undergoing other psychological therapy. A total of five participants were willing to follow the therapeutic process by signing an informed consent sheet by research ethics.

The therapy is carried out on October 19, 2019, until November 1, 2020, with eight sessions of therapy with a time of each session is four to five hours. The implementation of therapy is guided by two expert psychologists who have done Trapist of Therapy (ToT) and two observers from clinical psycho profession students who are selected based on a minimum qualification observation practicum A. In the process, one person resigns before the start of therapy and one other person only can follow the therapy process for two meeting sessions. Thus, only three participants who committed to follow the eight therapy sessions to complete.

The participants were female, between 21-23 years old. Each participant underwent dating relationships at different times. Participant Y is dating an ex-boyfriend for two years, from January 2017 to July 2019. Same as participant H is dating an ex-boyfriend for almost two years, from January 2017 to December 2018. It is different in participant A who is dating ex-boyfriend for four months from May 2019 to September 2019.

All three participants experienced psychological violence such as being harassed, ridiculed, regulated, restrained, cheated, abandoned and exploited. Participants Y and A both experienced sexual violence such as being forced and seduced to have sexual relations. Participants Y and A also experienced cyber violence by getting threats to spread personal photos of participants who were sexually nuanced, as well as experiencing economic violence by forcing participants to pay for personal needs. Finally, only participant Y experienced physical violence such as being hit and punched. The experience of dating violence has a variety of effects. The impact experienced is being stressed, more often crying in the room, often daydreaming, difficult to concentrate, not productive in living everyday life, feeling lazy to do something, sleeping longer, decreased appetite, withdrawing or avoiding the environment, afraid to leave the house, and have a negative thought about the assessment of others about herself.

Table 1: Profile of Research Participants

Name	Age	Status	Ethnic	Time of dating	Type of violence
Y	21	Student	Jawa	29 months	Psychological, sexual, cyber, economic, physical
A	21	Student	Jawa	23 months	Psychological, sexual, cyber, economic.
H	23	Student	Jawa	4 months	Psychological

Result

Quantitative analysis in this study uses depressive symptom data obtained from several BDI-II measurements. Researchers then compared the participants' scores on each of the measurements namely (pretest) before being given therapy, (posttest) after being given therapy and (followup) after 2 weeks of being given therapy. A comparison of the acquisition of scores on each measurement can be seen in Table 2.

Table 2: Changes in Depression Measurement Scores

Name	Measurement					
	Pretest	Category	Posttest	category	Followup	category
Y	31	Severe	19	Mild	11	Normal
A	29	Severe	8	Normal	1	Normal
H	30	Severe	20	Moderate	23	Moderate

Based on Figure 1, it can be seen that each participant experiences a change in depression scores before being given a pretest, after being given a posttest and after 2 weeks of a follow-up process. Can be known, before being given treatment depression scores in all three participants were in a state of depression with severe categories. After being given treatment in the form of Empathic Love Therapy, a decrease in score was able to bring participant H into a state of moderate depression, participant Y was in the category of mild depression, participant A was in a normal state of depression. Furthermore, the results of the follow-up process after two weeks of the treatment process showed participants Y and A were able to indicate normal depression. While H participants experienced an increase of 3 scores on the emotional aspect and depression scores remained in the condition of depression with a moderate category. This shows that Empathic Love Therapy contributed to changes in depression scores.

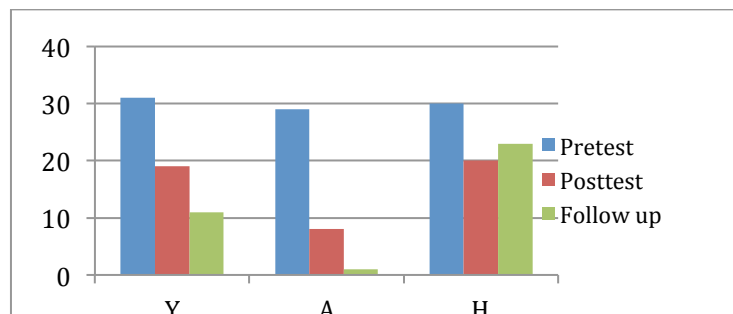


Figure 1. Changes in Depression Score Graph

Depression manifests in symptoms which can be grouped into four aspects, namely emotional, cognitive, motivational, physical/vegetative. In table 3, it can be seen the change in scores on each aspect of depression before being given therapy, after being given therapy, and after being followed up. Participants Y and A experienced periodic scores, while participant H appeared to have increased scores on the emotional aspect and experienced inconsistent increases and decreases in cognitive and physical/vegetative aspects.

Table 3. Changes in Depression Aspect Scores

NM	Pretest					Posttest					Followup				
	A1	A2	A3	A4	T	B1	B2	B3	C4	T	C1	C2	C3	C4	T
Y	6	9	6	10	31	3	5	4	7	19	5	0	1	5	11
A	8	9	4	8	29	1	2	1	4	8	0	1	0	0	1
H	6	11	6	7	30	8	4	3	5	20	9	6	3	6	23

Keterangan:

1 = Aspek emosi 3 = Aspek motivasi T = skor
 2 = Aspek Kognisi 4 = Aspek fisik/vegetatif total

Based on Table 4, there is a difference in the mean score which decreases before being given a pretest in the mean value of 21.67 after being given a treatment (posttest), the mean value is 19.00 and after the follow-up, the mean value is 14.00.

Table 4: Descriptive Depression Score Statistics

Measurement	N	Mean	Std. Deviasi	Minimum	Maximum
Pretest	3	31.67	0.577	31	32
Posttest	3	19.00	1.000	18	20
Followup	3	14.00	2.646	11	16

Based on Table 5 shows the total depression chi-square of 6,000 significance level (p) is equal to .028 then ($p < .05$). This means that there are significant differences in depressive scores before being treated (pretest), after being given a posttest, and after decreasing follow-up. Then, there is a significant difference in depression scores on the emotional aspect with n significance level of .002 ($p < .01$), on

the cognitive aspect of a significance level of .001 ($p < .01$), on the motivational aspect of a significance level of .030 ($p < .05$) and at the physical / vegetative aspects the significance level is .005 ($p < .01$). That is, Empathic Love Therapy gives a significant effect on the decrease in scores on aspects of depression.

Table 5: Friedman Analysis of Depression Score Test

Domain	Chi-Square	Exact Sig.
Total Aspect of depression	6.000	.028
Emotional aspects	12.047	.002
Cognitive aspects	14.655	.001
Motivational aspects	7.032	.030
Physical/vegetative aspects	10.500	.005

Discussion

Eight sessions in Empathic Love Therapy were effective in reducing symptoms of depression in emotional, cognitive, motivational, physical, and vegetative aspects of female victims of courtship violence. This is in accordance with the findings of previous studies, that Empathic Love Therapy is effective in reducing depression and depression symptoms due to individuals being able to develop love in every aspect of their personality (Malau, 2017; Sagala, 2015; Saragih, 2016; Widiarsari, 2015).

The process of developing empathic love begins with recognizing inner self-fulfillment along with emotions, needs, and behavioral patterns. An interesting finding obtained in this process is that all three participants share the needs that the couple wants to meet. These needs include the need to be valued, the need to be recognized, the need to be heard, the need to be appreciated, the need to be understood, the need to be cared for, and the need to be validated. These needs have great control for the three participants to try to control themselves and control others so that participants lose their true identity. However, the reality that is faced with the cycle of violence makes participants suffer from feelings of helplessness to lead to negative emotions that are suppressed or repressed such as anger, revenge, and hate to ex-boyfriend to disrupt the participant's way of thinking in responding to the situation.

Rueffler (1995) mentions the experience of a wound received repeatedly can form a response that becomes a pattern of participants in showing reactions. The response arises from the way participants project stimulus that comes repeatedly. In this case, the experience of violence experienced repeatedly affects the way participant in resolving conflicts within themselves. In this case, the three participants tend to involve thoughts and emotions that lead to the emergence of behavior or actions that appear on the surface. In participant Y, bring up the mind in solving the problem with the desire to end life. In participant A, vent the contents of the mind and emotions with aggressive behavior. Likewise, with participant H, vent contents of mind and emotions by psychological and verbal abuse to ex-boyfriends, self-harming behaviors to destructive behaviors such as smoking, drinking alcohol, using drugs, and having sexual relations with the opposite sex. In line with this, Beck et al., (1979) stated that the main factor a person experiences depression is the emergence of erroneous or distorted thought patterns about themselves and the situation experienced. Beck et al., (1979) also mentioned distorted and maladaptive thoughts in depressed people would also have an impact on maladaptive behavior.

Empathic Love Therapy can shape participant awareness in recognizing internal structures, inner players, inner needs, and behavioral patterns. This leads the participants to the process of transformation that affects the emergence of positive insight in interpreting themselves and life. Besides, the process of self-acceptance becomes a support for participants to accept themselves along with good and bad experiences into a part of the self that is integrated into complete personal unity. This situation helps participants in releasing various kinds of emotional tension that is stored in the dynamic structure of life. In line with this, Rueffler (1995) mentions that actions based on sincere and loving acceptance of weaknesses and strengths within oneself will resolve an inner war on each individual. Furthermore, the results of research conducted by several psychologists such as Kotchen et

al., (In Frankl, 1985) suggest that there is a positive relationship between orientation towards meaningfulness of life and mental health.

The forms of love and gratitude felt by each participant deliver participants in reaching their ability to develop without limits with empathic love for themselves and the environment. The prefix to the changes experienced by the three participants contains cognitive aspects by finding coping skills in dealing with life stresses especially those related to ex-boyfriends. In this case, the three participants were equally eager to dare to behave assertively to ex-boyfriends. Besides, participant Y wanted to start boldly and ask for help when faced with a threatening situation. Participant A wants to learn firmly in making a decision not to respond to ex-girlfriends. Meanwhile, H participants will learn to recognize their own needs and set limits on themselves as a reminder in controlling themselves from maladaptive behavior.

The series of Empathic Love Therapy sessions not only provide changes in cognitive aspects. Other changes experienced by participants also include aspects of motivation by becoming bolder, uplifting, optimistic, and confident in living life in the future. Then in the emotional aspect, participants become more calm, relieved, thankful, happy, and feel empowered. In the physical or vegetative aspect, participants find it easier to sleep and carry out activities productively.

The reduction in depression cannot be separated from the techniques that exist in the process of Empathic Love Therapy. Breathing relaxation (deep breathing) and visualization (guide imagery) are enough to help participants in self-discovery. Ratnasari (2013) conducted a study related to the effectiveness of guided imagery therapy in treating depression in women victims of domestic violence. The results show that therapy can reduce the level of depression and show positive changes in aspects of victim depression including cognitive, affection, behavior, and physical although the changes vary. In the Empathic Love Therapy process, the results of the visualization are then expressed through images, writing, and storytelling. This technique is part of emotional catharsis or participant's way to release various emotions that are present in him. Adibah & Zakaria (2015) mentions catharsis helps individuals to release negative emotions and reduce stress to help calm the mind. Therapy in group settings is also a supporting factor for participants to get support from one another, feel not alone, and each participant can reflect emotions and thoughts honestly and openly. In line with this Gallon (2004) states that effectiveness in group therapy can help clients to improve their progress toward change and healing.

This research is also inseparable from limitations and weaknesses. A sample of three people made this study not to use a control group, so there is no comparison to test the effectiveness of therapy. Determination of the schedule of therapy determined in groups makes its implementation can not be applied in accordance with the time rules set in the research module. Besides, the implementation time of therapy is not enough for one of the participants who has quite severe emotional problems, so that further individual assistance is needed outside the implementation of therapy. To that end, researchers are further advised to be able to test the effectiveness of Empathic Love Therapy in other psychological disorders in group settings with a larger number of samples. In its application, it is expected to be able to apply through the implementation procedure with an appropriate period in the module so that researchers can discover the dynamics of the effectiveness of therapy in more depth. Further researchers are also expected to have other alternatives if the problem-solving process in the individual has not been resolved after participating in eight therapy sessions.

Conclusion

Empathic Love Therapy is effective in reducing symptoms of depression in emotional, cognitive, motivational, and physical or vegetative aspects. Through the Empathic Love Therapy, session participants can identify themselves more deeply and can recognize emotions and feelings with patterns of behavior to be able to recognize the needs and desires in the real self. The process of recognizing, accepting, and releasing is able to bring participants to positive self-meaning in looking at themselves and life. This leads to skills in solving problems that are supported by the formation of

coping strategies possessed by each participant. Thus, it can be illustrated that all participants experience a process of transformation in themselves towards the whole person. The growth of empathic love in yourself can reduce the symptoms of depression.

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References

- Adibah, S.M., & zakaria, M. (2015). The efficacy of expressive arts therapy in the creation of catharsis in counseling. *Mediterranean Joournal of Sosial Sciences*, 6, 298-306.
- Amar, A.F., & Gennaro, S. (2005). Dating violence in college women: Associated physical injury, healthcare usage, and mental health symptoms. *Nursing Research*, 54, 235- 242.
- American College Health Association. (2012). *National college health assessment*. America: American College Health Association. www.acha-ncha.org
- Arnett, J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York: Oxford University Press, Inc.
- Bonomi, A. E., Anderson, M. L., Nemeth, J., Rivara, F. P., & Buettner, C. (2013). History of dating violence and the association with late adolescent health. *BMC Public Health*, 13, 821.
- Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14, 998-1013.
- Basyarudin, A. (2010). *Pacaran di kalangan remaja*. Artikel. <http://dc378.4shared.com>.
- Beck, A. T., & Alford, B. A. (2009). *Depression causes and treatment 2nd edition*. Philadelphia: University of Pennsylvania Press.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Catatan Tahunan (CATAHU). (2019). Komisi nasional anti kekerasan terhadap perempuan: *Hentikan impunitas pelaku kekerasan seksual dan wujudkan pemulihan yang komprehensif bagi korban*: Jakarta. Komnas Perempuan.
- Cuijpers, P., Karyotaki, E., Weitz, E., Andersson, G., Hollon, S. D., & Van Straten, A. (2014). The effects of psychotherapies for major depression in adults on remission, recovery and improvement: A meta-analysis. *Journal of affective disorders*, 159, 118- 126.
- Cortens, D.E. (2014). Theory and teen dating violence victimization: Considering adolescent development. *Developmental Review*, 34, 168—188.
- Dewi, N.N & Waruwu, D. (2018). Pengaruh cognitive behavior therapy terhadap postpartum depression. *Jurnal Psikologi "Mandala"*, 2, 45-52.
- Desideria, B. (2017). *Teknik pertahanan diri saat jadi korban kejahatan*. Artikel <https://www.liputan6.com/health/read/2903370/coba-teknik-pertahanan-diri-ini-saat-jadi-korban-kejahatan?source=search>
- Frankl, V.E. (1985). *Psychotherapy and Existentialism*. Washington Square Press, New York.
- Firman, J & Gila, A. (2007). *Assagioli's seven core concepts for psychosynthesis training*. California: Psychosynthesis Palo Alto.
- Firman, J. & Gila, A. (2010). *A psychotherapy of love: Psychosynthesis in practice*. USA: State University of New York Press.
- Fitriana, Q.A & Hadjam, M.N.R. (2016). Meraih hidup bermakna: Logo terapi untuk menurunkan depresi pada perempuan korban KDRT. *Gajah Mada Journal of Professional Psychology*, 2, 26-36.
- Fourianalisyawati, E. (2007). *Efektivitas terapi transpersonal (visualisasi, afirmasi, dan release) untuk menurunkan depresi pada perempuan penderita kanker payudara*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Galon, S. (2004). The Addiction Technology Transfer Center Network: Approaches to group therapy. Cherry Ave NE, Keixer. Departement of Pubelic Health & Preventive Medicine. *NFATTC Addiction Messenger*, 1, 14-23.
- Germer, C.K., Siegel, R., Fulton. (2005). *Mindfulness and psychotherapy*. New York: The Guilford Press.

- Ginting, H., Naring, G., Van Der Veld, W.M., Sriyayekti, W. & Becker, E.S. (2013). Validating the Beck Depression Inventory-II in Indonesia's general population and coronary heart disease patients. *International Journal of Clinical and Health Psychology*. 13, 253-242.
- Lestari, V.H.K., Sumijati, S., & Hastuti, L.W. (2015). Sand Tray Therapy untuk menurunkan gejala depresi pada anak pasca perceraian orangtua. *Kajian Ilmiah Psikologi*, 1, 42-50.
- Maekom, N. (2014). *Efektivitas Rational Emotive Behavior Therapy (REBT) dalam menurunkan depresi pada lanjut usia penderita stroke*. (Tesis tidak diterbitkan). Ilmu Psikologi Profesi Universitas Indonesia, Jakarta.
- Malau. (2017). *Empathic Love Therapy untuk menurunkan depresi pada perempuan yang mengalami kekerasan seksual di masa kanak-kanak*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Murray, J. (2007). *Abusive dating relationships*. United State: HarperCollins Publishers Inc.
- Poerwandari, E K. (2004). *Mengungkap selubung kekerasan: telaah filsafat manusia*.
- Poerwandari, E. K. (2008). *Penguatan psikologis untuk menanggulangi kekerasan dalam rumah tangga dan kekerasan seksual*. Program Kajian Wanita Universitas Indonesia, Jakarta.
- Putri, J.G. (2017). *Program Mindfulness untuk menruunkan depresi orang dengan HIV atau AIDS*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Prospero, M. & Vohra-Gupta, S. (2007). Gender differences in the relationship between intimate partner violence victimization and the perception of dating situations among college students. *Violence and Victims*, 22, 489-502.
- Ratnasari, F. N. (2013). *Penurunan Tingkat Depresi Pada Perempuan Korban Tindak Kekerasan Dengan Guided Imagery*. Tesis tidak diterbitkan, Magister Profesi Psikologi, Universitas Muhammadiyah Surakarta.
- Risnawati. (2011). *Terapi Kognitif Perilaku untuk menurunkan depresi pada penderita HIV / AIDS*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Rueffler, M. (1995). *Para pemain dalam diri*. Alih Bahasa: N.K. Endah Triwijati. Surabaya: Universitas Surabaya.
- Sagala (2015). *Efektivitas Empathic Love Therapy untuk menurunkan depresi pada orang dengan HIV/AIDS (ODHA)*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Santrock, J.W. (2012). *Life-span development (Perkembangan Masa Hidup) Edisi 13 Jilid 2*. Jakarta: Erlangga.
- Santrock, J. W. (2013). *Life-Span Development*. New York: The McGraw-Hill Companies.
- Saragih, S. (2016). *Empathic Love Therapy pada perempuan depresi korban kekerasan dalam rumah tangga*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Soba, S.E., Rambli C.A., & Umboh M.J. (2018). Gambaran kekerasan dalam berpacaran pada mahasiswi keperawatan di Politeknik Negeri Nusa Utara. P3M Politnik Negeri Nusa Utara. *Jurnal Ilmiah Sesebanua*, 2, 38-44.
- Straus, M. A. (2004). Prevalence of violence against dating partners by male and female University Students Worldwide. *Violence Against Women*, 10, 790-811.
- World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: WHO.
- Widiasari, E. (2015). *Empathic Love Therapy untuk menurunkan depresi*. (Tesis tidak diterbitkan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.
- Yayasan Pulih. (2015). *Love without violence: Relasi sehat vs kekerasan dalam pacaran*. Jakarta: Booklet Psikoedukasi Remaja.
- Yuniarti, K.W., Rosada, A., Sagala, A.E., Saragih, S., Widiasari, E., Yana, I.P.A., (2015). *"Aku, Kau, dan Kalian": Studi eksplorasi efektivitas psikosintesa dalam proses terapeutik, studi multi years dalam psikologi transpersonal*. Laporan Penelitian (tidak dipublikasikan). Fakultas Psikologi Universitas Gajah Mada, Yogyakarta.