

Brief Empathic Love Therapy for Depressed Adolescents Victims of Domestic Violence

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Abstract

Introduction: Adolescents who experience domestic violence are vulnerable to psychological disorders, one of which is depression. Violence perpetrated by primary attachment figures may damage an individual's self-worth, emotional balance, and hope for the future. BELT is a transpersonal therapy that emphasizes how individuals can recognize themselves more deeply, become aware of, understand, accept, and love all aspects of their being. **Objective:** This study aimed to examine the effectiveness of Brief Empathic Love Therapy (BELT) in reducing depressive symptoms among adolescents who are victims of domestic violence. **Methods:** This study employed a Small-N method using an ABA single-case design consisting of a baseline phase (A1), intervention (B), and a return to baseline (A2). BELT was delivered in two individual sessions to three adolescent females who had experienced domestic violence. Data collection tools included the Beck Depression Inventory II, Empathic Love Scale, daily depression checklist, evaluation sheet, and observation form. Data were analyzed using visual inspection. **Result and Discussion:** The results indicated that BELT was effective in reducing depressive symptoms and increasing empathic love in adolescent victims of domestic violence. **Conclusion:** The intervention also supported emotional awareness and inner acceptance, contributing to psychological recovery.

Introduction

Depression in adolescence is a global mental health issue that is becoming increasingly alarming. The World Health Organization (WHO, 2021) states that depression is one of the leading causes of disability in adolescents, with prevalence increasing significantly over the past two decades. One of the main risk factors contributing to the onset of depression in adolescents is the experience of domestic violence (DV). DV is intentional and systematic behavior, including physical, psychological, verbal, economic, or sexual violence, used to maintain power or control within domestic relationships (Dichter et al., 2018). Domestic violence can be understood within the framework of attachment theory and developmental trauma theory. Violence perpetrated by the primary attachment figure disrupts the formation of a secure base in children, which serves as the foundation for the development of affective regulation and emotional security (Khadka, 2022).

Data from the Indonesian Child Protection Commission (KPAI, 2023) shows that violence against children in the home environment remains the dominant form of child rights violations and has a direct impact on psychological well-being, including mood disorders, anxiety, and severe depression. This data is further supported by data from the Ministry of Women's Empowerment and Child Protection (PPPA), which records that in 2023, 9,421 out of 18,175 cases of violence against children in Indonesia occurred within the household (domestic violence). Based on these violence cases, 19.40 percent of the incidents were committed by parents (Sinombor, 2024). Meanwhile, the 2024 National Survey on the Life Experiences of Children and Adolescents (SNPHAR) conducted by the Ministry of PPPA in various regions shows that approximately 11.5 million children aged 13-17 have experienced one or more forms of violence throughout their lives. Over the past year, 7.6 million children, or 33.64 percent of children in that age group, reported experiencing violence, with emotional violence being the most prevalent form (Thenniarti, 2024). Families should be the safest place for children, but in reality, they have not been able to provide that sense of safety.

Adolescence is a critical developmental phase marked by identity formation, increased need for social acceptance, and the reorganization of complex emotional and cognitive systems (Albert et al., 2013). During this period, the quality of the relationship with parents continues to play an important role as the foundation for the formation of emotional regulation, self-confidence, and interpersonal relationship patterns (Allen & Tan, 2016). Adolescents who experience physical and verbal violence from parents or primary caregivers show characteristic depressive symptoms, such as feelings of worthlessness, withdrawal from social environments, decreased motivation to study, and thoughts of self-harm. A longitudinal study by Lansford et al. (2016) found that the frequency of verbal abuse by parents toward children significantly predicts levels of depression and deviant behavior during adolescence. Adolescents are likely to experience emotional disorganization, feelings of being unloved, and negative cognitive processing toward themselves and the world, leading to depression (Cicchetti & Toth, 2005). Longitudinal surveys indicate that childhood violence is associated with mood disorders and chronic depression in adulthood, and if left untreated for an extended period, it can disrupt the development of emotional regulation, self-esteem, and the formation of a healthy sense of self (Heleniak et al., 2015).

Depression is a mood disorder characterized by deep sadness, loss of interest or pleasure, and impaired daily functioning over a period of time (American Psychiatric Association, 2022). Beck (1976) proposed that depression arises from the interaction of

biological, psychological, and environmental factors, but emphasized maladaptive cognitive processes. Clark, Beck, & Alford (2020) highlight cognitive distortions such as overgeneralization, selective attention to negative evidence, and dichotomous thinking (all or nothing) as triggers and maintainers of depression. Adolescents who are victims of domestic violence tend to internalize these negative experiences, leading to feelings of worthlessness (“I deserve to be hurt”), a perception of a threatening world (“The environment is unsafe”), and bleak future expectations (“My life will never improve”) as a result of experiencing violence or unfair treatment from their parents.

Empathy- and compassion-based psychological interventions are still very limited in the psychological recovery of children and adolescents who are victims of trauma. One approach that has emerged in this context is Brief Empathic Love Therapy (BELT). BELT is a form of brief psychological intervention designed to foster empathic love through the integration of seven aspects of psychosynthesis (Aghniacakti, 2019; Bandoro, 2018; Damanik, 2018). Empathic love is a form of love that is present in its entirety, unconditional acceptance, and facilitates healing for the wounded parts of oneself (J. Firman & Gila, 2010). Through this empathic love, individuals become more capable of recognizing wounds and traumatic experiences, begin to take steps to address inner emptiness, and revive parts of themselves that were once neglected (J. Firman & Gila, 2010). Individuals with empathic love are expected to be able to love themselves and others even when they are in an unempathic environment.

BELT originates from the concept of psychosynthesis, which focuses on the process of synthesis or integration of personality through the development of will, empathic love, and spiritual awareness (Assagioli, 1965). Unlike classical psychology, which focuses on unconscious conflicts, psychosynthesis offers the perspective that every individual has the potential for change, which can be accessed through awareness and empathic relationships. There are seven aspects of psychosynthesis that form the foundation of the healing process in therapy: 1) Disidentification is the process of separating oneself from negative thoughts and emotions that have been attached as identity; 2) Personal Self or “I” is the center of consciousness and will that serves as a stable inner observer, enabling reflection on experiences without being overwhelmed by emotions; 3) Synthesis refers to the integration of fragmented parts of the self caused by conflict or trauma; 4) Will – Good, Strong, Skillful is the ability to will, built from three aspects: good intention, strength of resolve, and skill in action; 5) The Ideal Model is a healthy and attainable ideal self-image; 6) Superconscious or Higher Consciousness is the source of noble values such as forgiveness, compassion, and wisdom within human beings; and 7) Transpersonal Self or Self is the deepest spiritual core that is universal, loving, and unifying (J. Firman & Gila, 2010).

The use of the BELT approach has not been widely applied for depression intervention, particularly in Indonesia. Bandoro (2018) investigated the impact of BELT on police officers with depressive symptoms using a quasi-pretest–posttest control group design involving 45 participants. The analysis results showed no significant changes in depression scores post-intervention, indicating that the BELT intervention was not proven effective in this context. Meanwhile, research conducted by Aghniacakti (2019) showed different results. BELT was able to consistently reduce depressive symptoms and increase empathic love scores in all women who were victims of domestic violence after the intervention. However, Aghniacakti’s (2019) research only focused on adult women who were wives of domestic violence perpetrators. This study aims to address the gaps in previous research by offering several innovations. First, the study subjects are adolescent

victims of domestic violence, a highly vulnerable group that has received little attention in empathy-based intervention studies. Second, this study uses a single-case ABA quasi-experimental design, which allows for longitudinal observation of individual symptom changes before, during, and after the intervention.

This study aims to answer the question of how effective BELT is in reducing depressive symptoms in adolescent victims of domestic violence. Thus, this study not only expands the application of BELT in a more specific context but also offers a methodological approach to examine the dynamics of psychological changes over time. This study is expected to provide theoretical and practical contributions to the development of BELT for adolescent trauma recovery.

Method

The participants in this study were two adolescents who had experienced domestic violence in any form, selected using purposive sampling techniques. The participants met a number of criteria, namely: 1) Adolescents aged 13–18 years. 2) Had experienced or were currently experiencing violence in any form by parents or other immediate family members. 3) Having a depression score in the moderate to severe category based on the BDI-II due to domestic violence, 4) Empathic love scores ranging from low to moderate, 5) No other psychological disorders and not currently undergoing psychological therapy or pharmacological treatment, 6) Obtaining consent from parents/guardians to participate.

Data collection in this study was conducted using a multi-method approach to obtain a comprehensive understanding of changes in depressive symptoms and the development of empathic love among participants during the intervention process. There are three main types of data collected: quantitative data, qualitative data, and observational data. These data were collected using the following instruments: 1) The Beck Depression Inventory-II (BDI-II) was used to measure the severity of depression, 2) The Empathic Love Scale was used to measure participants' levels of empathic love. 3) The Daily Depression Checklist was given to participants to complete daily during the baseline, intervention, and post-intervention phases. 4) The General Overall Assessment of Empathic Love Therapy (GOA) and Specific Assessment and Reactions to BELT (SAR) as evaluation or feedback forms for participants regarding the therapy process they underwent. 5) The Observation Sheet serves as an instrument for recording the process and dynamics that occur during therapy.

Data from daily depression checklists were analyzed using a visual inspection approach, which aimed to evaluate the consistency of the intervention's effects through graphical patterns in each phase of the study. This analysis covers four main aspects: comparison of means between phases, identification of graphical trends, measurement of data stability, and changes in levels within and between conditions (Gravetter & Forzano, 2012; Sunanto et al., 2005). Three identifiable trends are increasing, flat, and decreasing, which are interpreted based on the intervention's objectives (Sunanto et al., 2005). Additionally, this quantitative analysis is reinforced by descriptive qualitative data obtained from observations, interviews, and participants' daily worksheets. This information is used to understand the dynamics and changes in participants' emotional conditions throughout the baseline and intervention phases.

The research implementation consisted of three main phases: initial baseline (A1), intervention (B), and final baseline (A2). Phase A1 reflected the participants' initial condition (baseline). Phase B was the phase during which the Brief Empathic Love Therapy (BELT) intervention was administered in two sessions, each lasting

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approximately 90 minutes in person. The BELT module is based on seven principles of psychosynthesis and includes activities such as reflection on inner experiences, guided imagery, and exploration of empathic love toward oneself and others (Bandoro, 2018; J. Firman & Gila, 2010).

Result and Discussions

1. Result

a. Participant Y

The results indicate that the BELT intervention was effective in reducing depressive symptoms in participant Y. Visual analysis of the daily depression checklist scores in Figure 1 shows a downward trend in depressive symptoms between baseline 1, the intervention phase, and baseline 2. At baseline 1, participant Y had an average depression score of ($M = 49.857$), which decreased during the intervention phase ($M = 41.428$) and baseline 2 phase ($M = 34.714$). The overlap percentage of 14.28% indicates that BELT is effective in reducing depression in participant Y. The results of the daily depression checklist (Figure 1) are supported by the results of the BDI-II scale (Figure 2), which show a decrease in scores from pre-test, post-test, and follow-up. The depression category of participant Y, which was initially severe, changed to normal at follow-up. In addition to a decrease in depression, participant Y also experienced an increase in their empathic love scores, as seen in Figure 2.

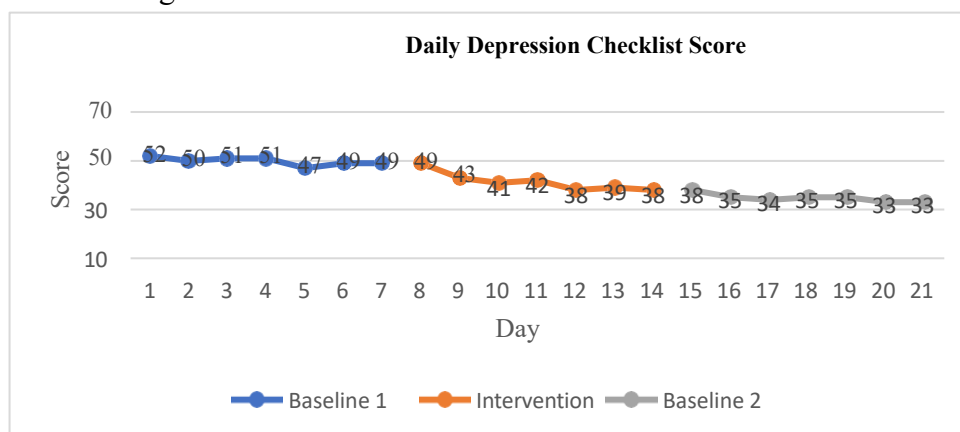


Figure 1. Daily Depression Checklist Score for Participant Y

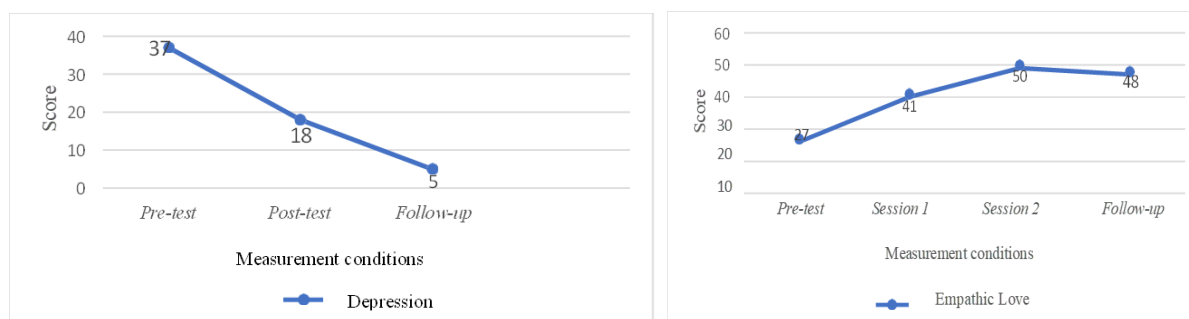


Figure 2. BDI-II Scale Scores and Empathic Love Scale Scores of Participants Y

The descriptive analysis conducted shows the benefits of each BELT session in bringing about positive changes in participant Y's depressive condition. Session 1 helped participant Y to release all the burdens and heartache that had been greatly disrupting his life. Participant Y was able to accept all their wounds and realize that there were still positive experiences in their life. In Session 2, Participant Y was able to recognize the positive qualities of each player within themselves that they had previously hated, rediscover their life's purpose, and understand the actions needed to achieve it, as well as feel love within themselves and gratitude toward God.

Before receiving BELT, depressive symptoms in the emotional, cognitive, physical, and motivational aspects were still dominant in Participant Y. Participant Y's emotions tended to be unstable and dominated by negative emotions, thinking that they were worthless and blaming themselves, considering ending their life, experiencing sleep disturbances, and often isolating themselves in their room. After undergoing the BELT process, Participant Y's perception or view of themselves and the future became more positive. This cognitive change influenced Participant Y's emotions, with feelings of sadness, fear, and anxiety decreasing in intensity. Participant Y's sleep patterns and quality improved after receiving BELT, accompanied by an increase in their enthusiasm for daily activities.

b. Participant Z

The results indicate that the BELT intervention was effective in reducing depressive symptoms in Participant Z. The visual analysis of daily depression checklists in Figure 1 shows a downward trend in Participant Z's depressive condition from baseline phase 1, through the intervention phase, to baseline phase 2. At baseline 1, Participant Z had an average depression score of ($M=39.2$), which decreased during the intervention phase ($M=22.143$) and baseline 2 phase ($M=20$). The overlap percentage of 14.28% indicates that BELT effectively reduced depression in Participant Z. The results of the daily depression checklist (Figure 3) are supported by the BDI-II scale results (Figure 4), which show a decrease in scores from pre-test, post-test, and follow-up. The depression category of participant Z, which was initially moderate, changed to normal at the post-test and follow-up. In addition to a decrease in depression, participant Z also experienced an increase in their empathic love scores, as seen in (Figure 4).

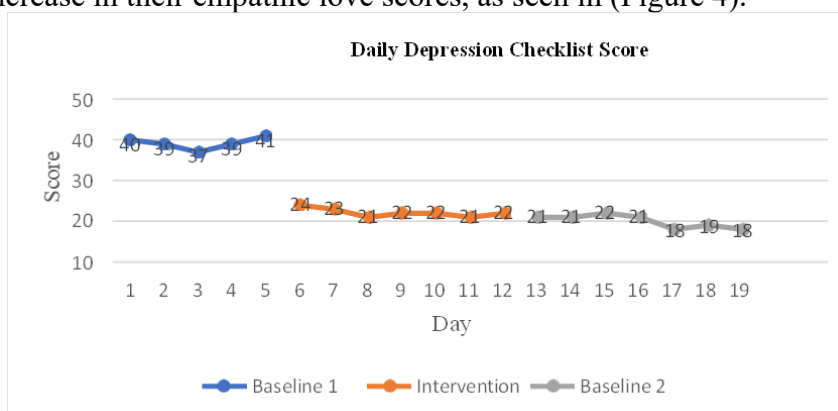


Figure 3. Daily Depression Checklist Score for Participant Z

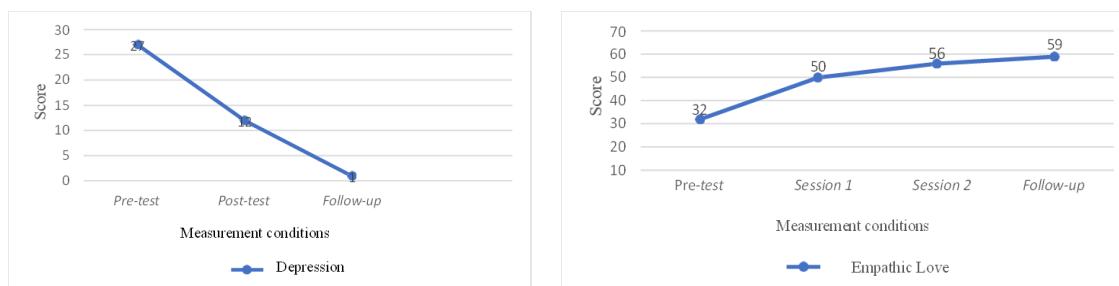


Figure 4. BDI-II Scale Scores and Empathic Love Scale Scores of Participants Z

Session 1 of BELT helped participant Z become aware of and accept various unpleasant experiences that had caused deep wounds within him. Participant Z was able to accept every part of himself because he had discovered the positive aspects of each part. Until now, participant Z had felt that he was never valuable to others, but now he realizes that he is valuable to himself. Session 2 of BELT facilitates Participant Z in strengthening the potential of the players within themselves, enabling them to once again feel love and happiness. Additionally, Participant Z is able to discover their life purpose and plan actions to achieve it.

The depressive symptoms that were initially dominant in Participant Z before receiving BELT included easily getting angry and crying, believing they were worthless, being pessimistic about the future to the point of wanting to commit suicide, and having difficulty sleeping. After receiving BELT, Participant Z felt more emotionally calm. Participant Z began to control his angry words and emotions, which had previously been a trigger for conflicts between him and his father. The positive changes experienced by Participant Z improved his relationship with his father, and domestic violence did not occur during the last two weeks. His sense of worth increased, accompanied by feelings of gratitude to God Almighty.

2. Discussion

The BELT process includes seven aspects of psychosynthesis that are effective in reducing symptoms of depression in both participants. The self-image of adolescent victims of domestic violence, as seen in the participants in this study, includes perceiving themselves as worthless compared to others, failures, powerless, guilty, being punished for past mistakes, and unable to be happy. This self-image was also found in previous studies on adolescents who were victims of domestic violence (Arslan, 2016; Li et al., 2023). Both participants had thoughts of ending their lives due to frequently negative thoughts about themselves before receiving therapy. They tended to develop negative cognitive patterns such as self-criticism and feelings of worthlessness. This pattern leads to emotional dysregulation, which is an important mechanism contributing to mood disorders, including depression (Heleniak et al., 2015; Michl et al., 2013).

Various studies explain that parents' psychological conditions, such as emotional distress, excessive stress, and a history of past violence, create a high risk of violence against children. Both participants reported that their fathers, as perpetrators of domestic violence, had experienced authoritarian parenting and physical violence from their own parents during childhood. The findings of Austin et al. (2020) indicate that a history of childhood abuse, psychological stress, and mental disorders in parents significantly increase the likelihood of violence toward children. Similar research also shows that

parents with aggressive behavior or excessive control have a higher risk of committing violence, such as a lack of empathy, poor emotional regulation, and hostile attitudes toward children (Austin et al., 2020; Heleniak et al., 2015). This is what happened to both participants, where if their parents' commands were not followed, it would lead to arguments or even physical violence such as slapping or hitting. Children often become victims when warm and supportive interaction patterns are absent, replaced by strict, cold, or even verbally aggressive parenting styles (Austin et al., 2020).

The aspects of the psychosynthesis concept can provide therapeutic effects for participants. The aspects of disidentification and personal self or "I" are explored through life span visualization activities during self-exploration sessions. The process begins by identifying and uncovering the primal wounding that arises from an unempathic environment (J. Firman & Gila, 2010). The wounds experienced by both participants originated from their families. Recognizing these wounds made the participants aware that there were experiences in their lives that led them to develop feelings of worthlessness and a tendency to blame themselves for others' mistakes. The process of recognizing the wounds continued with disidentification, which involves distancing oneself from the experiences that caused the wounds. Disidentification enables participants to develop a new understanding that they are not always associated with the wounds or pain they have experienced (Brown, 2004; J. Firman & Gila, 2010), but that within them there is also love and happiness. This process can be experienced by participants when they are able to access pleasant experiences related to their family during the visualization process. Gradually, participants come to understand that these experiences are part of the process of life that must be endured and are able to accept every experience in their lives. This new understanding of how participants perceive traumatic experiences in their lives influences the cognitive aspects of depression, which is then followed by changes in the emotional aspects, as participants feel more relieved after expressing everything they have been holding inside all this time.

In the life span visualization process, the personal self or "I" aspect helps individuals to better recognize each sub-personality or player within themselves that has been formed from past experiences (D. Firman, 2018). Participants position themselves as observers and discover four to five players within themselves that are related to the domestic violence they have experienced. Participants become aware that there are players who dominate them and others who play a role in triggering the violence committed by their husbands. This process is described by Brown (2004) as a process of self-reflection by the observer, enabling individuals to develop new understanding regarding the players within themselves. When the players are not yet recognized, interactions between them can lead to conflict (J. Firman & Gila, 2010), such as an inability to control emotions and behavior experienced by participants before receiving BELT.

Players who were initially rejected or hated because they were perceived as hindering happiness eventually begin to be accepted after participants realize that the existence of each player has a good reason. This process is based on the aspects of will-good, strong, and skillful, which are the driving forces to accept human flaws and various traumatic experiences from the past with love (J. Firman & Gila, 2010). Furthermore, the synthesis aspect present in the visualization activity of flower petals facilitates the process of uniting various sub-personalities or players within oneself that were initially rejected or in conflict into a new unity (D. Firman, 2018; J. Firman & Gila, 2010). Participants realize that they have full control to manage all the players within themselves in any

situation. The aspects of will, good, strong, and skillful, along with synthesis, collaborate to directly influence cognitive aspects of depression, such as positive changes in self-perception and feelings of greater worth.

Overall, the aspects of disidentification, personal self or “I,” synthesis, and will, good, strong, and skillful in the self-exploration session were able to reduce depressive symptoms in cognitive, emotional, and motivational aspects. The direct changes felt by participants during the intervention became more evident one week after the first intervention session. This is evident from the results of the descriptive analysis, which show that the self-exploration session influenced the cognitive aspects of depression, such as reducing the intensity of self-blaming and self-pitying thoughts, negative thoughts about the future, and thoughts of worthlessness. Additionally, suicidal thoughts and attempts were no longer found in either participant.

Changes in depressive symptoms among all participants were also evident in the emotional aspect, as participants were better able to manage their emotions, thereby influencing how they responded to others and reducing the intensity of crying and feeling sad on a daily basis. The reduction in depressive symptoms in the motivational aspect was marked by spending more time with children and greater enthusiasm in performing work. On the other hand, vegetative aspects of depression, such as changes in appetite and sleep patterns, were not yet significantly felt in the three participants after the first intervention session. After receiving each player, the aspects of will, good, strong, and skillful once again played a role by encouraging individuals to nurture one player who supports their growth. Furthermore, the ideal model aspect helps individuals recognize their aspirations and potential within themselves, which can assist them in achieving those aspirations. Aspirations are not objects but the highest goals that can motivate individuals (J. Firman & Gila, 2010). The aspiration visualized by the participants was happiness.

Participants wrote down short-term, medium-term, and long-term actions to achieve these aspirations. Short-term actions focus more on internal changes, while medium- and long-term actions focus on the future. Participant Y, who no longer lives with his father, gradually realized that he is capable and has the right to determine his future. Meanwhile, participant Z stated that even though he still lives with his father, who occasionally utters harsh words, he realizes that he is still valuable and worthy of being loved by others. The process of discovering aspirations and planning actions brings new hope and enthusiasm to participants as they increasingly realize that they are in control of achieving that happiness (D. Firman, 2018).

The higher unconscious aspect helps individuals realize that within themselves there are not only wounds but also the potential for compassion, courage, happiness, truth, wisdom, and love (Firman & Gila, 2010). Participants feel the potential for love within themselves and are able to radiate it into themselves and those around them. Participants express gratitude to the player within themselves, leading to emotional changes where their feelings are dominated by happiness and love. During visualization, participants also recognize the transpersonal self, which is the peak state of an individual when they can access the higher unconscious and experience the lower unconscious as part of their life journey. Participants interpret all events in their lives more deeply as growth experiences that must be embraced, one of which is expressed through gratitude. This interpretive process enables participants to perceive all life experiences and themselves positively (cognitively), feel happiness (emotionally), and discover a new life purpose that motivates them (motivational). Overall, the aspects of will, good, strong, skillful, the ideal model, higher unconscious, and transpersonal self in the self-transformation session

directly bring positive changes to the cognitive, emotional, and motivational aspects of depressive symptoms.

Meanwhile, the results of the descriptive analysis show that changes in the vegetative aspects of depressive symptoms can be observed a few days after the intervention process is completed. Emotionally, a week after completing the BELT program, participants feel more sensitive and able to control the inner self, enabling them to remain calmer when responding to external stimuli and reducing the intensity of crying behavior. The cognitive changes experienced by participants include no longer perceiving everything negatively, no longer imagining negative things about their future, being able to focus better, and having a more positive outlook when perceiving themselves and others. On the other hand, motivational changes are evident in the reduced intensity of isolating themselves in their rooms and no longer feeling easily tired as before. Additionally, vegetative changes occurred, with all three participants reporting improved sleep quality compared to usual. This indicates that the concept of psychosynthesis is not only suitable for personal development but also facilitates changes in thoughts, feelings, and behavior (Brown, 2004).

Beyond the aspects of the psychosynthesis concept, the methods used in the BELT process provide their own therapeutic effects for participants. Relaxation is the method participants found most beneficial as it helps them manage their emotions when faced with a situation. A recent meta-analytic study showed that structured breathing interventions, such as progressive muscle relaxation and deep breathing, significantly reduce stress and anxiety symptoms and improve psychological well-being (Toussaint et al., 2021). In addition to relaxation, reflection and guided imagery methods help participants gain insights into things they have not previously been aware of and feel empathic love from the therapist. Evaluations of guided imagery indicate that this technique is effective in reducing anxiety and depression and improving emotional regulation (Holmes & Mathews, 2010).

The outcomes experienced by each participant after participating in BELT may vary. This is influenced by the duration of violence and stressors that cause depression, which are still present in one of the participants. However, the presence of a support system, such as friends and a mother figure, plays a crucial role in the participants' healing process. A reduction in depressive symptoms is accompanied by an increase in empathic love among the three participants, which was already high to begin with. The empathic love cultivated through the BELT process is capable of healing the wounds or pain experienced by the three participants. Firman and Gila (2010) note that love can motivate individuals to seek ways to cope with the emptiness within themselves caused by tragic events, discover hidden potential within themselves, and revive aspects of themselves that have been lost. This statement aligns with the results of the descriptive analysis of the three participants, who ultimately accepted all painful experiences and made peace with their condition, as evidenced by accepting, recognizing hidden qualities, and loving all aspects of themselves.

This study has several significant differences in context and intervention approach compared to previous studies. An international study by Böge et al. (2020) demonstrated that psychosynthesis is effective in reducing depressive symptoms in the general adult population, supported by mindfulness as a therapeutic factor. Audate (2022) highlighted the importance of the disidentification process in psychosynthesis for accessing transpersonal dimensions, but did not explicitly test the intervention's effectiveness on depressive symptoms. In Indonesia, Saragih and Yuniarti (2021) and Zulaehah (2020)

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applied the Empathic Love Therapy (ELT) approach based on psychosynthesis to reduce depression, respectively in women victims of domestic violence and caregivers of schizophrenia patients. Unlike previous studies, this research uses Brief Empathic Love Therapy (BELT), a condensed version of ELT. Previous studies on BELT itself have shown varying results. Bando (2018) reported that BELT did not have a significant effect on reducing depression among police officers, while Aghniacakti (2019) found that BELT was effective in reducing depression among wives who were victims of domestic violence. This study expands the context of BELT application within the family domain but focuses on adolescents as victims of domestic violence. This contributes new insights into the effectiveness of BELT in the context of different age development and family relationship dynamics.

Conclusion

This study shows that Brief Empathic Love Therapy (BELT) is effective in reducing symptoms of depression and increasing empathic love in adolescents who are victims of domestic violence. These findings were obtained through a single-case ABA experimental design and supported by quantitative and descriptive data from two participants. The reduction in depressive symptoms was evident in cognitive, emotional, motivational, and some physical/vegetative aspects. BELT facilitated participants in recognizing and accepting traumatic experiences, reshaping self-perception, and constructing positive expectations for the future through the activation of psychosynthesis aspects such as disidentification, personal will, synthesis, and aspiration. This therapy also enables individuals to access positive spiritual potential within themselves, such as love, gratitude, and forgiveness, which accelerates the psychological healing process. This study expands the scope of BELT intervention, which was previously only applied to adult victims of domestic violence, by demonstrating that this approach is also effective for adolescents in a family context. Based on the findings of this study, educational institutions, counseling services, and adolescent mental health units can adapt BELT as an alternative brief therapy that relies on empathic love in addressing depression, particularly among adolescents who have experienced family trauma. For future researchers, testing the effectiveness of BELT on more diverse populations and in other psychological disorder contexts can enhance the external validity and sustainability of the therapy in individual settings. For adolescents experiencing domestic violence, an approach that fosters self-acceptance, empathic love, and self-awareness like BELT can serve as a safe space to heal emotional wounds and rediscover hope and a healthy direction in life.

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