

THE EFFECT OF FORGIVENESS THERAPY WITH DHIKR TO INCREASE SELF-ACCEPTANCE IN PEOPLE WITH HIV/AIDS AT SURAKARTA

Reza Mina Pahlewi

UIN Sunan Kalijaga, Indonesia

Email: reza.pahlewi@uin-suka.ac.id

Abstract

This study aims to determine the effectiveness of forgiveness therapy (forgiveness therapy) with dhikr to increase self-acceptance in people with HIV/AIDS (PLWHA). The design of this study was a pre-experiment with a one-group pretest-posttest design model. The participants of this study were six PLWHA who had the characteristics of having been diagnosed with HIV/AIDS positively, had a low or moderate self-acceptance score, and were Muslim. Self-acceptance was measured using a self-acceptance scale of 28 items. The quantitative analysis test was carried out using the SPSS for Windows 16.0 computer program, while observation and interview techniques were used to obtain additional qualitative data. Quantitative data were analyzed using paired sample t-test. The results showed that there was a very significant difference in the level of self-acceptance before and after being given forgiveness therapy with dhikr with a value of $t = -5.017$ ($p = 0.004$; $p < 0.01$). The results of quantitative data analysis show that the level of self-acceptance of people with HIV/AIDS has increased after being given forgiveness therapy with dhikr so it can be concluded that forgiveness therapy with dhikr can increase self-acceptance in people with HIV/AIDS.

Keywords: Self-Acceptance, Forgiveness Therapy with Dhikr, People With HIV/AIDS (PLWHA)

Introduction

Health is a part of self and is a very fundamental human right, so it becomes one of the most important parts for every human being. One of the health problems that are of concern to the world and even Indonesia is HIV/AIDS. HIV/AIDS has become a health problem that has received quite a lot of attention because of the drastic increase in the number of individuals affected by HIV/AIDS. Individuals affected by HIV have negative psychological reactions such as anxiety, depression, and difficulty in establishing a relationship with people other (PURWADI, 2020).

Among the various viruses that have been known today, the one that is considered the most dangerous is the *Human Immunodeficiency Virus* (HIV) which causes *Acquired Immune Deficiency Syndrome* (AIDS). HIV is a virus that attacks the immune system of the

How to cite:	Reza Mina Pahlewi (2022) The Effect of Forgiveness Therapy With Dhikr to Increase Self-Acceptance in People With Hiv/Aids at Surakarta, <i>Syntax Literate: Jurnal Ilmiah Indonesia</i> (7)12, http://dx.doi.org/10.36418/syntax-literate.v7i12.10750
E-ISSN:	2548-1398
Published by:	Ridwan Institute

person it infects (Nevid et al., 2005);(Sarafino, EdSarafino, E. P., & Smith & Smith, 2014). A person infected with HIV will experience a lifelong infection so most people with HIV / AIDS (PLWHA) remain asymptomatic (without signs and symptoms of a disease) for a long period and can infect others (Collins et al., 2018). Physical problems that often occur in people living with HIV are due to a decrease in body resistance. Very weak immunity makes people living with HIV susceptible to infectious diseases, including infections of the immunological system such as opportunistic infections by viruses, fungi, and bacteria (toxoplasmosis, candidiasis, herpes), decreased white blood cells CD4 <200/mm³ and lymphadenopathy (Gusti & Farlina, 2016).

Data from the Health Office, cumulatively the number of cases of people with HIV/AIDS that occurred in Yogyakarta until September 2018 (or for 25 years) was 4,610 people with HIV and the remaining 1,573 people with AIDS. The number of people living with HIV in the city of Yogyakarta reached 1,133 people and 1,573 people with AIDS. While in Bantul there were 1,023 people with HIV and 326 people with AIDS, in Sleman Regency the number of people with HIV reached 1,089 people, and people with AIDS 367 people. While in Gunungkidul there are around 325 people with HIV and 220 people with AIDS, and in Kulonprogo there are 257 AIDS sufferers while there are 25 AIDS sufferer. People living with HIV/AIDS in DIY are dominated by productive age with an age range of 20-29 years reaching 1,402 people, followed by 1299 people from 30-39 years old, and age 40-49 years as many as 746 people (Firmansyah et al., 2019).

WHO (Nasronudin et al., 2007) explains that when individuals are first declared infected with HIV, most show changes in their psychosocial characteristics such as stress, depression, feeling less social support, and changes in behavior. Stress can also worsen the situation of the individual, as explained by (Ogden, 2007) that stress can increase the process of HIV replication. (Dewi, 2020) revealed that almost 99% of people with HIV/AIDS experience severe stress or severe depression when they find out that they have AIDS. To avoid this, individuals must be able to reduce their stress levels by making adjustments so that these viruses do not replicate continuously.

Changes in the physical and psychological conditions of HIV/AIDS sufferers hurt their psychological development such as *denial* of the diagnosis, anger, bargaining, and depression, which in the end patients must come to a point where they have to accept reality. (PURWADI, 2020);(Sarafino, EdSarafino, E. P., & Smith & Smith, 2014);(Hasan & Tanjung, 2017) revealed that PLWHA has three main challenges, namely dealing with reactions to diseases that contain stigma, the possibility of a limited lifetime, and developing strategies to maintain physical and emotional conditions (Zuhra & Muna, 2022).

Based on the results of the initial assessment carried out on several resource persons who are people with HIV/AIDS at the Kebaya NGO, an institution that collaborates with the social service in providing assistance and providing care to people with HIV/AIDS, it was

found that there are indications that they tend not to accept themselves. who has been diagnosed as HIV positive? Sufferers tend to deny their actions or risky behavior, blame other people (partners) as people who transmit HIV to them, and blame parents' parenting patterns that tend to be authoritarian, causing them to behave defiantly. Other PLWHA we interviewed at the beginning also seemed unable to accept their situation by holding grudges and anger towards their partners who were believed to have transmitted HIV to them. He grew annoyed and angry with his partner because when his health deteriorated, his partner left him with another man. One of the statements that show the disappointment of PLWHA with their illness is "why do I have to have HIV/AIDS?" This condition causes them to tend to be unable to forgive people who felt to have a role in their current condition because they feel abandoned and ignored and even left without news by their partner.

Kilifi said that by knowing and accepting oneself, both the advantages and disadvantages that exist within him, an individual can develop himself (Aykut Ceyhan & Ceyhan, 2011). Knowing oneself is one way to help individuals gain self-knowledge and self-insight which is very useful for a good adjustment process and is one of the criteria for a healthy mentality (Akihary & Apituley, 2019). This self-knowledge will lead to *self-objectivity* and self-acceptance. According to (Chaplin, 1997), self-acceptance is an attitude of feeling satisfied with oneself, one's qualities, and talents, as well as an acknowledgment of one's limitations. (Lopez et al., 2018) Explain that self-acceptance is a positive attitude towards oneself, acknowledging and accepting various aspects of oneself, and feeling positive about the past. Self-acceptance plays an important role in finding and directing all behavior, so as far as possible individuals must have positive self-acceptance.

Philips and Berger suggested aspects of self-acceptance, including (1) the belief in one's ability to deal with problems; (2) the existence of a valuable presumption of oneself as a human being and on an equal basis with others; (3) there is no strange or abnormal perception of oneself and no hope of being rejected by others; (4) no shame or selflessness; (5) dare to take responsibility for one's behavior; (6) the existence of objectivity in receiving praise or criticism; and (7) no blaming the existing limitations, nor denying the advantages possessed (Shaver et al., 1991).

Related to HIV/AIDS, forgiveness is one of the efforts that need to be considered to overcome negative emotions and increase self-acceptance, because blaming yourself or others for the disease will reduce the quality of the sufferer. Forgiveness can lead a person to new understanding, acceptance, creativity, and growth so that the pain caused by the events experienced is reduced or no longer felt (Burgess, 2010).

(Thompson et al., 2005), found that forgiveness was significantly and positively associated with acceptance, positive reinterpretation, and active coping strategies, and it was significantly and negatively associated with denial and behavioral disengagement coping strategies. This indicates that forgiveness can be a coping method that allows people to

divert their attention from adverse life experiences and to more satisfying aspects of their lives (Thompson et al., 2005).

Forgiveness is the attitude of someone who has been hurt not to take revenge against the perpetrator, there is no desire to stay away from the perpetrator, on the contrary, there is a desire to make peace and do good to the perpetrator, even though the perpetrator has done hurtful behavior (McCullough et al., 2003). Enright (Satrio & Muhid, 2021) says forgiveness is a form of readiness to give up one's right to belittle, blame, and take revenge on the perpetrator who has acted wrongly against him and at the same time develop compassion and generosity. (Freedman et al., 2007) explains that the process of forgiveness goes through several stages or phases, including phase 1, *uncovering the anger*; phase 2, deciding to forgive (*deciding to forgive*); phase 3, doing forgiveness (*working on forgiveness*); Phase 4, discovery and release from emotional prison (*discovery and release from emotional prison*).

Negative emotions such as anger, disappointment, etc. it is very easy to appear as a reaction when humans are faced with various life problems, one of which is when an individual is declared positive for HIV/AIDS. Positive efforts that are recommended in Islamic teachings to overcome negative emotions in living life are dhikr.

Dhikr is a form of worship to remember Allah the creator, which is highly recommended in Islam. Dhikr which is an activity of remembering God, remembering the essence of God, the nature and actions of God, will lead people to surrender their lives to God so that they are not afraid or worried about facing challenges in life. (Subandi, 2009) research shows that practicing dhikr will lead individuals to be able to understand and understand the meaning of various life experiences which then gives what is the real meaning behind all events in their lives. Dhikr helps individuals to form perceptions other than their fears, namely the belief that any stressor will be handled well with the help of Allah, and can heal the soul and heal various diseases (Subandi, 2009), awakening self-confidence, strength, feeling safe, peaceful, and positive. happy (Lin et al., 2020).

This study uses dhikr with tahmid reading (Alhamdulillah) which is interpreted as gratitude for all the blessings in life that have been given by Allah SWT. The reading of tahmid is to say alhamdulillah which means "all praise is only for Allah". Reading tahmid can be interpreted as an expression of gratitude to Allah for all the blessings and gifts given to His servants. The Prophet SAW also encouraged Muslims to be grateful for everything they received. Based on his study above, this study proposes a hypothesis that there is an effect of forgiveness therapy with dhikr (tahmid) in increasing self-acceptance in PLWHA.

Method

Research Design

This research is a pre-experimental study with a one-group pre-test and post-test design with a follow-up research design. First of all, participants are subjected to measurement of

the dependent variable and then given treatment for a certain period and then re-measurement of the dependent variable to see the effect of treatment on the dependent variable to be measured. The form of the research design can be seen below:

<i>Pre-test</i>	<i>Treatm ent</i>	<i>Post-test</i>	<i>Follow Up</i>
Y1	X	Y2	Y3

Description:

Y1: Measurement before treatment (*pre-test*) X: Treatment (forgiveness therapy)

Y2: Measurement after treatment (*post-test*)

Y3: *Follow-up*, measurement after being given a break

Self-acceptance scales were given to pre-test (before treatment), post-test (after treatment), and follow-up, namely after a one-week interval without being given treatment.

Research Participants The

Participants of this study were people with HIV/AIDS living in Yogyakarta with the following criteria: diagnosed or positive HIV/AIDS status stage 1-2; have self-acceptance in the low or medium category; are Muslim. Participants in this study were recruited from a PLWHA assistance agency in Yogyakarta. All participants had received informed consent and signed it voluntarily before conducting the study.

Research Instruments The

The measuring instrument for self-acceptance in this study is the form of a Likert scale (Azwar, 2003) which is used to obtain quantitative data. The Self-Acceptance Scale (SPD) in this study was adapted from the Self-Acceptance Scale compiled by EL Philips and the Expressed Acceptance of Self Scale compiled by EM Berger which has been developed and applied in Indonesia by (Praptomojati & Subandi, 2020). The reliability coefficient alpha of the self-acceptance scale from (Praptomojati & Subandi, 2020) is 0.953 and the item discrimination coefficient moves from 0.493 to 0.838.

The SPD taken from Praptomojati's study before being used in this study was first re-adapted to fit the research topic. After rearranging and obtaining a professional judgment from two experts who understand the field of measuring instrument construction and the field of HIV/AIDS, then the SPD was given to the research participants (a total of 28 items). Qualitative data which is complementary data in this study were taken by interview and observation methods carried out at the pre-test and post-test stages, to strengthen the findings of the quantitative data analysis.

Treatment Procedure

Implementation of the intervention carried out in this study was carried out in nine sessions according to the four phases of forgiveness therapy which included uncovering the anger; the phase of deciding to forgive (deciding to forgive); the phase of doing forgiveness (working on forgiveness); and the discovery and release from emotional prison. The

following is a brief description of the phases of forgiveness therapy contained in nine sessions:

Session 1 is psychoeducation about HIV/AIDS and its relation to self-acceptance. Psychoeducation is carried out through lectures, discussion, and question-and-answer techniques. The goal is for participants to understand and gain knowledge related to HIV/AIDS and its relation to the accompanying psychosocial symptoms.

Session 2 is an introduction to emotions followed by how to express them adequately and adaptively. Session 3 is an assignment to fill out a worksheet by identifying the unpleasant experiences experienced and the feelings that accompany them, as well as the effectiveness of the alternatives that have been carried out.

Session 4 is in the form of psychoeducation regarding positive coping as a more positive alternative that can be done, one of which is done through forgiveness with dhikr. Techniques imagery. Session 5 was themed "Gaining New Perspectives". The participants were guided to understand themselves/others/as well as the situation from a new, more positive point of view so that they could give a more positive view of the problems they were experiencing, thereby reducing their feelings of resentment and being able to find and feel social support from the surrounding environment.

Session 6 focused on building positive emotions and perspectives. Participants are guided to forgive through imagery by entering the sentence of dhikr tahmid. The goal is that the participants can decide to forgive the object of forgiveness by increasing more positive thoughts and feelings and by being grateful for the opportunities and goodness that have been given by Allah SWT. Session 7 is an evaluation of new feelings and thoughts after forgiving dhikr.

Session 8 is in the form of determining new life goals and being free from the confines of negative emotions, thinking about possible obstacles that will be faced, and determining positive coping strategies to overcome these obstacles.

Data Analysis

The method to be used in quantitative analysis is parametric statistics. According to (Azwar, 2003), before testing the hypothesis, the assumption is first tested, namely the normality test and homogeneity test on the pre-test and post-test data obtained. If the data is normally distributed and has the same or homogeneous variance, then the data analysis to test the hypothesis will use the paired sample t-test. This test aims to determine the difference before and after the treatment. Hypothesis testing in this study was assisted by using a computer program SPSS (Statistical Product & Service Solution) 16.0 for windows. Meanwhile, the qualitative data in the study was analyzed in a simple descriptive manner to only strengthen the findings of the quantitative analysis.

Result and Discussion

Results The results of the measurement of scores and categories of pre-test, post-test, and follow-up of research subjects can be seen in table 1 below.

Table. 1
Score Measurement Results and Categories Pre-test and Post-test

Subjects	Pre test	Category	Post test	Category	Follow Up	Category
SP	83	Low	104	Medium	108	High
RA	104	Medium	113	High	116	High
TR	100	Medium	107	High	107	High
SW	38	Very Low	47	Very Low	48	Very Low
WW	82	Low	101	Medium	116	High
DM	106	Medium	115	High	121	High

Based on the pre-test and post-test data that have been obtained, hypothesis testing is then carried out using paired sample t-test analysis techniques, namely parametric test tests to compare two groups of data on the same subject. The results of the paired sample t-test will be explained in table 2 below

Table. 2
The results of the Paired Sample T-test

Stage Mean	Sig	Information
Pre-test Post-test Post-test	85.50	
Follo w up Pre-test Follow up		

This study aims to determine the effect of forgiveness therapy (*forgiveness therapy*) with dhikr (tahmid) to increase self-acceptance in PLWHA. The results showed that forgiveness therapy with dhikr was effective in increasing self-acceptance in PLWHA. Based on the results of the paired sample t-test analysis, it shows that at the pre-test and post-test, there is a very significant difference in the subject's self-acceptance after being given forgiveness therapy Sig (p) = 0.004 ($p < 0.01$) where the subject's self-acceptance after being given therapy forgiveness was higher (M = 97.83) than before giving forgiveness therapy (M = 85.50).

Meanwhile, the pre-test with follow-up showed that there was a significant difference in self-acceptance Sig (p) = 0.010 ($p < 0.05$) between before and the results of data analysis using paired sample t-test showed that there was a significant difference in self-acceptance. very significant before being given forgiveness therapy with dhikr and after being given forgiveness therapy with dhikr ($p = 0.004$); $p < 0.01$) where the level of self-acceptance of the subject after being given forgiveness therapy with dhikr is higher (M = 97.83) compared to before being given forgiveness therapy with dhikr (M = 85.50). These results are supported by qualitative data obtained from observations, interviews, and evaluations of each individual

during the training. The changes felt include feeling more comfortable, relieved, peaceful, able to let go of negative events that have been experienced, being able to be more grateful, and able to take lessons from the unpleasant events experienced. This is indicated by the desire of all subjects to maintain their health condition with discipline in consuming drugs.

Self-acceptance scores at the pre-test and post-test increased in various ways. 3 participants have self-acceptance scores that fall into the high category, and 2 participants fall into the medium category. There is 1 participant (SW) who is still in the very low category, which is because he has not fully accepted his perceived physical changes as imperfect as before. The subject always blames his illness for causing candidiasis in his eyes although the subject's eye condition is caused by the use of expired eye drops. This is in line with Batman's opinion (PURWADI, 2020) which states that changes in physical conditions experienced by PLWHA hurt their psychological development such as feeling ashamed, loss of confidence, and self-esteem. Different things were obtained from the results of observations of the SW subject concerned during the training where the subject experienced mood changes which previously seemed more silent but at the second and third meetings, the subject became more cheerful than before. SW subjects also seemed to burst into tears when they were given forgiveness therapy with dhikr when compared to other participants. This is supported by the subject's self-acceptance score which increased in the post-test although it was still in the same category. Furthermore, SW subjects were accompanied individually to increase their self-acceptance.

Forgiveness therapy with dhikr is a combination of forgiveness therapy and includes dhikr Alhamdulillah by being grateful for every favor that has been given by Allah. The achievement of the success of forgiveness therapy with dhikr in increasing self-acceptance in PLWHA has supported several related theories and previous research.

(Harris et al., 2006) suggests that forgiveness interventions are effective for adults with various painful experiences due to the actions of others. For the participants, these experiences included rejection from family, and friends, being kicked out of the house, stigma, discrimination from the environment, and negative judgments from others regarding their physical changes after contracting HIV/AIDS.

(Walton, 2005) suggests that forgiveness is one way for a person to be able to accept and free negative emotions such as depression, anger, guilt, and shame due to injustice, and improve interpersonal relationships with various problem situations. In addition, forgiveness can also bring a person to new understandings, and acceptance so that the pain due to the events experienced is reduced or no longer felt. According to Philips and Berger (Sunardi, 2004), individuals who accept themselves are characterized by a belief in their ability to deal with problems, a valuable assumption of oneself as a human being and equal to others, no strange assumptions about oneself and no desire to be rejected by others, no shame on oneself, dare to take responsibility for one's behavior, objective in accepting praise or criticism, not blaming oneself for shortcomings or denying one's strengths.

The forgiveness therapy training in this study was carried out by incorporating an element of dhikr Alhamdulillah in it. This is so that participants can see the problem from a more positive side and be able to be grateful for all the blessings that Allah has given to them so far, including the opportunity to breathe. According to (Haryanto & Sila, 2022), dhikr that is carried out continuously with full solemnity will make the heart always close to Allah and bring a calm and peaceful impact. Research conducted describes that the elderly who are

given dhikr therapy are more able to accept themselves as they are, do not reject themselves if they have shortcomings or weaknesses, have the belief that to love oneself does not have to be loved and appreciated by others, feel valuable so that one need not feel perfect.

Conclusion

The results showed that forgiveness therapy with dhikr can increase self-acceptance in people living with HIV/AIDS (PLWHA). The data obtained showed that there was a very significant increase in self-acceptance scores after being given forgiveness therapy with dhikr compared to before being given forgiveness therapy with dhikr. Each participant felt the benefits of forgiveness therapy with dhikr, namely feeling more calm, peaceful, relieved, happy, more accepting of themselves with their current condition, wanting to help others to be more enthusiastic

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