Coping Strategies of Family Caregiver in The Treatment of Mental Disorders

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Abstract

Purpose: People with mental disorders cause interference with the function of interaction and inability to take care of themselves so that they need someone (caregiver). The caregiver has a vulnerability to stress because it has to meet the needs of people with mental disorders. The purpose of this study is to describe the coping strategies used by caregivers in caring for people with mental disorders.

Methods: The approach used in this research is qualitative with a case study research design. This research involved four people (main informants & supporting informants). The main informant criteria are living in one house with a mental disorder, helping to meet the needs of sufferers and the status of the informant as a family. The sampling technique chosen was purposeful sampling. Analysis of the data used is content analysis.

Results: This study indicate that caregiver problems include low knowledge, economy, and community reaction while coping used by caregiver is intended to solve the problems faced so that the knowledge possessed by caregiver affects the coping used such as how to treat, choose treatment, trust in heirlooms until the reaction in solving problems that involve the community. Besides, the relatively low economic level influences the use of coping, such as denial, considering the effectiveness & seeking social support.

Value: Caregiver burden is the strongest predictor that can cause family conflict so that the need for interventions in the form of support and psychoeducation is carried out regularly.

Keywords: mental disorder, caregiver, problems, coping

INTRODUCTION SECTION

Mental health is the most important aspect of overall health. Good mental health status enables people to realize their potential, overcome stress, live more productively and be able to contribute to the environment. An increasingly advanced life and a growing number of stressors make people experience mental disorders. Statistical data states that people with mental disorders continue to increase. This increase is in line with expanding economic and social problems (Cooper, 2015). Quoted from page (Ika, 2015) the high number of people with mental disorders caused by inequality of medical personnel and facilities which reached 90%. In the context of mental disorders are divided into two namely mild mental disorders and severe mental disorders. Understanding of mental disorders is a condition marked by a change in the way of thinking, feeling and behaving and/or a combination of the three which is manifested in certain time duration to prevent someone from carrying out their roles and functions in interacting (Maslim, 2013). Inhibited function in taking care of themselves so that someone needs to help is called a caregiver.

The term Caregiver can include parents, couples to adults who live together or who meet the needs of sufferers. Caregiving fulfilled by caregivers includes personal hygiene, medication, providing physical and emotional care, helping in daily tasks (Albright et al., 2016; Tjia, Ellington, Clayton, Lemay, & Reblin, 2015). The role and task that is owned by the caregiver especially in caring for family members with mental disorders range from experiencing stress and depression that can affect the quality of life of the caregiver.

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Referring to some of the literature to be a caregiver is always associated with the burden of care. (Johansson, Anderzen-carlsson, & Andershed, 2010; Mulud & McCarthy, 2016; Zahid & Ohaeri, 2010) from the results of his research that 73.5% of caregivers who are in low socioeconomic and education with high levels of interaction impact at the high burden of care. The load is divided into two, namely objective load and subjective load. The objective burden is the burden borne by the caregiver in terms of financial, time and energy, while the subjective burden is the beliefs, views, and feelings during care that are felt emotionally such as frustration, shame, depression, and stress. Furthermore, the results of the study (Kardorff, Soltaninejad, Kamali, & Shahrbabaki, 2016)specific knowledge regarding the concrete everyday hassle and existential sorrows from the caregivers ́ subjective reasoning perspective is lacking. Furthermore, there is little evidence on the possible different effects of affective disorders and schizophrenia on the quality of burden; this is also true with regard to the role of cultural traditions and lay beliefs. Aims: The aim of this study was to explore the specific burdens experienced by caregivers of patients with schizophrenia and affective disorders. Methods: A qualitative study was conducted by semi-structured interviews with 45 caregivers of patients with schizophrenia and affective disorders. Data were analysed by qualitative content analysis. Results: Eleven encumbering themes resulted from the interviews including incertitude, unawareness, emotional burden, stigma and blame, financial burden, physical burden, restriction in routine, disruption in routine, dissatisfaction with family, relatives, and acquaintances, troubles with patients adherence to medication, and problems with health services and governmental support. Conclusions: Caring for a person with mental illness affects caregivers emotionally, financially, physically, and it elicits some restrictions in their routine (daily hassles stated that the burden to be a caregiver is financial, emotional burden, disruption of daily activities, dissatisfaction with health services to the emergence of family conflict. (Kizilirmak & Kucuk, 2015; Mulud & McCarthy, 2016; Walke, Chandrasekaran, & Mayya, 2019) found that 40.9% of the burden that must be experienced as a mental health nurse in terms of physical, mental and support provided, 67.49 % have a risk of anxiety and depression.

The results of the interview found that caregivers claimed to experience stress such as not being able to sleep, forget, eat, look up with a blank stare to experience weight loss as an impact on patient behavior such as throwing rocks on the roof, spitting, stealing fruit belonging to someone else's garden to speak harshly. The situation that occurs in this caregiver so that it requires a mechanism to reduce the pressure or problem called coping.

In the opinion of (Tamher & Noorkasiani, 2009) that coping is a way for someone to think and react in overcoming the burden of stressors. Whereas (Candra, Harini, & Sumirta, 2017) state that coping is an effort made by involving cognitive components and behavioral components that aim to reduce to overcome existing stressors (*distress demands).* The purpose of coping itself is to improve a better relationship between the individual and the environment and aims to relieve the emotional burden that is within.

Lazarus and Folkman (Wibowo, Dicky C. Pelupessy, & Narhetali, 2011) divided coping into 2 namely problem-focused coping (PFC) and emotional focused coping (EFC). One aspect of emotional focused coping in solving problems involves the power of God, called religious coping. Religious coping is an effort chosen by someone in facing a problem or pressure by involving the power of God by performing religious rituals (Ano & Vasconcelles, 2005; Pargament, Ellison, & Wulff, 2001). The ability or skill used by the caregiver determines the coping used. (Parkes, 1986) divides the coping factors including; individual differences, social support, and situational character. (Dixon et al., 2011) states that the use of good coping is problem-focused coping and emotional focused coping has the goal of increasing knowledge and strength and improving family

functioning to reduce stress among family members.

The results of research conducted by (Wanti, Widianti, & Fitria, 2016) caregivers who use emotional focused coping cause stress and fatigue, but in contrast to caregivers who use Problem-focused coping, they prefer to look for the formations, advice, and to professional experts, in addition to the existence of coping involves emotional focused coping and Problem-focused coping by interpreting events positively and the effort to seek help. The findings made by (Krageloh, Chai, Shepherd, & Billington, 2012) that religious coping has a more complex role than other coping. Furthermore (Areba, Duckett, Robertson, & Savik, 2017; McMahon & Biggs, 2012) individuals who engage in religious coping tend to be calmer, improve well-being and reduce anxiety symptoms but differ when using negative religious coping that affects the appearance of depressive symptoms so that it impacts on quality of life From the above problems that have been described, the researchers are interested in researching more deeply about the coping strategies used by caregivers in dealing with the problems of caring for people with mental disorders.

METHODS

This research uses a qualitative approach with a design used that is a descriptive case study to gain an in-depth and holistic understanding. Considerations researchers choose a case study that is events that occur in progress (real-life events), assessing in a narrow or micro-region to study the behavior of individuals, groups or organizations. This research is located in the Jarum Bayat Klaten village. The sampling technique used purposeful sampling so that the informants involved numbered four people. 1a and 2a are the main informants who treat patients with depression and mental retardation. Besides, data was also obtained from supporting informants (1b and 2b). For the characteristics of the informants involved in this study more fully in table 1.The method used in data collection is interview and observation. Interviews were conducted twice with a duration of ± an hour and a half. The purpose of using observation is as supporting data to complete the data and test the validity of the data. Furthermore, the collected data is then analyzed using content analysis techniques with steps such as verbatim transcripts, writing themes, linking themes that emerge, which then become master patterns.

Table 1. Research Informants

	Name			
	Informant 1a	Informant 1b	Informant 2a	Informant 2b
Gender	Female	Male	Female	Male
Age	± 70 Years	± 42 Years	± 39 Years	± 41 Years
Employment Status	Housewife	Laborers	Bargainer	Laborers
Religion	Moslem	Moslem	Moslem	Moslem
Education Status	College	Primary School	Primary School	Primary School
Caregiver Status	Mother	Eldest Brother	Sister In Law	Husband Informant 2a
Long Cared For	± 35 Years	± 17 Years	± 15 Years	± 30 Years

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RESULTS

Based on the results of interviews and data analysis that has been done, it was found that the problems and coping strategies carried out by all key informants in treating mental patients with the following:

Problems in treating mental disorders

This study found that the main problem of informants in treating patients was limited knowledge, economy and the reaction of the community to patients.

Limited knowledge of key informants

The statements given between the two informants were found to be different, one of which was motivated by the education of each main informant. The education that is owned by the main informant influences the stigma of the cause of the illness experienced by the sufferer, the choice of treatment chosen and how to treat the sufferer to deal with the patient's behavior.

Informant 1a believes that the trigger for the patient's illness has a mental disorder as a result of the discovery of heirlooms behind the house while in informant 2a that the patient is sick because his wife left him and brought his child into depression. The following is an excerpt from the interview:

"...soale niku ngge nemu pusoko....[...find heirlooms...] [...like marbles, agate, round like elephant ears...]"{1a}

...dulu ditinggal istrinya punya anak.... anaknya itu dibawa istrinya pokonya...[...left his wife...] [...daughters were taken away...]" {2.a}

The two main informants in choosing treatment for healing different sufferers. Obtained results on informant 1a chose by involving one of them is a cleric. This was justified by informant 2b who stated that the treatment chosen was by asking for clerics to help by following the conditions given. However, in informant 2a, the treatment chosen was a mental hospital. This was confirmed by informant 2b that the treatment chosen was to go to a mental hospital.

"...kulo niku teng kyai teng pundi pundi...[using the chaplain anywhere...]" {1.a}

"...di rumah sakit jiwa Wedi itu lo mbak kita yang anterin kesana...[...delivered to a mental hospital...]"{2.a}

The differences in treating patients appear to be different between the two main informants. the informant 1a prefers to get food. This is because the patient does not want to spill food and contaminate the dining table. It looks different from informant 2a who chose to give freedom to get food while still giving the warning to wash their hands first. This is because informant 2a wanted that although the sufferer had a mental disorder, hygiene wanted to be maintained. The following are the results of the interview:

"...ngeh dilit dilit maem dilit dilit maem jeluk jeluk kon jikokne....[sebentar-sebentar minta makan mangil-manggil saya untuk mengambilkan] [...he ask the eating as always with called me...]{1.a}

...kalau mau ambil nasi cuci tangan dulu...{wash your hands before eating...]" {2.a}

One of the main problems faced by informants in dealing with sufferers is the patient's behavior which often creates a burden of care. Disruptive behaviors that cause negative emotions to be the impact of treatment. It is known that each of the main informants has their

problems with patient behavior. In informant 1a, sufferers vent their negative emotions by speaking harshly, damaging things at home to self-injury, while in informant 2a the behavior of patients who take trash and bananas from other people's gardens to be brought into the house. The following is an interview excerpt:

"...diladak i teng jobo ngeh emosine dibeto mantok....[...insulted outside later his emotions brought home...]»{1.a]

"sampah sampah itu kayak misalnya buah buah busuk itu dibawa pulang di makan...[... bring rotten as fruit waste into the house and eat it later...]"{2.a}

Economic problems of the main informant

The problems that arise in treating patients have an impact to treat sufferers requires no small cost. Moreover, treatment is carried out by involving clerics by fulfilling various conditions given from clerics such as cooking powder with various types, burying offerings and so on. Furthermore, patients who eat more than five times create their burden felt by the main informant. in informant 1a the source of income is from boys who work as laborers while in informant 2a works by selling snacks in front of the house. The following is an interview excerpt from the main informant:

"dalem setaun ngih niku podo wae kulo ketawu dit terus mriko mriko mriko...[in a year it's just the same money out here and there...]" {1.a}

ya kadang aku kan ngeluh yo mbak uripe koyo ngene ngurus i uwong koyo ngono...[ya kadang aku juga ngeluh mbak, hidup seperti ini masih ngurus orang dengan keadaan seperti itu.. something I also complain, still taking care of people with mental disorders...]" {2.a}

Community reaction to sufferers

The problem faced by the main informant is the community's reaction in accepting and treating sufferers during the community. It is known that sufferers get negative treatment and stigma in the middle of society. to informant 1a that patients get treatment from the community such as being disturbed on the road to be doused with hot water. This is different from informants 2a who get criticized that treating patients can result in the spread of disease.

...wong lungguh kok di sirat i wedang panas.... [duduk diam disiram dengan air panas]" [sit still in flush with hot water] {1a}

po gak risih ya... harus e dijikokne dibedakne....[apa gak risih ya... harusnya diambilkan di bedakan][should be taken or distinguished]{2a}

Coping strategies

Based on the problems that have been described above, the main informant needs a mechanism to reduce or eliminate the burden of care in treating patients (coping). Coping in the sense is divided into two, namely problem-focused coping *(focus on the problem)* and emotional focused coping (*controlling emotions*). One aspect of emotional focused coping is religious coping (*involving God*).

Referring to table 1 it appears that education also influences the coping strategy carried out by the main informant. This has been revealed in previous research by (Yulianti & Wijayanti, 2016) which states that there is a relationship between education and attitudes used in dealing with people with mental disorders. This study revealed that the education possessed by key informants reflected the coping used. This can be seen in informant 1a believing the pain suffered by sufferers due to mental disorders or heirlooms so that the treatment chosen is to involve a clerics *(demonic*

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reappraisal). This statement was revealed by informant 1b who stated that the pain suffered was caused by heirlooms. Cultural values that are still rooted and thriving in the community are often associated with existing beliefs in the community (Syaharia, 2008). Furthermore, informant 2a believes that sufferers are ill due to depression so that the treatment chosen is a mental hospital. In line with statement 2b that sufferers suffer from depression. The limited knowledge possessed is influenced by one of them through education (Wawan & Dewi, 2011).

Different levels of education in each key informant not only affect beliefs but also how to treat patients and address problems during society. The results of this study found that there were differences in how to treat the two main informants. In a study conducted by (Katschnig, 2002) that training mental sufferers is important, this is related to the concept of quality of life that will help people with mental disorders to carry out their functions and roles during society, carry out activities normally to be able to get decent work. The findings of this study reveal different things, motivation influences the way the main informants train patients.

If informant 1a does not want to be bothered and there is an experience of the behavior of sufferers who spill food so they prefer to get food. This is supported by the observation that patients are not trained to get their food and allow to eat by squatting without regard to hand hygiene. This appears different in informants 2a who choose to train so that the sufferer takes his food to wash his hands before eating (*active coping*). This is in line with what is conveyed by 2b that gives freedom to sufferers to take food independently. Furthermore, (Erdhayanti & Kartinah, 2012) revealed a relationship between the level of education and behaviors to maintain hygiene. The higher education the better in maintaining cleanliness.

Education is also influential in addressing problems in the community. Community actions such as sprinkling hot water on the patient's body to insulting actions carried out by the community make the main informant hurt. (Wardhani & Asyanti, 2013) stated that people with mental disorders in the family become a burden of its own such as insults to differences in behavior obtained by family members from the community. For the actions of the community, the attitude of the main informants in dealing with these problems is different. This difference appears in emotional intelligence possessed. An individual is said to have high emotional intelligence when able to optimally think positively by solving problems directly at the source of the problem. If seen from informant 1a choose to silence neighbors until they speak curtly before reprimanding neighbors (*planful problem solving*), but this seems different to informant 1a who chooses to explain the patient's condition directly and pay for the banana taken by the patient (*active coping).*

The main problem of informants in caring for sufferers is, in fact, the range of experiencing stress that affects the quality of life, to avoid or reduce the emotional pressure towards the negative one also chooses to hold back or control the feelings called emotional focused coping. The main informant (*self-control*) is used when dealing with sufferers when emitting negative emotions as a result of being disturbed by the environment, explaining to the owner of bananas on the condition of the patient to face humiliation over the condition of the patient during society. A span of more than fifteen years makes key informants able to adapt to stress. Research by (Saptoto, 2015) that the relationship between emotional focused coping with adaptive coping, one of which is influenced by emotional intelligence. The higher the emotional intelligence possessed by an individual, the more optimal the way to think in a positive direction. This is evident in the main informant who considers that the condition experienced by sufferers is the destiny of God to the trials given while treating patients solely because God loves his servant (*positive reappraisal*).

Adjustment experienced by key informants is inseparable from the support obtained. This study revealed that the source of support received by key informants came from family, friends

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and professional experts. Support received by key informants in the form of information, advice, advice, and assistance. Further research by (Gultoms & Budisetyani, 2018) states that the support received by can help an individual to rise from adversity. The forms of support obtained by key informants include being strong and patient in dealing with sufferers, being cared for properly so as not to become a midfielder and the only family that still exists (*seeking social support*). The impact felt by key informants with this support makes them more confident and stronger in accepting and treating patients.

As can be seen in table 1 when related to economic aspects, it appears that the background of the work of the main informants and supporting informants as housewives, traders, and laborers, so this is one of the causes of treatment interruption. The findings of (Lever, 2008)the way they interpret, evaluate and cope with these stressful situations may either cause them to maintain, intensify or eliminate their overall stress. Past research indicates that the poorest individuals tend most frequently to falsely minimize or avoid stressful situations, which lowers the probability of resolving their problems. The objective of this study is to discover and compare the situations that have produced a high level of stress in subjects of three different socioeconomic groups over the last three months, as well as the strategies they used to cope, and their perceived effectiveness. The sample included 900 subjects of both sexes living in Mexico City. Among them, 346 were extremely poor, 260 were moderately poor and 312 were not poor. The results indicate that socioeconomic status is related to the frequency with which subjects report certain kinds of stressful situations. It was also found that non-poor subjects use problem-focused coping methods more than the other groups, while the poor use more emotionally-focused coping strategies. This article analyzes the strategies used by each group in each type of stressful situation reported.Se ha hipotetizado que las personas de los niveles socioeconómicos más bajos están expuestas a un mayor número de eventos estresantes y por tanto presentan mayores índices de trastornos psicológicos; sin embargo, la manera como sienten, evalúan y afrontan las situaciones, permite mantener, intensificar o eliminar la tensión que experimentan. De acuerdo con la literatura los individuos más pobres tienden a minimizar y evadir con mayor frecuencia las situaciones estresantes, lo que hace menos probable resolver de manera satisfactoria los problemas. El objetivo de la presente investigación fue conocer y comparar el tipo de situaciones que sujetos de tres niveles socioeconómicos reportan haberles producido un alto nivel de estrés en los últimos tres meses; así como conocer las estrategias que utilizan para afrontarlos y el nivel de efectividad percibido. La muestra se constituyo de 900 sujetos de ambos sexos, que vivían en la Ciudad de México. De estos 346 eran pobres extremos, 260 pobres moderados y 312 no pobres. Los resultados permitieron observar que el estrato socioeconómico esta relacionado con la frecuencia con …»,»author»:[{«dropping-particle»:»»,»family»:»Lever»,»given»:»Joaquina Palomar»,»non-dropping-particle»:»»,»parse-names»:false,»suffix»:»»}],»container-title»:»Spanish Journal of Psychology»,»id»:»ITEM-1»,»issue»:»1»,»issued»:{«date-parts»:[[«2008»]]},»page»:»228-249»,»title»:»Poverty, stressful life events, and coping strategies»,»type»:»article-journal»,»volume» :»11»},»uris»:[«http://www.mendeley.com/documents/?uuid=a3930970-92ad-4344-8e90-c2fc5c6 e932b»]}],»mendeley»:{«formattedCitation»:»(Lever, 2008 state that different socioeconomic status affects the coping strategies used in dealing with situations that suppress one of them is quite poor. Coping strategies used such as evasive and consider the effectiveness in solving the problem at hand (*be careful).* This is in line with the findings in this study that informant 1a dodged that illness suffered by sufferers due to mental disorders (demonic reappraisal) to look for loopholes to provide patient homes to avoid negative emotions such as expulsion to anger (*planful problem solving).*

As the findings from (Ukpong, 2012) that low education, economy to unemployment range has a high burden in treating mental patients, but this study is not in line with these findings. This

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is because there are religious factors that play a role to help get through difficult events. According to (Pargament, 1997) that the use of religious coping is generally used in the face of a difficult life. Several studies have revealed that the use of religious coping is believed to help someone is going through difficult life events. One of the results of the study revealed by (Murray-Swank et al., 2006) revealed that family members who use religious coping in treating people with serious mental illness find strength and calmness from god to have lower levels of depression. As the definition of religiosity is an activity that involves the belief expressed through worship to God such as praying and reading the scriptures (Hawari, 2002).

The findings of this study are religious activities carried out by key informants such as ablution, prayer, and prayer. Through religious activities carried out by key informants, it makes them stronger and more patient, even positively assessing conditions that have to take care of sufferers (*positive reappraisal).* (Weisman, Gomes, & Lo, 2003) further stated that religious coping can help a person to make peace with the circumstances experienced to support to understand, accept, and overcome illness. So the religious activities show that the main informant assesses that the situation at hand is a predestined fate from God. The interview results showed that the main informant was aware that everyone had their trials in life so accepting destiny was the path chosen by the informant, besides assessing that the condition faced by the main informant was because Allah still loved his servant.

CONCLUSION

The findings of this study that the problems faced by the main informants in treating mental patients include low knowledge in treating mental patients, economic problems to the public reaction to patients. In addressing these problems, coping used includes avoiding, actively solving problems, considering the effectiveness of actions taken to carry out religious activities.

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