

Family emotional expression towards schizophrenic patients in Grhasia Mental Hospital Yogyakarta

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Abstract

This study aimed to identify the family emotional expressions towards patient with schizophrenia in Grhasia Mental Hospital Yogyakarta. The method of the study was Descriptive Study. The subjects were the family members of the patients with schizophrenia who visited the psychiatric clinic of Grhasia Mental Hospital Yogyakarta. The sample size was 45 respondents, which has been taken by the accidental sampling. The data were collected by questionnaire. The data were analyzed to determine frequency distribution of respondents' characteristics and the levels of family emotional expressions. The results showed that most of the families (77,8%) who accompanied routine visited to the hospital were male, as parents or siblings respectively 33,3% and the fewest were couples (8,9%). Family age as many as 57,8% was in the range of 41-60 years and as many as 4,4% of those was aged 61 years and over. The majority of the family members or 34 respondents had high emotional expressions and only a small percentage or 11 respondents had low emotional expressions. Family members are expected to take a better care of schizophrenic patients by not frequently criticizing the patients and not showing too much emotional expression.

Keywords: family emotional expressions, schizophrenia

INTRODUCTION

Mental disorder is a syndrome which is closely related to distress or impairment in one or more important psychological, behavioral or biological function of human (Maslim, 2002; Maramis, 2010 in Yusuf, Fitriyasaki & Nihayati, 2015). Mental disorder phenomenon happening recently has been increasing significantly and even more, the number of mentally disordered patients is also increasing (Sodiq, 2015).

Data from WHO (2013) mentioned that the number of schizophrenia amounted to 450 million people around the world in which 35% experienced recurrence, 20%–40% are treated in hospitals, 20%-25% committed suicidal attempt, and 10% died due to suicide. In Indonesia, 6–19 people per 1000 citizens suffer from schizophrenia. According to a survey result, around 1-2% citizens suffered from schizophrenia meaning that around 2–4 lives suffered from schizophrenia and almost 70% of them are treated in psychiatric wards in Indonesia (Pratama & Ishak, 2015). According to the data from Health Department of DIY in 2016, DIY has the highest number of mentally disordered patients namely 12.322 out of 3.594.000 people who suffer from mental disorder, meaning that 3-4 people out of 1000 people suffer from mental disorder (Anonymous, 2018).



Indonesian government has implemented guidelines of policy in treating mentally disordered patients by issuing Law No. 18 2014 about Mental Health. In general, it emphasizes the importance of 1) society role in protecting and empowering in the form of support such as energy, financial, facilities and medication for mentally disordered patients (MDP); 2) protection from violence and abuses, creation of conducive environment, skill and training giving, and 3) monitoring operational service in facilities serving MDP (Depkes RI, 2014). The policy lays the foundation for nurses especially in mental health to optimize mental health service for society.

Schizophrenia is a functional psychic form with the main disorder in thinking process and the forming of breaking or disunity among thinking process, emotion, willingness, and psychomotor followed by reality disorder along with suspicion and hallucination (Yosep & Sutini, 2015). Schizophrenia is mostly chronic and recurring and moreover, the causes and pathophysiological aspects in every patient are varied so that they need prolonged treatment. Severe mental disorder or schizophrenia in DIY places the second rank after Aceh (Setyaningastutie, 2016), in which 2,7 per mile, meaning that there are 2-3 people suffer from severe mental disorder out of 1000 people. The severe mental disorder is often recurring because of some factors.

According to Raharjo, Rochmawati and Purnomo (2014), the factors causing schizophrenia occurrence are such as disobedience in medicine consumption, occupation, social isolation, economic status, age, sex, family acceptance, and family support. One of serious factor contributing to the family is family emotional expressions. Family emotional expression is an attitude or behavior expressed by family members towards other family members suffering from mental disorder which consists of hostility, exaggerating critics, and improper support of family towards patients (Pardede, 2016).

Based on the previous study done in January 2018 in Grhasia hospital of Yogyakarta, the number of mentally disordered patients visiting outpatient ward in a month was 1.919 people. From the number of visits, 480 people were diagnosed as schizophrenics and were accompanied by family. The interview result with 7 families of schizophrenic patients revealed that 3 of 7 people had stated that they had started to give up with the patient who showed refusal to consume medicine, recurrence, and often made chaos at home. However, there were also some families who feel worried by patient's condition in which they questioned who would be willing to take care of them in the future and how will they deal with their end of life. Families also complained about how they had lost of patience sometimes because of the heavier life burden which affects their attitude in assisting schizophrenic patients and made them lose control in handling them. Besides, there were 4 assisted patients had ever been recurring in the last 1 year so that the patient must be treated in the hospital. According to the background, the researchers are interested to investigate Family emotional expression in schizophrenic patients in Grhasia mental hospital of Yogyakarta.

RESEARCH METHODS

The study employed descriptive study type namely a study aiming at describing a condition objectively. The investigated variable is family emotional expressions in treating schizophrenic family member at Grhasia mental hospital of Yogyakarta. The population of the study was family of schizophrenic patients who visited for a medical check-up at outpatient ward at Grhasia mental hospital of Yogyakarta namely 480 people for 2 weeks. The samples of the study was family and schizophrenic patients

who visited for a medical check-up at outpatient ward at Grhasia mental hospital of Yogyakarta namely 45 people which were taken using accidental sampling technique for 2 weeks with the criteria of care giver role and willingness to be respondent.

The data were collected using Family Questionnaire (FQ) instrument which had been transliterated to Bahasa Indonesia. The questionnaire had been tested its validity and reliability to patients' family at Klaten mental hospital. The analysis of questionnaire data result used statistical descriptive analysis in the forms of frequency and presentation.

RESULTS AND DISCUSSION

The study result will be presented in the form of frequency distribution table and will be started with the presentation of respondents' characteristics.

Table 1. Frequency distribution of age and sex schizophrenic patients at Grhasia Mental Hospital of DIY (n = 45)

Characteristic	Frequency (f)	Percentage (%)
Patients' Age		
0-30	20	44,4
31-60	25	55,6
Patients' Sex		
Male	27	60,0
Female	18	40,0

Sources: Primary Data 2018

Based on table 1, it is revealed that most of patients of 25 people (55,6%) were in the age of 31–60 years old, and most of the patients were male namely 28 people (62,2%).

Table 2. Frequency distribution of characteristics of sex, age, occupation, and family relationship with schizophrenic patients at Grhasia Mental Hospital of DIY (n = 45)

Characteristic	Frequency (f)	Percentage (%)
Family Sex		
Male	35	77,8
Female	10	22,2
Relationship with Patients		
Parents	15	33,3
Children	11	24,4
Spouse	4	8,9
Relative	15	33,3
Family Age		
21-40	17	37,8
41-60	26	57,8
61-80	2	4,4

Sources: Primary Data 2018

Table 2 showed that most of patients families who accompanied schizophrenic patients to have medical check-up were male namely 35 respondents (77,8%) and 33,3% of them, respectively, had relationship with the patients as parents and relatives. Meanwhile, family age who accompanied patients was mostly in the age of 41-60 years old namely 26 respondents (57,8%).

Table 3. Frequency distribution of family emotional expressions towards schizophrenic patients at Grhasia Mental Hospital of DIY

Emotional Expressions	Frequency (f)	Percentage (%)
Low	11	24,4
High	34	75,6
Total	45	100

Source : Primary Data 2018

In accordance to the narration in table 3, the study result showed that most of families had high emotional expressions namely 34 respondents (75,6%) and there were only small amount or 11 respondents (24,4%) or families had low emotional expressions. In detail, family emotional expressions can be seen in table 1.4.

Table 4. Frequency Distribution of Family Emotional Expressions Based on FAQ Questions Point (n=45)

Item	Tidak		Ya		Total Skor	Total %
	f	%	f	%		
Saya tetap memperdulikan diri saya sendiri, walaupun harus mengurusnya	12	26,7	33	73,3	45	100
Saya harus menguruhnya untuk melakukan suatu kegiatan di rumah	15	33,3	30	66,7	45	100
Saya sering berfikir bagaimana dengan nasibnya kedepan	29	64,4	16	35,6	45	100
Dia menjengkelkan saya	19	42,2	26	57,8	45	100
Saya tidak pernah memikirkan penyebab penyakitnya	23	51,1	22	48,9	45	100
Saya harus berusaha untuk tidak mengkritiknya	25	55,6	20	44,4	45	100
Saya tidak bisa tidur karenanya	7	15,6	38	84,4	45	100
Ketika ada sesuatu (perubahan perilaku atau sakit) tentangnya yang mengganggu, saya bercerita pada orang lain	28	62,2	17	37,8	45	100
Saya menerima apapun perlakuan dia terhadap saya	12	26,7	33	73,3	45	100
Dia terkadang membuat saya tegang	22	48,9	23	51,1	45	100
Saya tidak khawatir tentang keadaanya	39	86,7	6	13,3	45	100
Dia melakukan hal yang membuat saya senang	19	42,2	26	57,8	45	100
Terpikir oleh saya bahwa saya sendiri akan menjadi sakit	9	20	36	80	45	100
Ketika ia meminta sesuatu dari saya, itu membuat saya lebih bersemangat	20	44,4	25	55,6	45	100
Dia merupakan bagian penting dari hidup saya	10	22,2	35	77,8	45	100
Saya telah mengorbankan hal yang penting untuk bisa menolongnya	8	17,8	37	82,2	45	100
Saya selalu memberikan pujian terhadapnya, jika melakukan sesuatu	8	17,8	37	82,2	45	100

Source : Primary Data 2018

According to table 4, it is mentioned that most of families (75%) had high emotional expressions meaning that families gave many critiques, violence, and emotional expressions towards patient. This can be seen in the question point in which most of families stated that they had been forced to ask patients to do something (66,7%), patients had made them feel upset (57,8%), families had often given critique (55,6%), families felt insomnia (84,4%), families did not tell their problems of patients' illness (62,2%), patients often made family in tense (51,1%), families always felt worried (86,7%), families always felt that they were going to be sick (80%), and families had felt that they had sacrificed important things (82,2%).

There was 25% family had low emotional expressions meaning that the family kept giving attention, empathy, and gentle treatment to patient. This can be inferred

from respondents' statements mentioning that 73,5% families still cared about patients even though they had to take care of them, families thought about patients' life in the future (64,4%), families never thought about patients' disease causes (51,1%), families accepted patients as they were (73,3%), and families stated that patient made the family felt happy (57,8%). Besides, patient sometimes made the families enthusiastic as part of the family (55,6%), families stated that the patient was the important part of the family life (77,8%), and families gave compliment to patients when they made a successful effort (82,2%).

Schizophrenic patients visiting mental hospital routinely were mostly in the age of 31–60 years old. The age range is a productive age ranking from 15–40 years old (Putra, 2009). Most of mentally disordered patients were female (Kurniawan, 2015), but in the study, the result is different because 60% of the patients were male. The difference is possibly because females in Yogyakarta had better coping mechanism compared to males.

Most of families accompanying patients to have medical check-up at Ghrasia mental hospital were male (77,8%). They had family relationship as parents (33,3%) or relatives (33,3%) and they were in the age range of 41–60 years old (57,8%). Because the hospital is located far from 5 districts in DIY, a male is needed to be companion and is also able to ride a motorcycle. Assistance is done by parents or relatives having close relationship because schizophrenia disease needs special attention.

Most of families with schizophrenia or 34 respondents (75,6%) taking their family to have medical check-up at Ghrasia mental hospital showed high emotional expressions. Family emotional expressions is a perception in verbal or non-verbal form and becomes an important matter in communicating with schizophrenic patients (Wick Nelson, 2006 in Irene, 2012). Widyastuti (2011, in Dellay, 2015), mentioned similar thing in which in general, family emotional expressions both in verbal and nonverbal form are usually affected by culture. High emotional expressions will emerge from criticizing attitude which is often done, highly emotional expressions, overprotective attitude and rude attitude by stating hurting words for patients. Emotional expressions by Georg Wiedemann, Oliver Rayki, Elias Feinstein and Kurt Hahlweg (2002), measures some dimensions namely critique and exaggerating emotional involvement.

The study is in line with Marchira (2008) mentioning that most of families showed high emotional expressions namely 18 respondents (58,1%), while small amount of respondents namely 5 respondents (16,1%) had low emotional expressions. The high family emotional expressions in taking care of schizophrenic patients can be caused by the prolonged illness in which the longer time to take care of the patients the higher emotional expressions emerge (Fadli dan Mitra, 2013). This is the cause of family expressions increase. However, the increase is not accompanied by patients recurrence increase as well. Emotional expressions also occurred due to working pressure.

The high family emotional expressions can also be seen from the questionnaire result saying that patients often do something that made the families feel upset. According to Pardede study (2016), there were some families who showed bad attitude towards schizophrenic patients. This may be caused by the some factors such as family lack of knowledge that family emotional expressions highly affect patients' prognosis. Family emotional expressions reflects families' attitude and behavior towards schizophrenic patients.

There are 3 strong significance in the study between emotional expressions and schizophrenia namely hostility, comments and exaggerating emotional involvement. The high emotional expressions result in poor prognosis of unpredictable recurrence. Recurrence, according to Dorland (2002) is the emergence of pretty severe previous disease symptoms and can disturb daily activities and usually, it needs inpatient treatment and unscheduled outpatient treatment. Recurrence is a condition of one disease symptom emergence after treatment has been decreasing. There is around 33% of schizophrenic patients experience recurrence and approximately 12,1% of them returns to inpatient treatment (Fadli and Mitra, 2013 in Roland, 2016).

The study result is in accordance with theoretical study by Kaplan (2010) stating that schizophrenia medication can happen in the age of 15–55 years. This is due to some factors such as social environment because in this age, patients are still active in social activities. The study result is also similar with Pardede (2014) mentioning that most of respondents had low emotional expressions meaning that families gave conducive support to patients so that the recurrence number was low (68,2%). In the study, among 11 families showing low emotional expressions, most of the patients they assisted did not experience recurrence namely 10 respondents (90,9%) and it was only 1 respondent experiencing recurrence (9,1%) in the last 1 year.

Family support is needed both in physical and especially psychosocial disease. According to Friedman (2010) family is attitude; acceptance attitude from family to their other member of family in the form of informational support, judgment support, instrumental support, and emotional support. Family support can also mean a form of interpersonal relationship protecting someone from bad stress effect and if it is not observed well, it will increase recurrence in schizophrenic patients (Kaplan dan Sadock, 2002).

Recurrence should be an attention for family because it affects patients. The closest person to the patient is family and family plays important role in controlling patients' recurrence by controlling emotional expressions at its best. In addition, family also sometimes brings emotional and financial burden in taking care of schizophrenic patients.

CONCLUSION

Based on the result of the study, data analysis, and discussion, it can be concluded that most of family have high emotional expressions namely 34 people and 11 other people have low emotional expressions.

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