



## FAMILY EXPERIENCE OF MANAGING EMOTIONS IN CARING FOR PEOPLE WITH SCHIZOPHRENIA

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### ABSTRACT

Schizophrenia is a mental disorder that causes a person to lose their mind and disrupt interactions with others. Families caring for people with schizophrenia experience anxiety and confusion in caring for family members with schizophrenia. Families experience pressures such as economic burden, psychology, and negative societal stigma while caring for people with schizophrenia. These conditions will lead to changes in the expression of family emotions that can affect relapse in schizophrenics. Objective: This research aims to describe the family's experience of managing emotions in caring for people with schizophrenia. Method: This research uses a qualitative method with a phenomenological design. This research design was conducted with in-depth interviews. The research informants were family members of outpatient schizophrenia patients at RSJD Dr. Amino Gondohutomo Semarang, totaling 7 informants. The data analysis technique was carried out qualitatively based on the Miles & Huberman model. Results: Based on the results of in-depth interviews, 8 themes were obtained, namely feelings of sadness, feelings of disappointment, feelings of fear, worship, activities, social support, family communication, and healing of sufferer. This text outlines four main aspects of emotional expression in a group setting: negative emotional states, coping mechanisms, social environment, and caregiver behavior. Based on this theme, it is concluded that the importance of the social environment and communication in overcoming emotional problems, while overcoming parenting behavior can help reduce negative emotions in the family. Keywords: emotions; family; experiences; people with schizophrenia. Conclusions: The expression of family emotions found was a tendency towards the negative, namely feelings of sadness, feelings of disappointment, feelings of fear. The results of how to overcome family emotions found are social support, and family communication.

Keywords: emotions; experiences family; people with schizophrenia

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### INTRODUCTION

One of the reasons people who suffer from schizophrenia cannot communicate normally with others is because they believe that other people want to harm them. Because the family plays an important role in the schizophrenia healing process, schizophrenic sufferers need family support. By having family close to the patient and providing support and a therapeutic attitude, patients can maintain their recovery as long as possible (Samudro et al., 2020). In some cases, schizophrenic sufferers are stigmatized or seen by society as people suffering from mental disorders, feel afraid when meeting them, talk to themselves, and wear incomplete or tattered clothes as striking characteristics that make them uncomfortable in society, so that society show avoidance behavior when meeting them (Agusno, 2011). Not

only schizophrenic sufferers but also their families experience societal stigma. Family and society form family stigma. Society's response to the family includes avoiding, blaming, insulting, not appreciating, shunning, and disliking other people. Thus, the family's response causes shame and limits social relations with society (Ariananda, 2015).

Families caring for people with schizophrenia are anxious and confused about caring for a family member who suffers from schizophrenia. Most of the families who care for schizophrenic patients are parents, who prioritize and protect healthy family members over family members who suffer from schizophrenia. Some families are not prepared to care for a sibling with schizophrenia. When there is a schizophrenic in the family, the family is very important. Apart from high treatment costs, sufferers also need greater attention and support from society, especially family (Yusuf et al., 2016). There is a conclusion that families experience pressures such as economic burdens, psychology, and negative societal stigma when caring for people with schizophrenia. This condition will cause changes in the family's emotional expression which can influence relapse in schizophrenia sufferers. Families who have high emotional expression (high EE) usually criticize and hate family members who suffer from schizophrenia. This is because family members believe that the disorders and personalities of schizophrenics are influenced by internal factors and should be controlled by schizophrenics. They also believe that the attitudes of schizophrenic sufferers will change because they are criticized (Suhita, 2016).

Emotional support, namely by providing emotional support to family members who suffer from schizophrenia, will produce feelings of empathy, feelings of being appreciated, loved, togetherness, comfort, self-confidence, and the family functions as a place to live.<sup>6</sup> The family or caregiver provides positive hopes for family members with schizophrenia, including helping to improve the patient's self-care so that the patient understands his/her self-care needs well. Schizophrenia sufferers must be given support and information about how to take good care of themselves (Pardede, 2020). This research aims to describe the family's experience of managing emotions in caring for people with schizophrenia. It is hoped that this research can function as a source of information for families to increase their knowledge about managing the emotions of people with schizophrenia. Researchers also teach families about the family's role in managing the emotions of people with schizophrenia.

## **METHOD**

This research uses a qualitative approach and phenomenological design. Researchers want to know the phenomena experienced by research subjects, so the research method and design were chosen using data collection techniques through in-depth interviews using semi-structured techniques, documentation using voice recordings and medical records, and observation using non-participant observation. After the data has been collected, it is checked for data validity using triangulation techniques. This research will be carried out at RSJD Dr. Amino Gondohutomo Semarang because it has special services for people with mental disorders and treatment for people with schizophrenia. Determining informants was carried out using purposive sampling with inclusion criteria and exclusion criteria. The number of informants obtained was 7 people from family members of outpatient schizophrenia patients at RSJD Dr. Amino Gondohutomo Semarang. Data analysis was carried out descriptively qualitatively based on Miles and Huberman, namely data reduction, data presentation, and drawing conclusions and data validity using technical triangulation. The research was carried out after obtaining permission from RSJD Dr. Amino Gondohutomo Semarang in the form of Ethical Clearance Number: 420/11649.

## RESULTS

### Informan Characteristics

Table 1.  
Informan Characteristics

Informant's initials	Last education	Age	Relationship with patients	Work	Long care
Informant 1 – dh	Slas	60 years old	Mother	Housewife	34 years
Informant 2 - j	Elementary school	53 years	Mother	Housewife	2 years
Informant 3 - tm	Senior high school	51 years	Younger brother	Housewife	20 years
Informant 4 - md	Senior high school	41 years	Younger brother	Housewife	15 years
Informant 5 – aw	Senior high school	50 years	Mother	Trader	3 years
Informant 6 - zi	Senior high school	64 years	Mother	Housewife	20 years
Informant 7 - r	Senior high school	50 years	Wife	Worker	8 months

### Theme Analysis

The themes chosen are based on the informants' answers to questions that refer to certain research objectives. In caring for people with schizophrenia, eight main themes are discussed. The following is a further explanation:

#### Objective 1. Identify family emotional expressions.

The first aim of this research was to identify (three) themes of family emotional expression when experiencing feelings of discomfort in caring for people with schizophrenia.

##### a. Theme 1: Feelings of Sadness.

This theme describes the feelings of families when they have unpleasant experiences while caring for people with schizophrenia. Informants in this study expressed feelings of sadness while caring for schizophrenic sufferers at home. The expression of sadness felt by the informant was conveyed by informant 6 – ZI. informant 6 – ZI felt deep sadness when the sufferer said he wanted to commit suicide, as stated by informant 6 – ZI as follows:

*"Yes, you still can't do it... you're disappointed, you're sad, he wants to commit suicide...(informant crying and rubbing chest)" (informant 6 - ZI)*

##### b. Theme 2: Feelings of Disappointment

In this theme, the informant describes the feelings of disappointment experienced by the informant. Informant 3 – TM has hopes for sufferers to recover and start a family. This feeling of disappointment was conveyed by the following informants – 3 TM:

*"A bit disappointed perhaps...more like a bit disappointed...(the informant was disappointed)..because I had hope that my brother could recover and have a family like the others..."(Informant - 3 TM)*

##### c. Theme 3: Feelings of Fear

In this theme, the informant describes feelings of fear when caring for sufferers. Symptoms experienced by sufferers such as being silent and hitting walls made the informant think negatively. These feelings of fear were conveyed by informant 4 – MD:

*"I'm afraid if he stays quiet...I have negative thoughts (persistent informants)..but it's okay...if he punches against the wall he still says out"(informant 4 – MD)*

## **Objective 2: Identify family coping mechanisms in dealing with family emotions**

The second aim of this research was to identify 2 (two) themes of family coping mechanisms in overcoming discomfort (emotions) when caring for people with schizophrenia. The following is a further explanation:

### a. Theme 4: Worship

In this theme, the informant reveals how the informant overcomes discomfort when caring for schizophrenic sufferers. The worship carried out by the informant can reduce the burdens experienced by the informant, as expressed by informant 1 - DH as follows:

*"Well, if I don't feel well, I'll just pray...because when I pray I feel like my burdens are quite reduced...(sad informant)".* (informant 1 – DH)

### b. Theme 5: Be active.

In this theme, the informant reveals how the informant overcomes discomfort when caring for schizophrenic sufferers, namely by doing activities. The activities carried out by the informant are a means of entertainment for the informant, as stated by informant 5 – AW as follows:

*"my entertainment is selling, I meet lots of people...(informant is happy"* (informant 5 – AW)

## **Objective 3. Identify the results of how to deal with family emotions.**

The third aim of this research is to identify 2 (two) themes resulting from the family's way of dealing with problems (emotions). The following is a further explanation:

### a. Theme 6: Social support

In this theme, the informant stated that he received social support from neighbors who helped the informant in caring for schizophrenic sufferers and gave advice so that the informant remained patient in caring for the sufferer, as stated by informant 2 – J below:

*"I told my neighbor, sir. Coincidentally, the neighbor is an ustad...often telling me that I was told to be patient, the child was a gift from God..sometimes I was told what to do....(The informant is calm).."* (informant 2 – J)

### b. Theme 7: Family communication

In this theme, the informant revealed that communicating with family can help the informant feel better and more comfortable in caring for people with schizophrenia, as expressed by informant 5 – AW as follows:

*"I often go to my family to tell stories, it's just more comfortable...(calm informant).."*(informant 5 – AW)

## **Objective 4. Identify family expectations in managing emotional expressions**

The fourth objective of this research is to identify 1 (one) theme of family hope in managing emotional expression, namely, the theme of caregiver hope. The following is a further explanation:

### a. Theme 8: Healing of sufferers

In this theme, informants have emotional hopes in caring for people with schizophrenia. Informant 7 – R revealed that the form of hope desired for sufferers was a cure for the conditions experienced by schizophrenic sufferers, as expressed by Informant 7 – R as follows:

*"Husbands are the backbone of the family... especially in the current economic conditions, things are really difficult... yes, I hope my husband can recover...(sad informant)"At least you can work... it's a shame you have small children."* (Informant 7 – R)

## **DISCUSSION**

There are 8 (eight) themes identified in this research. These themes are analyzed based on the specific research objectives. The research objectives were specifically designed to determine the family's emotional expression, family coping mechanisms in dealing with family emotions, the results of how to deal with family emotions, and family expectations in managing emotional expressions.

### **Theme 1: Feelings of Sadness.**

In this theme, there were 2 informants expressed feelings of sadness while caring for schizophrenic sufferers at home. The feeling of sadness experienced by the informant was caused by the symptoms shown by the sufferer who expressed wanting to commit suicide. The symptoms shown by the sufferer made the informant feel shocked and sad when he found out about this and was caused by the informant not being used to the unpredictable nature shown by schizophrenic sufferers. Feelings of sadness in caring for schizophrenic sufferers are caused by the family being shocked by the symptoms caused by the sufferer. This is in accordance with research conducted by Susanti (2019) which states that feelings of sadness in caring for people with schizophrenia are caused by family shock at the symptoms caused by the patient.

### **Theme 2: Feelings of disappointment.**

The feeling of disappointment found in this research was 1 informant who had the hope that the sufferer could recover and have a family like other people in general. The conditions experienced by schizophrenic sufferers caused disappointment in the informant because the sufferer had been suffering from schizophrenia for a long time. The psychological burden on clients is in the form of disappointment due to hopelessness in dealing with the client's disease process or condition, non-compliance with taking medication, fear of the client's behavior, and anger at the client's behavior. This feeling causes anxiety for participants. This is in line with research from Rizka (2013) which states that caregivers in caring for schizophrenia patients feel disappointed with existing conditions, lose hope of recovery in patients, experience insomnia and fear at night, feel tired all the time, and lack concentration when working. The research conducted by Novianti (2020) stated that initially, the family expressed an increase in sources of stress both psychologically, such as feelings of guilt, sadness, anger, fear, anxiety, and restlessness regarding the condition of their family who were sick.

### **Theme 3: Feelings of Fear.**

The feelings of fear found in this study were obtained from the symptoms shown by schizophrenia sufferers such as silence, hitting walls, and screaming. These symptoms cause negative feelings in the informant. While caring for family members who suffer from schizophrenia and hallucinations, families face psychological challenges. The family feels disappointed because the client does not want to take medication, is hopeless about the client's condition, angry and afraid of the client's behavior, and is embarrassed by his neighbors. This raises participants' fears. This is in line with research conducted by amin khoirul (2015) stating that the family's experience while caring for family members who experience schizophrenia and hallucinations is a burden for the family which is a psychological burden with the category of feeling disappointed because the client does not want to take medicine, despair with the conditions experienced by the client, anger and fear of the client's behavior, and feeling ashamed of the surrounding neighbors.

**Theme 4: Worship.**

In this theme, 2 informants said that prayer could help the informants overcome feelings of discomfort in caring for people with schizophrenia. Informants revealed that when they experience unpleasant feelings, the thing they do is pray. The prayer activity carried out by the informant helped reduce the burden on the informant while caring for schizophrenic sufferers, while other informants stated that praying was to be given patience and ask for help in caring for schizophrenic sufferers, this is because caring for schizophrenic sufferers requires patience when facing the unpredictable nature of the informant. indicated by schizophrenic sufferers. This is in line with research conducted by Ice Yulia (2009) which states that external coping carried out by families caring for schizophrenia patients is to seek information about schizophrenia and its treatment, seek social support, and perform spiritual activities or worship.

**Theme 5: Be active.**

In this theme, 2 informants said that activities helped the informants feel better when they had unpleasant feelings when caring for people with schizophrenia. The informant revealed that selling activities could provide entertainment for the informant. This is because they can interact and meet other people when carrying out sales activities, while other informants revealed that working and going out with their family can provide entertainment for the informant when they experience feelings of discomfort in caring for schizophrenic sufferers. This is in line with research conducted by Sarafino (2008) which states that interaction and activity can modify and even change individual perceptions of a condition.

**Theme 6: Social support.** In this theme, 2 informants received social support in the form of advice from neighbors. The two informants revealed that the social support the informants received was in the form of advice from the environment (neighbors) to be patient in caring for people with schizophrenia. The social support that the informants received gave them peace of mind when caring for schizophrenic sufferers, while other informants revealed that the social support, they received was in the form of suggestions for the informants to take the sufferers for treatment. The social support that the informant received made the informant feel better because of the advice given. This is in line with research conducted by Dinarti (2013) which states that social support consists of attention received from outside the extended family including the community, health workers, religious assistance provided by the community and religious institutions, financial assistance and informational support from the surrounding community and health workers.

**Theme 7: Family Communication.** In this theme, 2 informants said that communicating with the family helped the informant overcome the informant's emotional problems while caring for people with schizophrenia. The informant revealed that communication with the family could help the informant feel better and more comfortable in caring for people with schizophrenia. This is because communicating with the family can reduce the burdens experienced by the informant. This is in line with research conducted by Isti Harkomah (2019) which states that the burden felt by the family is influenced by the support obtained by the family if the support is good, the burden will also decrease, so that to reduce the burden on families in caring for patients, both internal and external support is needed.

**Theme 8: Healing of Sufferers.** In this theme, 2 informants expressed the informants' hopes of caring for people with schizophrenia. The informant revealed that the desired form of hope for schizophrenic sufferers is recovery. This is due to the hope that sufferers can work as before, while other informants expressed the hope that schizophrenic sufferers can recover

and have families like people in general. This is in line with research conducted by Summerville and Atherley (2012) which states that family members who care for people with schizophrenia who do not recover will have resilience because of the strong hope in themselves.

## **CONCLUSION**

Based on the findings and discussion of the research, it was concluded that family emotional expressions were found to have a negative tendency, namely feelings of sadness, feelings of disappointment, and feelings of fear. The symptoms shown by schizophrenic sufferers cause changes in the emotional expression of families who care for schizophrenic sufferers. Family coping mechanisms found in families when they experience feelings of discomfort in caring for people with schizophrenia are worship and activities. The results of how to deal with family emotions were found, namely social support and family communication. The form of social support in the form of advice received by families caring for schizophrenic sufferers has an impact on the care of schizophrenic members, while family communication carried out by informants in this study can reduce the burdens experienced by informants when caring for schizophrenic sufferers. The family's expectations in managing family emotional expressions were found to be the caregiver's expectations.

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