

Javanese Family Resilience in Taking Care of Mental Disorder Clients After *Pasung*

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Abstract--- *The study was conducted to find out about Javanese family resilience among those who cared for mental disorder clients after pasung. The study was focused to know how the family adjusts themselves with an inconvenient situation in taking care of mental disorder clients after pasung according to the perspective of the Javanese family. The research used a qualitative design with an interpretive phenomenology approach. The participants were eight family members who cared for mental disorder clients after pasung. The samples were obtained by purposive sampling technique. The data were collected by interview and using field notes, then analyzed by Collaizi technique. This research produced two themes, positive aspects of family resilience and Javanese culture value. The beliefs, compliance values, communication patterns, norms, and the rule of community leaders were able to provide support for achieving family resilience as the positive aspects of family resilience in taking care of mental disorder clients. The willing, accepting, and patient were able to interpret the events that must be confronted so that they were able to carry out coping strategies that were right for themselves as Javanese culture values. This research explained how positive aspects of the two themes above must be managed by the family to survive, rise, and become better in caring for mental disorder clients after pasung. Further research may focus on family role interventions consisting of family, patient, and environmental factors in taking care of mental disorder clients through family resilience.*

Keywords--- *Family Resilience; Family's Culture; Javanese; Mental Disorder Clients*

I. INTRODUCTION

Mental health is still one of the significant health problems in the world, including in Indonesia, one of which is after *pasung* care. Based on the results of the Basic Health Research (Riskesmas) of the Ministry of Health in 2018, the proportion of households with schizophrenia/psychosis mental disorder family members who were placed according to their residence was 10.7 per 1,000 urban population, 17.7 per 1,000 rural population, and 14 per 1,000 population in Indonesia. While the prevalence in the last three months in 2018 was 31.1 per 1,000 population in urban areas, 31.1 per 1,000 rural population, and 31.5 per 1,000 population in Indonesia. Effort free *pasung* is a priority program that must be achieved by the government in 2019. New problems arise after the treatment period is over and patients must return to families and communities. The family does not want the patient to return to the family, be ignored, relapse or become a psychotic bum[1].

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Pasung is an act of restraint, physical activity restrictions, using various types of tools such as chains, shackles, ropes, wooden blocks, confinement, sequestered, or chained in an isolated room. *Pasung* action is carried out by 14.3 % of families in Indonesia where one family member experiences severe mental disorder [2]. *Pasung* actions are performed on chronic mental disorders patients, accompanied by aggressive behavior, violence, hallucinations that risk injuring oneself, others or the environment [3].

The results of studies that have been carried out by other researchers showed that family support for after *pasung* psychiatric patients obtained two (2) major themes, namely; the phenomenon of *pasung* to patients with mental disorders and family support. *Pasung* phenomena include reasons, decisions, methods, exemptions, and impact of savings. Family support includes; assessment, instrumental, informational and emotional support. Family support was needed by patients to be able to achieve healing and prevent a recurrence. Lack of knowledge on how to care for after *pasung* mental patients caused the family support provided to patients to not be optimal. False family and community views of mental patients affected the proper handling of mental patients [4].

Family practice as a center for nursing (*family-centered nursing*) is based on the perspective that the family is the basic unit for individual care of family members and from the wider unit [5], the family has the potential to care for family members. The strength of the FCN theory model is that there is a framework that takes into account family resources, namely communication patterns, parenting patterns, family roles, family values, family coping resources, and power structures. The factor of the socio-cultural family has also become a nurse study of the theory of FCN. Specific interventions based on family cultural values still need to be strengthened with care with cultural approaches.

The study of family culture resilience places the importance of optimizing family functions, namely the ability of the family to manage the resources they have and to overcome the problems faced to meet the physical and psychosocial needs of the family. Therefore, to treat mental patients after *pasung*, the family needs to develop family care according to the local cultural background. The advantages of *transcultural nursing* allow nurses to enter the family to provide care. Nurses can remove barriers between nurses and families because of cultural differences. The concept of *transcultural nursing* when applied as a strategy to treat after *pasung* mental disorders clients when there are no specific interventions, needs to be combined with the theory of family-centered nursing from Friedman. So that the resilience of family culture can be used as alternative care in caring for post-*pasung* mental disorder clients.

Research conducted on family resilience has explained the burden of care and stigmatized as a risk factor that should be managed by a family member to survive, rise and be better in treating patients with schizophrenia. Nurses as health service workers have a central role in assessing the level of care burden and stigma experienced by family members to help families achieve resilience [6]. Limitations of the study related to the persistence factor examined in the family resilience, which was a family protective factor that may overcome the negative impact generated by these risk factors. So that family culture resilience can be used as an alternative model of nursing caring for after *pasung* mental disorders clients.

This study aims to understand the resilience of Javanese families who care for people with after *pasung* mental disorders using qualitative research methods with a phenomenological approach. The focus of this study is to look at how families adjust themselves with an inconvenient situation in taking care of mental disorder clients after *pasung* according to the perspective of the Javanese family.

II. METHODS

Research Design

This study used qualitative research methods as the type of phenomenology, with in-depth interviews. The qualitative research design was used to answer the research objectives in seeing how families adapted to uncomfortable conditions while caring for people with after *pasung* mental disorders based on the perspective of Javanese culture

Participants and Recruitment

The population was family members who care for people with mental disorders in the Taman and Krian Health Center, Sidoarjo. This study involved eight family members as participants obtained by purposive sampling technique. The inclusion criterion was the closest family treating to mental disorder clients after *pasung*. Participants were family members of outpatients at the Taman and Krian Health Center, Sidoarjo, East Java, Indonesia and recruited based on ethical principles consisting of beneficence, respect for human dignity, and right to justice. Participants involved in previous studies have received written explanations of the research objectives, procedures, rights and obligations, benefits and losses during the study. Only participants who had given informed consent were included in the study. This study has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Nursing, Airlangga University, with the number 1831-KEPK.

Data Collection and Analysis

Before starting data collection, researchers conducted interview guidelines, testing on two participants to validate the questions listed with the help of a supervisor who is involved in mental healthcare. Data were collected by in-depth interviews using a semi-structured interview guide and completed with field notes. Formal interviews were conducted to participants for 45-60 minutes for each participant in the Taman and Krian Health Center, Sidoarjo, East Java, Indonesia. Participants were asked the questions '*Could you explain things that are applied to persist for treating patients with mental disorders after pasung?*' and '*How can a family adjust to the situation uncomfortable for caring for people with mental disorders after pasung based on the perspective of Javanese culture?*' The questions were open and interviews recorded with voice recorders. The interview process was carried out until no new data were found. The results of the interview were written with a verbatim transcript and arranged in full after each interview with a participant. Discussions with supervisors were conducted to integrate research findings. The research results were analyzed and interpreted using analytic analysis according to Collaizi [7] consisting of nine steps. The analysis includes: 1) describing phenomenon to be studied, 2) collecting descriptions of phenomenon through the opinions of participants, 3) reading the entire description of the phenomenon submitted by participants, 4) re-reading transcript of the interview and citing meaningful statements, 5) making outlines of meaningful statements, 6) organizing collections of meaning formulated into groups of themes, 7) writing a complete description, 8) meeting participants to validate the compiled description and 9) incorporating validation results data into a complete description. Data collection was done in conjunction with the data analysis process until data saturation occurred. Credibility, transferability, dependability, and confirmability tests were carried out to ensure the validity of data gathered. Demographic data are explained and presented in a table on the characteristics of the participants.

III. RESULTS

Demographic Data

This study used qualitative research methods as the type of phenomenology using in-depth interviews. The qualitative research design was used to answer the research objectives in seeing how families adapt to uncomfortable conditions while caring for mental disorder clients after *pasung* based on the perspective of Javanese culture. Descriptive statistics of participant characteristics are shown in [Table 1](#). This study involved eight family members as the closest caregivers to mental disorder clients after *pasung*. Most participants (four people) earn an income equivalent to the minimum income in Sidoarjo Regency, two people earn more than the regional minimum income, while two others earn less than the regional minimum income. Most of the participants were nuclear families (five people), while the remaining three people were in large families. Three people were in the stage of family development with adult children, two people in families with teenagers, one person in a family with school children, one person in a middle-aged family, and one other person in an elderly family. Participants who treat mental disorder clients after *pasung* consist of five siblings, to fathers, and one wife.

Table 1. Characteristics of Participants

N.	Gender	Age (Year)	Education	Economic Status	Family Type	Stage of Development	Relationship With Family
1	Male	62	Elementary	Regional minimum income	Extended family	Elderly Family	Father
2	Female	59	Elementary	Regional minimum income	Main family	Families with Schoolchildren	Sibling
3	Male	35	Junior High	Regional minimum income	Main family	Families with adult children	Sibling
4	Female	32	Senior High	> Regional minimum income	Extended family	Families with adult children	Sibling
5	Female	36	Senior High	< Regional minimum income	Extended family	Families with teenagers	Siblings
6	Female	34	University	< Regional minimum income	Main family	Family with middle age	Siblings
7	Female	50	Junior High	> Regional minimum income	Main family	Families with teenagers	Wife
8	Male	63	Elementary	Regional minimum income	Main family	Families with adult children	Father

Outcomes of Javanese Family Resilience

This study produced two themes, namely positive aspects of family resilience and Javanese cultural values. Positive aspects of family resilience consisting of beliefs, compliance values, communication patterns, norms, and the role of community leaders were able to provide support for achieving resilience in families that had people with mental disorders. The values of Javanese culture, willing, accepting, and patient, were able to interpret the events that must be confronted so that they were able to carry out coping strategies that were right for themselves. Two themes above are explained and presented in [Table 2](#), identifying themes of positive aspects of family resilience and Javanese cultural values

Positive aspects of family resilience

The positive aspects of family resilience consisting of beliefs, compliance values, communication patterns, norms, and the role of community leaders had a profound effect on the family, especially felt in a difficult, depressing state. Javanese families were able to utilize sources of resilience, both from within themselves and from the environment outside themselves, even if they lived in a risky environment. Broken family environment, families experiencing economic disruption, and family conflict in determining life choices all cause psychological disturbances in the family. With the ability to increase its positive aspects, the Javanese family can overcome life's problems more easily and play a role in

increasing interpersonal skills and emotional control. In this case, the increase in the positive aspects was the development of cognitive processes carried out by the Javanese family to form their own resilience.

Beliefs came from the support of the value of truth known and the basis for the family to manage and provide support to mental disorder clients after *pasung*. The value of compliance was the level of obedience to mental disorder clients after *pasung* that affected decision-making. Communication patterns were a form of family relationships about the delivery and acceptance of messages that were supported based on the legal norms and culture of the Javanese community. Norm came from the rules of the Javanese family in the association so that they can make decisions, while the role of community leaders was the duty and responsibility of health workers, cadres, and community leaders in promoting the care of mental disorder clients after *pasung*.

Javanese Cultural Values

Cultural values of willing, accepting, and patient were cultural values used in realizing the rules of respect and harmony. Javanese families could accept everything that happened as something that must be accepted (willing), and they made it as an experience and learning process in life (accepting). Even though the problems they experienced were painful, they were able to deal with them (patient), endure and then try to get up to get out of the difficulties that crushed them (resilience).

This acceptance can make a family able to build their resilience among the difficulties experienced. Family support is obtained by the Javanese family through positive perceptions so that the family was able to interpret the situation and conditions that occur, to then manage emotions and arise from the difficulties that exist together.

Javanese families saw distress as a family challenge, not a destructive thing, they were even able to take advantage of the positive potential of the family to grow and make improvements (resilience) together. The values of willing, accepting, and patient were supporting factors that greatly helped the Javanese family in solving matters. The value of willing, accepting, and patient made the family able to interpret the events that must be present in the patient's mind, so he was able to adopt a coping strategy that was right for him.

Table 2. Identifying themes of positive aspects of family resilience and Javanese cultural values

Theme	Subthema	Significant Statement
Positive aspects of family resilience	Beliefs	<i>'I am sure he (the patient) will slowly get better ... all of them need a process ... which is important to work to accompany and treat them as well as we can' (P8)</i> <i>'Many neighbors who routinely control to health center have resulted ... even some have started working ... I'm sure one day he (the patient) can also be like my neighbor' (P5)</i>
	Value of compliance	<i>' Anyway, he (the patient) is obedient when taking medicine, taken ... time to eat immediately eats ... if he is annoyed we also bother ... because there are many things that must be done (P2) (P3)</i> <i>' If he (the patient) does not want to take medicine, does not want to eat and take a bath, I am dizzy ... fortunately, until now I still want to follow everything I say' (P4)</i>
	Communication pattern	<i>' Communication in the family so far, Alhamdulillah ... smooth. Because indeed I am the closest to him (patient) ' (P5)</i> <i>' If he (the patient) wants a snack, he would ask me ... if he (the patient) is bored at home, sometimes he (the patient) asks to be taken for a walk ... ' (P8)</i>
	Norm	<i>' As a brother, I have to take care of my younger brother (the patient) ... parents have been raising and taking care of me, so I'm responsible for my young brother (the patient) ' (Q6)</i> <i>' After all, as a father, definitely giving the best for his child ... even though my child has been said to be imperfect, but a father's love for his child has never diminished ... caring for my child (patient) is an obligation for me' (P8)</i>
	The role of community leaders	<i>'The nurse of psychiatric in this health center often held integrated service center ... if it starts to get bored there is motivation from nurses to stay motivated ' (P8)</i> <i>'Cadres and nurses several times visited the house of my child (patient) ... they gave advice and direction on how to care for my child (patient) ' (P1)</i>
	Willing	<i>'Even though the illness has been for years, I am willing to care for my child (patient) ... the important thing is that I remain enthusiastic and my child (patient) is not raging anymore ' (P1)</i>
Javanese Cultural		

Theme	Subthema	Significant Statement
Values		<i>'I am willing to work hard to become the backbone of my family and care for my husband ... over the years there have been developments ... my husband has begun to seldom daydream' (P7)</i>
	Accepting	<i>' Maybe this is indeed a test for me and my family ... we must accept this and continue to care for my brother (patient) ' (P5)</i> <i>' After all, he (the patient) is my sibling ... I will still take care of him ... it is impossible for me to complain ... I have received all this ' (P6)</i>
	Patient	<i>'Patience had been the key factor ... the family turns caring for my brother (the patient) ... did I closest to him (the patient) ' (P4)</i> <i>'There are still family ties ... have to be patient ... there must be wisdom to all of this ' (P3)</i>

IV. DISCUSSION

Families who cared for mental disorder clients after *pasung* were all Javanese. The attention of factors that influence Javanese family resilience were: positive aspects of family resilience and Javanese cultural values which were the scope of Javanese families. In addition to the individual's abilities, the results of research showed w Javanese families were able to build and strengthen their resilience.

Based on the research results, they showed that Javanese parents were not able to rely solely on cultural identity to be able to deal with stress in care, but needed other factors to support the implementation of cultural identity in everyday life so that it could be a driving force for the formation of a resilient family [8].

The synergy of the two was a source of Javanese family resilience. The resilience of the family arose from adversity and helplessness (the existence of family problems) and they remained productive and optimistic to meet their future and avoid bad behavior that could harm themselves and others. It was found that resilience was a hidden capacity that arises when families experience pressures that threaten their psychological balance toward happiness. Happiness as the goal of life in this context was the desire to succeed, make the family happy, have a better quality of life, (happiness physically and mentally), be more enthusiastic, and plan for a better future.

Javanese family resilience included positive aspects of family resilience consisting of beliefs, compliance values, communication patterns, norms, and the role of community leaders. This showed that Javanese families were resilient at this time. Javanese family resilience was seen by its ability to explore positive effects and its ability to utilize its resilience resources properly.

The results of [9] research relating to family care and care found that care was a difficult and demanding responsibility and caregivers develop resilience in caring that helps sustain them in their roles. Thus, it support the value of truth known to be a family's basic attitude in managing and providing support to mental disorder clients after *pasung*. The pattern of communication in the family can facilitate family expectations to be compact and flexible so that it can achieve the function of the family nucleus whereby good communication within the family can help the family achieve family functions and meet the needs of family members [10].

Informational support was needed by families and obtained from various sources. Information support is in the form of providing information, advice, guidance, advice, and feedback from the surrounding environment, including community leaders (Bart, 1994 cited in [6]). Families obtained information about mental disorder clients, causes, signs, and symptoms, as well as ways of treatment from the Internet, health workers, relatives who work in the health sector, neighbors, and coworkers. The effort to find information was the family's first step to get to know the mental disorder suffered by family members better so that the family could determine the best treatment step.

Javanese family attitudes and behavior showed the ability of resilient families, namely willing, accepting, patient, optimistic and remaining productive, as well as the ability to avoid bad behavior; having a purpose and meaningful life, both for oneself, family and others. Family resilience, which was a positive effect and fortitude, was built on the family by the presence of a mother who had the fortitude in overcoming family problems. Fortitude facilitated the formation of resilience in Javanese families.

Values included the attitudes of individuals, as a standard for action and faith (*belief*). Values were learned by individuals through families, cultures, and people around them [11]. The principle of harmony and the principle of respect was a normative framework that determined the concrete form of all interactions in Javanese society [12] [13].

The power that arose from the combination of "respect value" and "harmony appearance" would give birth to an important force for the joining and resilient power of the Javanese family and also in Javanese society [14]. The existence of a positive relationship between the values of Java in regard to *problem-focused coping* supported Jong's [15] theory that the attitude of willing is accomplished through the process of trying. The willing attitude led to something that had been achieved with effort. The cultural values of willing, accepting, and patient are found to influence the attitudes and behavior of Javanese families.

V. CONCLUSIONS

This research explained how positive aspects of family resilience and Javanese culture values must be managed by the family to survive, rise, and become better in caring for mental disorder clients after *pasung*. The family could manage their positive aspects to provide support for the achievement of family resilience and the Javanese culture value to interpret the events that must be confronted, so they were able to carry out coping strategies that were right for themselves.

CONFLICT OF INTEREST

No conflicts of interest have been declared

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