

Family Atmosphere Make Family Resilience Which Have Adolescent with Mental Disorder (According to “Resilience” Theory of Haase & Peterson)

Maryati Agustina Barimbing¹, Yuyun Yueniwati², Lilik Supriati³

¹Master Student of Nursing, ²Department of Radiology, Faculty of Medicine, ³Department of Nursing, Faculty of Medicine, Brawijaya University

Abstract

Mental disorder that experienced by the adolescents have impact on the patients and their family. Various stressors can make family get a distress. Resilience can help family to respond to stressors. According to “Resilience” theory of Haase & Peterson, family atmosphere that can relate to family resilience is emotional attachment and communication of family. The purpose of the study was to analyze the relationship between the emotional attachment and communication with family resilience which had adolescents with mental disorders.

This study used observational analytic method with cross sectional approach. Samples were 60 people of family which had adolescents with mental disorder that selected by using purposive sampling technique. The study was conducted at Psychiatric Hospital of Dr. Radjiman Wediodiningrat, Lawang. Data collection was conducted by using questionnaire. Data was analyzed by using univariate and bivariate.

Bivariate test result shown the significant positive relationship between the emotional attachment and communication with family resilience, with p value and r value sequentially ($p=0,000$, $r=0,660$), ($p=0,000$, $r=677$).

The conclusion of this study shown that family resilience could be encouraged with the emotional attachment and communication in family.

Keywords: *Resilience, Family Atmosphere, Adolescent with mental disorder*

Background

The health problem which often experienced by the human is not limited to physical disorder, but also psychological disorder, that known as mental disorder. Mental disorder condition which experienced by the people not only affect to the concerned person, but also to their family. It cannot be denied that people with mental disorder cannot recover completely and will even hamper their productivity.¹

Nowadays, mental disorder is not found only in adult age or older but also in adolescence. Mental disorder in children and adolescents is often difficult to be detected by parents because the parents often consider the behavior changes of children and adolescents are common. As the result, this situation is left until adulthood without any handling, so the child’s condition is getting worsen and more difficult to be cured.²

The causes of mental disorder in children and adolescent are the lack of moral and religious education that obtained children in family, unhealthy family dynamic and dysfunction of family system such as child abuse, bad parenting, lack of open communication within the family, bad role model of parents and lack of boundaries between generations.³ Besides those factors,

Corresponding author:

Maryati Agustina Barimbing

e-mail : maryatibarimbing@gmail.com

social environmental factors also affect the mental health of children such as poverty and problems with peers. The other causes are globalization that identic with the inappropriate news, pictures and movies for children that can affect children's behavior changes.⁴

Currently, the mental disorder is being concern due to its high prevalence. WHO states that in the world there is 1 of 4 people who experience mental disorder. In Indonesia, according to the data of Indonesian Basic Health Research there were 294.959 household that analyzed, there were 1655 household which have family member with mental disorder.⁵ Prevalence of mental disorder in 2018 is 7%, this rate is increased compared to the year 2013 which was only 1.7%. Similarly, the prevalence of mental emotional disorder. Mental emotional disorder that experienced by group of age >15 years in the year 2013 was only 6.0%, while in 2018 increased to 9.8%.⁶ There are about 60 adolescents per month in Dr. Radjiman Wediodiningrat Lawang Psychiatric Hospital, who have mental disorder in 2018.

Mental health problems are one of five health priorities in the year 2015 to 2019 contained in the general guidelines for healthy Indonesian program with a family approach in 2016.⁷ The family is the spearhead of mental health services that should help the healing process of adolescent with mental disorder and minimizing the incidence of recurrence, but due to factors such as financial problem, lack of family knowledge related to mental disorder and life problem that triggered stressful, this made family is unable to maintain the stability of the health of patients and family.⁸ Families will be able to fight any stressors that come and turn it into a challenge to be solved if the family has a resiliency. Resilience is the family toughness in facing the problems under difficult conditions. Resilience is not only ability to survive but also to revive from the crisis. Family who have family member with mental disorder is said to have resilience if the family is able to adapt successfully and achieving balance in the family.⁹

Family resilience can be encouraged if there is a positive atmosphere in family. Nursing theory on resilience is triggered by Haase & Peterson with the theory of "Resilience". Resilience is described as a positive adjustment in facing the difficulty in with a primary focus on protective factors that can impede the risk factors. The protective factors include a

positive atmosphere in family that formed of emotional attachment and communication in family.¹⁰

There was significant relationship between the emotional attachment in family and the increment of depression through encouraging the resilience. The emotional attachment in a family gives emotional support, hopes, and optimism in facing the stressors.¹¹

Resilience score is higher on the conversation communication pattern than conformity communication pattern, because the conversation communication pattern gives the family member to participate and interact spontaneously about various topics, while the conformity communication pattern is more emphasize the participation in communication that should give attention to the suitability of attitudes, values and beliefs and obey parents or people who are more mature.¹² The importance of family resilience for the life quality of adolescents with mental disorder because the family is fundamental factor for the development and growth of adolescents, where the role of family is not only limited to financial support but also to keep emotions and behavior of adolescents to remain stable, provide treatment and prevent relapse.¹³ The aim of this study was to analyze the relationship of emotional attachment and communication with family resilience of adolescents with mental disorders.

Methodology

This study was the quantitative research that used analytic design and cross sectional approach. Study was conducted to 60 people that consisted of family member of adolescent with mental disorder that selected by using purposive sampling technique with inclusion criteria, that were family member who visited to adolescent psychiatry polyclinic at Psyschiatry Hospital of Dr. Radjiman Wediodiningrat Lawang, had blood relationship and live with adolescent with mental disorder, the age of family member was more than 18 years old, and willing to be respondent of research evidenced by signing the agreement letter as respondent. Data was collected by using questionnaire of Family adaptability and cohesion scale by David H. Olson, Dean M. Goral & Judy W. Tiesel, Family communication scale by David H. Olshon & Howard Barnes, and Walsh Family Resilience Questionnaire by Froma Walsh. Data was processed and analyzed by univariate and bivariate using pearson correlation test. This study based on ethical principles

such as respect for person, justice, beneficence and non maleficence. The researcher respects the respondent's right. The researcher gave an explanation related to the research to all respondent without exception and got approval to participate in the research by using informed consent

Result

Univariate Analyzes Result

Univariate analyzes result consisted of demographic data of respondent that shown in table 1.1 and univariate data of research variable shown in table 1.2.

Table 1.1 The univariate result of demographic data of respondent.

Characteristic of respondents	Frequency (n)	Percentage (%)
Gender		
Male	28	46,7
Female	32	53,3
Last education		
Elementary School	23	38,3
Junior High School	8	13,3
Senior High School	23	38,3
College	6	10,1
Occupation		
Work	34	56,7
Do not work	26	43,3
Relation with the adolescent		
Father	22	36,7
Mother	22	36,7
Older brother	12	20,0
Grandfather	1	1,6
Grandmother	0	0
Uncle	3	5,0
Aunt	0	0

Table 1.1 shown that the majority of respondent were female, the frequency of the same education level between Elementary School and Junior High School, the frequency of the same relationship between adolescent

and father and mother, the majority of respondents were working.

Table 1.2 The univariate result of research variable

Variable	Mean±SD	Min-Max
Emotional attachment	26±3,6	15-30
Communication	54±5,0	35-60
Family resilience	131±12,0	90-145

Table 1.2 shown that average score of emotional attachment was 26, average score of communication was 54 and average score of family resilience was 131.

Bivariate Analyzes Result

Bivariate analyzes result would be shown at table 2.1

Table 2.1 Bivariate analyzes result

	Resilience
Emotional attachment	$r = 0,660, p = 0,000$
Communication	$r = 0,677, p = 0,000$

Table 2.1 shown that there was significant positive relationship between the emotional attachment and family resilience with strong relation. The better the emotional attachment, the better family resilience. Relationship between communication and family resilience also shown the significant positive relationship with strong relation. The better communication, the better family resilience.

Discussion

Relationship between the emotional attachment and family resilience.

The study result shown that there was significant positive relationship between the emotional attachment and family resilience of adolescent with mental disorder.

The emotional attachment is a strong affection relationship between two individuals. Everyone is equipped with an innate psychobiological that made people formed a attachment with each other. The

attachment at the first obtained from parents or family. The emotional attachment was associated with the mental health of person. Poor closeness of emotional among family member, made the person didn't get love and attention, thus made the person's mental health was unstable.¹⁴ The person who had a emotional attachment to the others in family and social environment would show an open attitude, warmth, responsiveness and trust to each other. While person who didn't have the emotional attachment would ignore others, had a negative thinking and always giving negative emotional.¹⁵

Adolescence is transition period where adolescents experienced various changes, such as physically, psychologically, environment, that made the adolescent should be able to adapt. At this time, parents should be a figure that was close to the adolescent in order to become a good support system. Through a strong emotional connection, adolescent would feel the support of parents. Especially for children who had problems in adolescence, the emotional attachment with parents was very important in helping the children through the problem. The emotional attachment made the adolescent didn't stay away from their family when having problems.¹⁶

The closeness of parents with their children would greatly affect the psychology welfare of children. This would lead the trust of children to their parents and also established the effective communication between the children with their family. The trust and communication were two importance indicators in the emotional attachment. Both of that greatly affected the children's emotional, so it would be able to help to form the moral, mental and social of children. The trust and communication that formed through the closeness of emotional in family was also become the determinant of resilience.¹⁷

Emotional attachment affected against the family resilience. The presence of closeness of emotional in family would provide harmonious relationship, made a sense of belonging and care to each other.¹⁸ The emotional attachment become protective factor of family resilience. Family who was vulnerable against distress such as family that had children with chronic disease would fall into maladaptive condition easily, that made the family was not able to survive in that difficult condition. But strong closeness of emotional in family

would made the family was able to provide emotional support and inspire confidence that the family was able to pass through these conditions.¹⁹ Family who had family members with severe mental disorders also shown that the emotional attachment in family became one of the identified factors that affected the family resilience, togetherness and routines, especially in times of crisis would form an emotional attachment that triggered positive emotion that made a family support each other to survive and through period of crisis.²⁰

Relationship between the communication with family resilience

The study result shown that there was positive relationship between communication with family resilience of adolescent with mental disorder.

Family communication was a transactional process of delivering messages, ideas, opinions and sharing of feelings between family members. Implementation of family communication was an act of communication itself. Implementation of effective family communication would be more flexible and shown emotional support when having problems. Implementation of effective family communication was not only carried out through verbal communication but also non-verbal communication such as using facial expressions, body expression, touch, eye contact and listening gesture.²¹

Communication become important thing in family to ensure the harmonious relationship. Open communication that conducted by family made they would be more understand each member of family. Communication also made the sense of involvement and care in family life.²² Family communication was directly related to the life quality of person, especially in term of health. Implementation of effective family communication played important role in adaptive coping mechanism that helped to avoid distress condition. Implementation of effective family communication could be seen from indicators such as active listening, giving a positive response, open, empathy and communication to make decision together.¹⁹

The implementation of effective family communication would give positive interaction and harmonious in family. This was sorely needed by the family when experiencing times of crisis, thus family was able to survive and remain stable which eventually

could encourage the family resilience.²³

One of factors of resilience was family communication. Implementation of family communication that had characteristic of expressing feeling openly, delivering clear and consistent message and also collaborating in finding solution of problem was become important aspect in encouraging family resilience. The resilient family did not mean did not show their anger, but they would listen actively, understand and give the reason why they were angry or show negative emotion.²⁴

Implementation of family communication become significant predictor against family resilience. Implementation of family communication that affected resilience was communication which giving freedom to family member to give their opinions and ideas, share their feeling and involve in decision-making than give certain boundaries to the family member to be or not to participate in the communication.¹² Family resilience in managing the problem should be supported by various resources, one of them was effective family communication. Resilience family would show dynamic interaction and communication in family.²⁵

Conclusion

The conclusion of this study shown that family of adolescent with mental disorder could encourage the family resilience through emotional attachment and communication.

Conflict of Interest: None

Source of Funding: This research was funded by self.

Ethical Statement: Institutional Board Review: this study was approved by the ethics committee of Universitas Brawijaya.

References

1. Islami SV, Fakhriadi R, Khairiyati L. Faktor determinan kejadian skizofrenia pada pasien rawat jalan di Rumah Sakit Sambang Lihum Kalimantan Selatan. *Berkala Kesehatan Masyarakat Indonesia*. 2018;1(1).
2. Baiquny A, Budiman E, Hairah U, editors. Aplikasi diagnosa gangguan mental pada anak. *Prosiding SAKTI (Seminar Ilmu Komputer dan Teknologi Informasi)*; 2017.
3. Lee FS, Heimer H, Giedd JN, Lein ES, Šestan N, Weinberger DR, et al. Adolescent mental health—opportunity and obligation. *Science*. 2014;346(6209):547-9.
4. Hodgins S, Larm P, Westerman J. Individuals developing schizophrenia are hidden among adolescent substance misusers. *Psychological medicine*. 2016;46(14):3041-50.
5. Riskesdas. *Riset kesehatan dasar 2013*. Jakarta: Kementerian Kesehatan RI. 2013.
6. Riskesdas. *Laporan Hasil Riset Kesehatan Dasar (Riskesdas) Indonesia-Tahun 2018*. Jakarta: Direktorat Jenderal PP & PL, Departemen Kesehatan Republik Indonesia. 2018.
7. Kemenkes. *Buku program Indonesia sehat dengan pendekatan keluarga*. Jakarta: Kementerian Kesehatan Republik Indonesia; 2016.
8. Lestari W, Wardhani Y. Stigma dan penanganan penderita gangguan jiwa berat yang di pasung. *Buletin Penelitian Sistem Kesehatan*. 2014;17(2):157-66.
9. Apostelina E. Resiliensi keluarga pada keluarga yang memiliki anak autis. *JPPP-Jurnal Penelitian dan Pengukuran Psikologi*. 2012;1(1):164-76.
10. Peterson SJ, Bredow TS. *Middle range theories: application to nursing research*: Lippincott Williams & Wilkins; 2009.
11. Nam B, Kim JY, DeVyllder JE, Song A. Family functioning, resilience, and depression among North Korean refugees. *Psychiatry research*. 2016;245:451-7.
12. Noorafshan L, Jowkar B, Hosseini FS. Effect of family communication patterns of resilience among Iranian adolescents. *Procedia-Social and Behavioral Sciences*. 2013;84:900-4.
13. Mawarpury M, Mirza M. Resiliensi dalam keluarga: perspektif psikologi. *Psikoislamedia: Jurnal Psikologi*. 2017;2(1):96-106.
14. Mikulincer M, Shaver PR. An attachment perspective on psychopathology. *World Psychiatry*. 2012;11(1):11-5.
15. Caldwell JG, Shaver PR. Promoting attachment-related mindfulness and compassion: A wait-list-controlled study of women who were mistreated during childhood. *Mindfulness*. 2015;6(3): 624-36.

16. Dewi AAA, Valentina TD. Hubungan kelekatan orangtua-remaja dengan kemandirian pada remaja di SMK N 1 Denpasar. *Jurnal Psikologi Udayana*. 2013;1(1):181-9.
17. Hardani R, Hastuti D, Yuliati LN. Pornography Behavior of Junior High School Student. *Journal of Child Development Studies*. 2018;3(1):15-27.
18. Sapienza JK, Masten AS. Understanding and promoting resilience in children and youth. *Current opinion in Psychiatry*. 2011;24(4):267-73.
19. Masten AS, Monn AR. Child and family resilience: A call for integrated science, practice, and professional training. *Family Relations*. 2015;64(1):5-21.
20. Bishop M, Greeff A. Resilience in families in which a member has been diagnosed with schizophrenia. *Journal of psychiatric and mental health nursing*. 2015;22(7):463-71.
21. Smith KM, Freeman PA, Zabriskie RB. An examination of family communication within the core and balance model of family leisure functioning. *Family Relations*. 2009;58(1):79-90.
22. Givertz M, Segrin C. The association between overinvolved parenting and young adults' self-efficacy, psychological entitlement, and family communication. *Communication Research*. 2014;41(8):1111-36.
23. Zambianchi M, Bitti PER. The role of proactive coping strategies, time perspective, perceived efficacy on affect regulation, divergent thinking and family communication in promoting social well-being in emerging adulthood. *Social indicators research*. 2014;116(2):493-507.
24. Black K, Lobo M. A conceptual review of family resilience factors. *Journal of family nursing*. 2009;14(1):33-55.
25. Elgar FJ, Craig W, Trites SJ. Family dinners, communication, and mental health in Canadian adolescents. *Journal of Adolescent Health*. 2013;52(4):433-8.