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The Increase of Family's Health Belief in Mental Disorder with Spiritual Approach

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ABSTRACT

Mental disorder is the problem with cognitive and mal-adaptive behavior. A family who have a member with mental disorder, will experience continually objective and subjective burden, serious stress for a lifetime, that cause ineffective family's health belief and choice of treatment. The intervention in this study was to improve family'shealth belief with spiritual approach. This study was designed by pre-post test control group design.The population was every family of patient with mental disorder, lived in Surabaya, there are 13 persons in each group. Data analysis was done using paired t-test and independent t-test. This study showed that there was significant change in total of family's health belief (p=0,004), significantly change in aspects of (1) perceptions about benefits (p=0,009), (2) perception about barriers(p=0,035) and perception about self efficacy(p=0,002). There was no significant changing in perception about susceptibility and severity (p=0,052). There was an increase of average difference between pre and post test among the treatment group, about 0,69, and about 0,47 among control group. Family therapy with spiritual approach can increase family's health beliefaboutmental disorder.
KEYWORD: family therapy, spiritual, health belief, mental disorder.

INTRODUCTION

Mental disorders is a problems with cognitive and mal-adaptive behaviors.[1] The patient was not able to establish relationships, limiting the relationship to itself, others and the environment. Families with one family member having a mental disorder can lead to high conflict, being objective and subjective burden, blame, involvement in hostilities between family members.[2],[3],[4],[5],[6] The various negative impacts cause the families led to a model of family health beliefs about mental disorders is inadequate, stigma in society about mental disorders.

Someone who is experiencing severe stress will find comfort and strength from God. The process of selecting a spiritual approach consists of three stages: identifying the factors that contribute to stressors, exploring spiritual and strategies, as well as the lives of his choice.[7],[8]). The core of all the values of human spirituality is prayer, because prayer contains the component direction, obedience, and acceptance.[9],[10],[11],[12],[13] So far the most appropriate model of spiritual fit the characteristics of the people of Indonesia to transform family health beliefs about mental disorders has not been found. The objective of these study was Improving family's health beliefs in mental disorders with spiritual approach in family therapy.

MATERIALS AND METHODS

This study was designed by pre-post test control group design. The population in this study were all the family whose one of family member admitted to Menur Mental Hospital Surabaya in 2010. Criteria: addresses in Surabaya, live at home with the patient, providing direct care to the patient (care giver), the patient has been diagnosed with a mental disorder at least 1 year, had been admitted to a psychiatric hospital at least 2 times.

The sample size was determined by the formula *hypothesis testing for two population means (two-side test)* dari *sample size determination in health studies WHO soft-ware*. Results of previous studies of mothers coping patterns one family member suffers from Cerebral Palsy [14] obtained the value of $\sigma = 8.0$, $\mu\_1 = 13.7$, $\mu\_2 = 24.0$. If in this study using $\alpha = 5\%$ and $\beta = 10\%$, then after put the soft ware samples obtained 13. Thus, the sample size in this study was 13 people, for every group. The independent variable in this study is a family therapy approach to spiritual direction, obedience, and acceptance (DOA). The dependent variable in this study is a family of health keperayaan, include (1) the perception of susceptibility and severity, (2) benefits, (3) bariier, and (4) self-efficacy.[15]

RESULTS AND DISCUSSION

Results in this study showed that there was significant change in total of family's health belief (p=0,004), there was significantly change in aspects of (1) perceptions about benefits (p=0,009), (2) perception about barriers (p=0,035) and perception about self efficacy (p=0,002). There was no significant changing in perception about susceptibility and severity (p=0,052), but it there was an increase of average difference between pre and post test among the treatment group, about 0,69, and about 0,47 among control group.

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There are significant difference (p = 0.004) in total family health belief about mental disorders between the control group and the treatment group. However, when compared with independent t-test results test data pre-test treatment group and the control group, was from the beginning has shown there are differences in health beliefs treatment group and the control group (p = 0.021), If the observed value of the difference between the pre-test mean delta - posttest in the treatment group and the control group demonstrated an increase in the mean difference of 1.84 in the treated group, whereas in the control group also increased 1.00. Thus, the rate of rise higher in the treatment group at 0.84.

Family health believe was highest in pre-test treatment group were responders believe that all events have experienced God's will. This situation suggests that the treatment responders can accept whatever happens to think all this is the will of God, but on the other hand can be a family helplessness in the face of a family member who had a mental disorder. This situation also reflects the confidence (self-efficacy) families who had no other choice in the face of a family member having a mental disorder. If seen from the length of mentally ill patients, have already reached 45 years, so long that the family has suffered stress, physical load, and the psychological effect living with a family member having a mental disorder. Therefore, the family just chose to accept whatever happens, assuming all of this is God's will.

Family trust considers all of this is the will of God is a good thing, just not a helplessness and despair families. Patience is not weakness, it is the power of patience, patience is not apathy but a zest for life, patience is not sentimentality but perseverance, patience is not pessimistic but optimistic, and the patient is not silent but patience is unyielding struggle.[19],[16]The results of in-depth discussions during the course of family therapy, the family said "about the patient and pray it's gone from the first gold, but how else would." Researchers are trying to encourage, motivate the philosophy of caterpillars and cactus illustration.“Once there was a man who asked to Allah for a flower and a butterfly. But instead Allah gave him a cactus and caterpillar. The man was sad, he didn’t understand why his request was mistaken. Then he thought: Oh well, Allah has too many people to care for. And decided not to question. After some time, the man went to check up on his request that he had left forgotten. To his surprise, from the thorny and ugly cactus a beautiful flower had grown. And the unsightly carterpillar had been transformed into the most beautiful butterfly. Allah always does things right! His way is always the best way, even if to us it seems all wrong. If you asked Allah for one thing and received another, trust. You can be sure that He will always give you what you need at the appropriate time. What you want, is not always what you need! ALLAH never fails to grant our petitions, so keep on going for Him without doubting or murmuring. Today’s thorn, Is tomorrow’s flower.

Table 1 Family’s health belief about mental disorders, Surabaya, 2011.

NO	VARIABLE	TEST	TREATMENT	CONTROL	Independent t test
1	Perception about susceptibility and severity of disease	Pre test	$(\bar{x} \pm SD)$ 13,23 ± 2,48	$(\bar{x} \pm SD)$ 11,76 ± 2,65	t = 1,449 p = 0,160
		Post test	$(\bar{x} \pm SD)$ 13,92 ± 1,60	$(\bar{x} \pm SD)$ 12,23 ± 2,52	t = 2,041 p = 0,052
		Paired t test	t = -1,389 p = 0,190	t = -1,066 p = 0,307	
		Δ pre post	0,69	0,47	p = 0,730
2	Benefits	Pre test	$(\bar{x} \pm SD)$ 13,61 ± 2,10	$(\bar{x} \pm SD)$ 12,84 ± 2,03	= 0,948 p = 0,363
		Post test	$(\bar{x} \pm SD)$ 14,15 ± 1,67	$(\bar{x} \pm SD)$ 12,30 ± 1,65	t = 2,828 p = 0,009
		Paired t test	t = -2,214 p = 0,047	t = 0,797 p = 0,441	
3	Barriers	Pre test	$(\bar{x} \pm SD)$ 13,61 ± 1,98	$(\bar{x} \pm SD)$ 10,46 ± 2,14	t = 3,894 p = 0,001
		Post test	$(\overline{x} \pm SD)$ 13,30 ± 2,42	$(\overline{x} \pm SD)$ 11,30 ± 2,13	t = 2,229 p = 0,035
		Paired t test	t = 0,617 p = 0,549	t = -2,008 p = 0,068	
		Δ pre post	- 0,31	0,84	p = 0,090
4	Self efficacy	Pre test	$(\bar{x} \pm SD)$ 13,46 ± 1,76	$(\bar{x} \pm SD)$ 11,92 ± 2,46	t = 1,831 p = 0,080
		Post test	$(\bar{x} \pm SD)$ 14,38 ± 1,04	$(\bar{x} \pm SD)$ 12,15 ± 2,03	t = 3,517 p = 0,002
		Paired t test	t = -2,144 p = 0,053	t = -0,640 p = 0,534	
5	Total Health Belief	Pre test	$(\bar{x} \pm SD)$ 53,92 ± 7,31	$(\bar{x} \pm SD)$ 47,00 ± 6,94	t = 2,475 p = 0,021
		Post test	$(\bar{x} \pm SD)$ 55,76 ± 5,86	$(\bar{x} \pm SD)$ 48,00 ± 6,63	t = 3,165 p = 0,004
		Paired t test	t = -1,310 p = 0,215	t = -0,926 p = 0,373	
		Δ pre post	1,84	1,00	p = 0,638

Health belief is a belief in one's health problems.[17] Confidence in the health problems can be a basis for developing health behavior interventions. One's belief about mental disorders, an important aspect that should be studied as a mental disorder is closely related to stigma, curse, disease made people, and embarrassing. Glanz (2002) identified four major components of health belief are (1) perception of the susceptibility and severity, (2) benefits, (3) barriers, and (4) self-efficacy to overcome the impact of mental disorders.

1. Perception about susceptibility and severity.

The majority of respondents considered the treatment groups before intervention (1) mental patients cannot work as before, and (2) assume the patient cannot keep away from the dangerous situation. The results of the discussion when the majority of family therapy family considered a mental disorder caused by non-medical causes (caused other people who do not like), medical (frequent collisions / head trauma, epilepsy, or other brain dysfunction) and psychological causes such as stress and trauma life. There are families who do not know what causes mental illness, her son suddenly disturbed, it may not stand the problems of life experienced. This fact indicates that the family in the face of a problem (attribution) still considers the causes of mental disorders are due to factors outside (external) family, because other causes, other diseases, caused by another person who does not like. Never assume that the family also plays a role in the emergence of a stressor for the patient, the formation of character, mental toughness children, and children's readiness in the face of life.

This condition tries researchers advocated for family therapy phase direction and obedience. How families can provide an assessment that all family members also play a role in shaping the character of children, mental readiness and trigger stressor for the patient. Hopefully the family can give internalization in the face of problems that occur, so that all family members will change attitudes and provide physical and psychological support for patients with mental disorders (the family as a source of support for patients).

According to the theory of adaptation to stress in psychiatric nursing, the coping mechanism is influenced by the nature of the stressor, the assessment of stressors, coping resources.[18],[19],[5],[20] Some of the coping resources that can help develop coping mechanisms are personal habits, social support, material wealth, and positive beliefs.[18] Personal habits can be built by developing adaptive role of the family, since the family is the place first and foremost in the socialization process of children's learning. This activity, an activity that can be empowering family support system for the patient.

If related to the dimension of human spirituality, the majority of respondents still in the category of spiritual experience and trends ritual, not to get in on the discovery of the meaning of life and positive emotions. And to be able to develop a receptive attitude (acceptance) no matter what happens in life positive emotions needed to find meaning in life.

Several limitations of this study is not to judge the level of spirituality and spiritual qoutient (SQ) respondents. In the design of the study will try to measure the level of religiosity of respondents using the instrument developed by Hawari, 2009. But the indicator in the instrument does not reflect the level of human spirituality, as it only contains the application or implementation the pillars of *"Islam"* and "*Iman"*, while *"Ikhsan"* undetectable levels.

There are two types of instruments are practical spirituality neuroscience perspective[22] , namely (1) Spiritual health assessment (SHA), and (2) Spiritual past and present (SPP). SPP and the SHA is nothing new, in fact represents a quantum leap in medicine. SPP is more often used to complement the hospital's medical records, while SHA consists of four dimensions, 24 indicators (draft) 120 item question, but until now SHA is not yet finished and is still being developed in the center for health and spirituality neuroscince (C -NET).[22] After the SHA program development is complete, will be used as a new and reliable instrument in measuring the level of human spirituality.

2. Perceptions about benefits.

There are significant differences in the perception of the family about the possibility of beneficial health-care facilities in addressing the problem (benefits) between the control group and the treatment group ($p = 0.009$). The majority of respondents said it can provide good care for patients at home. Almost all respondents said health care beneficial for reducing signs and symptoms. Some respondents said that however the patient, the family is trying to provide care according to ability the family, one respondent puts patients at a rehabilitation psychiatry in Surabaya. This situation is supported by almost all respondents utilize public health insurance (Assurance).

The results of an in-depth at the beginning of the meeting, the family rarely can participate according to patient problems, just keep the family, and trying to fulfill what they want (according to ability). Some exercises daily needs for patients who have trained for at the hospital, rarely followed up by the family in the home, including the anticipation of families to prevent recurrence. Therefore, the discussion focused family therapy related to the role of family in helping to solve the problem using the problems faced by patients.

The survey results obtained ten most nursing problems in Mental Hospital in Indonesia[23],[5]are (1) violent behavior, (2) risk of violent behavior (to yourself, others, and the environment), (3) Impaired sensory

perception; hallucinations (hearing, vision, taste, touch, smelling), (4) Impaired thought processes, (5) Damage to verbal communication, (6) risk of suicide, (7) social isolation, (8) Damage interaction social, (9) self-care deficit (bathing, ornate, shaving, eating, elimination), and (10) of chronic low self-esteem. How is the role of family in helping patients according to these problems mentioned in duku modules to be studied families in developing the role of the family in caring for mental patients at home.

3. Perceptions about Barriers.

There are significant differences in the perception of the family about the possibility of patients were able to control themselves in developing healthy behaviors (Barriers) between the treatment group and the control group ($p = 0.035$). When compared to pre-test the data between the control group and the treatment had been no difference ($p = 0.001$). Noting the difference between the mean pre test - post test in the treatment group experienced a decline of (- 0.31), the control group increased 0.84. So in fact there is a difference, but the difference was actually happening in the control group.

The results of the study investigators to recap questionnaire answers, plus a discussion of the current study found the majority of family therapy family think the patient cannot be released activities himself outdoors for fear of the patient cannot control himself completely, worried about disturbing the neighbors, or the patient is not able to maintain the safety of his own. Actually, the family of patients can expect more independent as the previous conditions, but rarely consider the patient can control myself not to get angry. This condition causes the patient to be less able to control themselves and less likely to get psychological support from family.

To overcome this situation, the discussion in family therapy focused on the implementation of the strategy (SP) for families of nursing actions in providing appropriate patient care mental problems that arise (complete material attached to the module). Some families, in the implementation of family therapy followed immediately by the patient (patient's family therapy at the meeting). At times like this, it could be demonstrated immediately how the actions of the family in caring for mental patients, to prevent hallucinations, do not let yourself, daydreaming, developing communication strategies, to prevent violent behavior, medication adherence, and involving patients in daily activities.

4. Self-efficacy

The results of an independent test t-test showed significant differences ($p = 0.002$) family beliefs about mental disorders. The majority of respondents (1) believed that mental disorders can be changed for the better, (2) a family feel to be strong and steadfast in the face the trials of life, and (3) believe that all families have experienced God's will.

This fact shows that the majority of respondents are already using spiritual approach phase 4 (choose to live with the patient) in assessing the problems faced by the family, but on the other hand may be helpless in the face of family problems, accept because no other option.

These results are in line with the concept of the model presented by Sullivan and Walton (2004) on the behavior of individual spiritual experience four stages of prostate cancer result in spiritual coping in patients with prostate cancer are: (1) facing cancer, participants felt shocked because they never expected to having cancer, (2) choosing treatment, participants received information about the treatment and the potential risks and benefits of each treatment, (3) trusting that participants confident and believe in yourself and God in reducing the fear experienced, (4) living day by day, prostate cancer is the experience of participants increase self-awareness about how to interpret or appreciate life, as well as issues of mental illness.

To overcome this situation, family therapy focused on the acceptance phase, an attempt to develop an attitude to accept whatever happens to reinforce spiritual values of Islam with the exercises take the wisdom.[9],[10],[19],[16],[25]

Some illustration of positive thinking in the book module discussed at this meeting, "have we ever thought that God is not fair to us, why we were given one family member having a mental disorder?, Have we ever thought that we had too much to sacrifice for others?, dependents have we ever thought that we work too hard?, have we felt so isolated, alienated?, have we ever thought about life that are not fair to us?, and so on.

It turns out that there are many people far more miserable, more poor, more can be done, and more able to accept this life as it is, without grumbling. Lived a happy life, even eternally grateful. We are given the health, strength and fortitude, did not participate as impaired patients, we can still breathe without interruption, to see without interruption, we can still eat three meals a day, we still needed and can be done for others. all of it, is priceless. We must remain positive, and grateful for what God has given to us. Keep praying with the patient. Surely God will grant our prayers.

Researchers reminded philosophy cactus and the caterpillar, assured by God, surely God will grant our prayers. Apparently prayer is a ritual process of human religiosity consists of direction, obedience and acceptance (DOA). Researchers are also focusing the discussion on the application of spiritual values of Islam, in particular the development of value of "*Ikhsan"* in life. If we are convinced that the mental disorder and all the problems experienced are indeed the will of God, make their actions and treatment of families to mental patients in an

attempt to worship God, and *"Ikhlas"* with all the actions performed on the patient, that all the action was taken on basic worship God.

According to GW. Alpot, human spirituality consists of intrinsic and extrinsic. Extrinsic religiosity see religion as something that can be utilized so that he gained the status of it. He fasted, mass., church, or reading scripture, not to gain God's blessing, but that other people respect him. Intrinsic religiosity is a way to include the value of religious faith into him. Worship is not just a practice of ritual without meaning, all have an influence on the attitude of worship everyday life.[22],[26]

Intrinsic religiosity should be built and developed in the family, so the family can accept the patient as it is, in a way different from the extrinsic religiousity way that is not sincere, and gave birth to selfishness. How religious are intrinsically capable of creating a clean and loving. Extrinsic religiosity is a way that is not sincere religion, birth selfishness.[27] Selfishness is responsible for the failure of man's search for happiness. Happiness lies not in ourselves, but in togetherness. How to create intrinsic religious togetherness, happiness within themselves adherents and social environment, to make extrinsic religious faith as a tool of political and economic.[28] A religious attitude that gave rise hypocritical attitudes, hypocrisy.[22]

Conclusion

The family therapy with spiritual approach can increase family's health belief about mental disorder. Family's health believe obtained after the intervention families still believe that events experienced by patients and families is the will of God, expecting the patient to be more independent than the previous condition, and believe mental disorders can be changed for the better

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