FAMILY'S BELIEFS ABOUT A FAMILY MEMBER WITH A MENTAL ILLNESS IN JAVANESE CULTURE

Arum Pratiwi[1]
[1]Muhammadiyah University of Surakarta Indonesia
* arumpratiwi@cdu.edu.au

Rose McEldowney[2], Fran Richardson[3], Flora He[4]*
[2, 3, 4] Charles Darwin University Australia
Rose.McEldowney@cdu.edu.au;
Fran.Richardson@cdu.edu.au; Flora.He@cdu.edu.au

ABSTRACT

This paper describes the application of phenomenological hermeneutics approach for understanding the family's beliefs about a family member with a mental illness in Javanese culture. Recently, this district has experienced a significant increase in mental illness case. The major catalyst for undertaking this research is the lack of knowledge and support for families in caring for family members with a mental illness. Some people in the community may have negative perceptions of people experiencing a mental illness; furthermore, Javanese cultural background has particular beliefs about variety of disease problems including mental illness. Consequently, people living with mental illness in the community are treated poorly. A qualitative interpretive approach is utilized to explore the family's beliefs. Data collections utilized unstructured questions for in-depth interviews. In this study, we assessed one case of extended families with a member who was suffering from schizophrenia in Javanese culture. Each family member range in age from 50 to 60 years old was literate and stays with the patient more than one year. Hermeneutics phenomenology was used as data analysis strategy that determined the intended and meaning of experience. The data analysis process consisted of transcribing the data, reducing the data, thematic data analysis, interpreting data, and writing the results. Results show that they believe an evil spirit has entered the body of their family member who suffers from mental illness. In addition, they also assume that the power generated by the patient when raging is influenced by the evil spirit. It is the reason that they restrict the patient. The findings are presented under three thematic headings: 'supernatural power', 'violence, and restriction.

Keywords: *Hermeneutics phenomenology, Family's beliefs, Mental illness*
----

1. Introduction

This research explores mental illness problems using hermeneutic phenomenology as research approach to investigate family's beliefs in Javanese culture context. The study was part of doctoral research. As data has not been collected from the field, there are no substantive findings to apply the research design in this presentation. However, some preliminary data from a case of a family who have a family member with a mental illness will be presented to illustrate how I will analyse, interpret the data using a hermeneutic approach. The major catalyst for undertaking this research includes what I noticed as a lack of

knowledge and support for families in caring for family members with a mental illness. Families and communities can also another source of the problem of providing appropriate home care. Stressors from the community can also contribute to the recurrence of mental illness symptoms. I became aware that some people in the community may have negative perceptions of people experiencing mental illness and the treatments provided. This is often made worse by lack of knowledge of mental illness by the family caring for the person with a mental illness. Consequently, people living with mental illness in the community are treated poorly. The care for the person and support for the family does not meet the health needs of either, thus the risk of relapse and readmission to hospital is considerable. As reported by Health Department of Central Java in 2010, 1145 mental illness sufferers were managed with shackles (pasung) by families or community members.

Many patients suffering from mental illnesses in Indonesia may be unable to go to the hospital because of poverty and the family's' belief about the supernatural power of mental illness. Family poverty has caused many patients to remain at home without appropriate or needed care. This situation is also exacerbated by the local culture as reported by Pratiwi and Nurlaily (2010) they note in Javanese culture, families tend to be shy and imprison family members who suffer from mental illness and stigma. Having a family member with a mental illness is perceived as embarrassing for the family. This often leads to inhumane treatments, for example, the individual is restrained in chains or shackled and locked up in a room for an indefinite period of time. A study by Minas and Diatri (2008) in some areas in Indonesia reported that over a six month period in 2008 there were 15 cases of managing patients with mental disorder by restricting their movements using shackles (pasung: a pair of fetters connected together by a chain, used to fasten a prisoner's wrists or ankles together)
The mental illness case is a complex phenomenon. This complexity is related to community particularly family in a belief about mental illness. Thus, we explored the research sub-questions as follow: 'How is Javanese family's belief about a family member with a mental illness?'

2. Literature Review
2.1 Mental illness
Various definitions of mental illness and other common disorder are found in literature. Mental illness is a dysfunction of the brain (Szasz, 2011). Patients diagnosed with mental illness have a common core of symptoms relating to mood disorder including anxiety, depression, irritability, and fatigue (Goldberg & Huxley, 2012). Mental illness constitutes conditions that affect cognition, emotion, and behaviour (Manderscheid, et al. 2010), and it is the inability to adjust to process stimuli from the internal or external environment which are expressed by thoughts, feelings, and behaviours, influenced by culture and physical condition, and manifested as a psychological syndrome (Townsed, 2008, p.16; Bloch, 2011). In fact mental illness can vary greatly depending on the individual and causes (Summerfield, 2012).

Ranges of factors that influence mental illness have been identified. For example failing to fulfil basic human needs (Rian & Pritchard, 2004); genetic and neurobiology generated from both parents with mental illness to the general public sample to similar degrees (Rüsch, et al., 2010). Most attributes of mental illness are drug and alcohol abuse, brain disease, poverty and psychological trauma such as post-traumatic stress disorder (Crabb, et al., 2012).

Each person with a diagnosis of mental illness requires specific treatment, for example schizophrenia. Models of intervention and support should focus on specific service user group of mental health (Rian & Pritchard, 2004). Mental illness can be managed by interventions and strategies relevant to mental health practices. A collaboration of health practitioners is essential (Rian & Pritchard, 2004; Townsend, 2008) and patient management may include a number of stages regarding medication, lifestyle, environmental supervision, and control of sign and symptoms (Wood, 2009). Positive and negative symptoms have to be controlled through psychotropic drug, psychotherapeutic approach, and therapeutic relationships (Hoff & Morgan, 2011).

Each mental illness may be accompanied by a range of specific signs, symptoms and possible causes and other factors like age, culture and familial pattern (Tompsons, 2007). The diagnosis and categorisation of mental illness is presented in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) system (APA, 2012).

A commonly diagnosed mental illness is schizophrenia (Schultz & Videbeck, 2009, p.158). Symptoms of Schizophrenia are associated with a certain number of psychotic symptoms, for example hearing voices, talking to self and aggressive behaviour (Ghaemi, 2003). Schizophrenia is a disorder characterised by major disturbances in thought, perception, thinking and psychosocial functioning (Elder, Evans & Nizette, 2013). It can also be defined as personality disturbance with changes in thinking and feeling and behaviour disorder (O'Reilly, 2011; Townsed, 2008, 95).

Schizophrenia is one kind of mental illness which needs specific treatment. A range of treatment strategies for schizophrenia have been suggested. Mosack (2011, p.119-128) describes that treatment for patients with schizophrenia include psychopharmacology medication, nursing intervention, and family therapy. Nursing interventions include monitor health status and medications; assist in management of delusion and hallucination; assist with anger, anxiety managements and problem solving (Mosack, 2011, p.126; Videbeck, 2010, p.302-309)

2.2   Javanese culture beliefs

The definition of the term belief in this essay is with reference to the content of philosophy of science. Belief is an attitude that is taken from correct assumptions of individual thinking (Schwitzgebel, 2010). Kemerling (2011) describes Hume's philosophical analysis (1874-1875) that belief is a human idea based on direct and strong experience. For example, people have beliefs about spirituality, time, smells and politics. Stoller (2012) explains that belief is a mind condition in which an idea or opinion is accepted as a truth which is represented in reality.

Javanese culture is the ethnic group that is part of the culture of Indonesia. Javanese culture is the concepts of thinking of life, which is considered valuable and important in the life of Java so it can serve as a way of life for the people of Java (Koentjaraningrat, 1994). Prayitno (2010) added that whenever a person, if they have a Java background then they will behave with the Javanese culture in every activity. For example, in a formal meeting

In Javanese culture there are various types of beliefs including religious and medicine beliefs. Traditional healer is one of the medication is present in Javanese culture. There are many kinds of the traditional healers who perform magic rites; Include to cure who use magic spells, herbalists, and masseurs. Commonly, traditional healers are utilized in rural communities, but people live in urban who regularly consults medical doctors may also consult with traditional healer for particular illnesses and psychosomatic complaints (Everycultere.com, n.d)

In Javanese culture, the people who suffer from mental illness were associated with their traditional beliefs (Corfield, 2014). They believe that the spiritual environment is many creatures with deities who inhabit people, things, and places, and who are ever ready to cause misfortune including the cause of mental illness. Some of Javanese tries to protect themselves against these harmful spirits by making offerings and enlisting the aid of a dukun (traditional healer) (Kuchenbaecker, 2014).

2.3   Heidegger/Being and Time
Heidegger was a philosopher of the 20th century. He used the concepts of *Dasein* as the basic approach of hermeneutic analysis. Heidegger used the expression of *Dasein* in hermeneutic to explain existence of human capability and made sense of their life in the world (Korab-Karpowiz, 2012). Heidegger's determine *Dasein* means being in the world as the basis for analysis of the hermeneutic approach (Heidegger, 1996, p. 245; Laverty, 2003).

There are five characteristics of concepts of Dasein (Heidegger, 2000). First, Dasein is the being presented from an existing understanding; Second, Dasein is the concept of formal existence; Third, Dasein is a human being and the world is the existence which cannot be separated; Fourth, every person is a human being in their existence, it means each individual define their own existence; Last, Dasein can be natural or unnatural depends on the circumstances.

Dasein is utilized for analysis that combine temporality with the individual being in unity which is understood. Heidegger defines Dasein is a Being which comports its self (Munday, 2009). Heidegger (1962, p.41) explores that Being can be found its meaning in an existing within a time. Furthermore, *Dasein* itself is part of an entity of time. Munday (2009) added that Being is self-evident. For example, if we are nurse so we role as nurse, we serve patients in hospital, we assess patients data, we give intervention for patients.

2.4   Gadamer/ hermeneutic circle
There are many definitions of the hermeneutic circle, it was originaly developed from Gadamer (1972), and refers to understanding and interpretation. Clowney (2013) concludes the Gadamer definition is the circle of interpretation. Myers (2008) expands Gadamer is explanation so that hermeneutic circle is the whole text understanding process and interpretation part of text within an analysis. Ajjawi and Higgs (2007) viewed the hermeneutic circle as an evolving understanding of the phenomenon and giving repetitive meaning during analysis. Analysis circulation between the part of text and the whole phenomenon within the understanding process is described as the hermeneutic circle (Boell & Kecmanovic, 2010). The hermeneutic circle is utilized as a data interpreter that means slightest data from the participants must be peeled from various viewpoints (Cohen, Kahn &

Steeves, 2000). Sawarjuwono (2014) argues that describing the events of life needs to be an understanding and interpretation of the seen and spoken, repeated understanding can be applied using hermeneutic circle.

Hermeneutic circle is a series of thought activities in analysing the data. Dennies (2013) explains that during hermeneutic circle analysis, the circle through in the following way: entering the text, personal interpretation of an individual scene, the personal interpretation of the text as a whole phase, and the Personal change of understanding phase. Mantzavinos (2009, p. 300) clarifies that understanding in the hermeneutic circle is not an orbit that moves from types of knowledge but an expression of the existential conditions structure of the individual (Dasein itself). Wilcke (2006) concluded that the hermeneutic circle is an ever expanding knowledge of understanding and interpretation.

Culture, Being, and time, and the hermeneutic circle inform the way that I have set the study. These concepts inform the development of the study.

3.   Methodology, Finding, Analysis and discussion
3.1   Methodology
The aim of this study is to explore community phenomenon and family's experiences of this phenomenon (family belief about mental illness). Thus, the study utilized hermeneutic phenomenology and in particular that which is based on Heidegger hermeneutics. The most important reason is that Heideggerrian hermeneutics is an appropriate method to analyze family experience regarding understanding and beliefs about the mentally ill and the need of health services. Cohen (2000) argued Heidegger definition of hermeneutic that a hermeneutic phenomenology investigation is used to interpret people live and make meaning of human experience. In this case, the families have long term experience in taking care of a family member who is suffering from mental illness. Individual experience can be interpreted through hermeneutic analysis that is the interpretation of Dasein's being, as Heidegger statement (Cohen, 2000; Laverty, 2003).

Participant identification in this study utilizes a purposive sampling technique. Oliver and Jupp (2006) defined purposive sampling is a non-probability sampling in which the researcher chooses the sample based upon a variety of criteria which would be appropriate for the study likely include specialist knowledge of the research issue and willingness to participate in the research. Based on statistical data information in Health Department, I got a head villages for informant. Later on, one member of the family gave me information about potential participants when a family who has a family member with mental illness recommended a participant for this study. I took one family as a case study in this paper.

Interview process utilized unstructured open-ended questions to investigate individual in-depth interviews in a family. I asked each family member to sign of the in-depth interviews consent and records of their voice. I carried out interviews for 60-90 minutes every family member. Two participants in a family consisted of his sister and his brother in law.

3.1.   Finding and Analysis

At this stage I am only presenting the first level or preliminary finding from interviews with 3 families (6 participants).

To obtain findings in this study, the data were analysed using the hermeneutic circle. Hermeneutic circle is a series of thinking process in analyse the data. Dennies (2013) explained that during hermeneutic circle analysis, the circle through in the following way: entering the text, personal interpretation of an individual scene, the personal interpretation of the text as a whole phase, and the Personal change of understanding phase. Mantzavinos (2009, p. 300) clarifies that understanding in the hermeneutic circle is not a linier process, it is an unfolding process where the researcher immerses themselves in the data (dealing in the data). It is multilayered and with each circle deeper meaning and pattern emerge. These form the basis of the key term Dasein itself). Wilcke (2006) concludes that the hermeneutic circle is an ever expanding knowledge of understanding and interpretation.

It is becoming increasingly clear to elaborate how to apply hermeneutic circle of analysis in hermeneutic approaches. During data analysis, the researcher always opens with some questions that emerge from studying the phenomenon of participants and analyse the text of the questions that arise; the answer is then to be found in the text and the researcher experience. The text can be created by the researcher based on participants' answers and understanding can arise in the dialogue process between the researcher and the text of the research (Ajjawi and Higgs 2007; Dennies, 2013).

Initially, I transcribed of data. The transcript were read and re-read for several times or more. In addition, I also listened to the tape recorder and transcribed the data. In this phase, I also identified the essential characteristics in the data from each interview or encounter with an informant. Next, I eliminated unimportant words. I also considered organizing the interview with part of participants to accomplish data. Then, statement, phrases in the text underlined, and tentative theme were determined. In interpretation process, I combined description of families' experiences and my own responds and interpretations. In this process called by the fusion of horizons (Gadamer, 1997). Direct quotes from participants were used to clarify statements.

Three preliminary finding emerged for families' experiences of life with a family member who has schizophrenia: They believed that mental illness was caused by evil spirits; they believed that the devil was embedded in the body of his family member who suffered from mental illness could lead to super-natural powers. The families saw a strange reaction when the family member who suffering from schizophrenia was running amok; the sense of beliefs, cannot be understood by families when ran amok which was happening, was said again and again:

"I believe that my family member who suffering from mental illness is in the possession sort of evil spirit, Djinn or demon".
"How come, he broke the neighbour's window glasses without got hurt in his hand? It was unbelievable".
"We believe that evil spirit embedded in his body"

Another thing to note in this case is that the family always locked the patient when his family member who suffering from mental illness ran amok. They always alienated the patient in the room to prevent environmental injury. The family intended to limit the patient movement because of the need to protect patients and the environment. They fear the consequences that would result from a sudden event that is unexpected. They felt a recurrence of his family members who suffering from mental illness is a life experience that would endlessly. Example of such statement follow:

"Usually he runs amok when he was exhausted. When she was washing clothes suddenly shouted, his eyes bulging, his face pale dusky, get angry at a person, it seems like he hates her, then he ran to the nearest neighbour's house and hit the glass window. If it's like that, yeah ... finally tied together and locked in the room, until he fell asleep".

"We have to protect him".

"Sometimes, I felt annoyed and bored to take care of my family members who suffering from mental illness, the money runs out a lot, it feels want to death".

3.2.   Discussion

The study showed that what is on the mind of families is the family beliefs about a family member who suffering from mental illness is concerned with the being of the patient. Family's behavior is based on in the everyday reality, concern to protect the patient, and anxiety with the condition of the patient. The family did this treatment to enable the patient to be the best that they can be.

In the Dasein perspective, the existence of a family who has a family member with mental illness brought him as an individual and family who always feel anxious every day. They always prepare themselves when suddenly their family members who suffer from mental illness run amok. Families also experience lingering of sorrow. They established itself as a family with alert conditions. Munday develops a Heidegger's (2000) statement that the entity Dasein, who's Being is an issue for it, comports itself towards its Being as its own most possibilities.

In addition, the family believes that the cause of mental illness is a family member got supernatural powers. Based on Dasein perspective it can be said that the position of the family in these conditions is to protect family members who have a tendency to injure themselves either injured or harmed by the environment because it is considered dangerous. The family's reaction is spontaneous reaction of how families should act according to the demands that exist. Heidegger (2000) explains about individual existence in Being and Time that Being is a series of roles performed by an individual who is the response of the state itself. Status of the family in this study is family with family members of mental illness.

The role of the family during taking care of a family member who suffering from mental illness is Being-in. According to Heidegger's Being in a term in which a person or group associated with the situation or context. Families with a family member suffering from mental illness effect not only their own lives but they also live next door, in a community, which is in a sub-village, which is in the rural district. In other words, so, the family Being-

present that describe a definite relationship of location, where something exists with something else. It also gives rise to the idea of community as family.

3.3.   Conclusion, Limitation, and Recommendation

The family condition of Being in and Being present. The existence of the family with a family member mental illness affects the family's role in dealing with neighbors and interaction with the community. Based on Heidegger perspective, the family felt that relationship they had with patients based on their involvement in their daily living concern. They believe that the small things in neighborhood's live is important, as truth and meaning are to be found at the level of day-to-day existence.

At the moment the only limitation I can discuss is the small number of participants. This is because it is at the beginning of the research process. The study could be used as the starting point for other related research. The different questions could also examine to find other themes in a case study.

Acknowledgment

References

Ajjawi, R. and Higgs, J. (2007). Using Hermeneutic Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning, The Qualitative Report 12 (4) P 612-638. Retieved from: http://www.nova.edu/ssss/QR/QR12-4/ajjawi.pdf

APA/American Psychological Association (2012), DSM-5 Development. Retrieved from: http://www.dsm5.org/Pages/Default.aspx.

Bloch, S. (2011). *Understanding troubled minds: A guide to mental illness and its treatment*. Melbourne Univ. Publishing.

Boell, S. K., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic & Research Libraries*, *41*(2), 129-144.http://www.tandfonline.com/doi/abs/10.1080/00048623.2010.10721450#.U4K6L_mSzTo

Cohen, M. Z., Kahn, D. L., & Steeves, R. H. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researcher*. Thousand Oaks, Sage. Everyculture.com (n.d). Countries and cultures (Javanese). Retrieved from: http://www.everyculture.com/wc/Germany-to-Jamaica/Javanese.html

Crabb, J., Stewart, R. C., Kokota, D., Masson, N., Chabunya, S., & Krishnadas, R. (2012). Attitudes towards mental illness in Malawi: a cross-sectional survey. *BMC public health*, *12*(1), 541. doi:10.1186/1471-2458-12-541.

Dennies, N. (2013). *The hermeneutic circle*. Retrieved from: https://literarylens.wordpress.com/tag/hermeneutic-circle/.

Ghaemi, N., S. (2003). *The concepts of psychiatry; a pluralistic approach to the mind and mental illness*, London, The Johns Hopkins University Press.

Goldberg, D., & Huxley, P. (Eds.). (2012). *Mental illness in the community: the pathway to psychiatric care*. Routledge

Heidegger, M. (1996). *Being and time*: A translation of Sein and Zeit. London, Harper & Row Publisers.

Heidegger, M. (2000), *Being and Time*, John Macquarrie & Edward Robinson (trans), London: Blackwell Publishing Ltd.

Hoff, L., A., and Morgan, B., D. (2011). *Psychiatric and mental health essentials in primary care*, New York, Roudledge.

Kemerling, G. (2011). Hume: Empiricist Naturalism, Retrieved from: http://www.philosophypages.com/hy/4t.htm.

Koentjaraningrat. 1994. *Kebudayaan Jawa (Javanese culture)*. Jakarta: Balai Pustaka.

Korab-Karpovicz, W.J (2012). Martin Heidegger (1889-1976); Internet Encyclopaedia Philosophy; A Peer-Review Academic Resource, Retrieved from: http://www.iep.utm.edu/heidegge/.

Kuchenbaecker, R. (2014). Javanese, culture and traditions. Retrieved from: http://www.indonesia-traveler.com/E/Java-People-Javanese.php.

Laverty, S. M. (2003). Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. *International journal of qualitative methods*, *2*(3).

Mantzavinos, C. (Ed.). (2009). *Philosophy of the social sciences*. Cambridge University Press.

Manderscheid, R. W., Ryff, C. D., Freeman, E. J., McKnight-Eily, L. R., Dhingra, S., & Strine, T. W. (2010). Peer Reviewed: Evolving Definitions of Mental Illness and Wellness. *Preventing chronic disease*, *7*(1).

Minas,H. and Diatri, H. (2008). *Pasung*: Physical restraint and confinement of the mentally ill in the community, *International Journal of Mental Health System*. (2)8. doi: 10.1186/1752-4458-2-8

Mosack, K. E., & Wendorf, A. R. (2011). Health Care Provider Perspectives on Informal Supporters' Involvement in HIV Care. *Qualitative Health Research*, *21*(11), 1554-1566.

Munday, R. (2009). Glossary of Terms in *Being and Time, Retrieved from*: http://www.visual-memory.co.uk/b_resources/b_and_t_glossary.html.

Myers, M.D. (2008). Hermeneutics, Qualitative research in business and management, Sage Publications.

Oliver, P., and Jupp, V. (2006). *Purposive sampling*. In: The SAGE dictionary of social research methods. Sage, pp. 244-245. Retrieved ffrom: http://srmo.sagepub.com/view/the-sage-dictionary-of-social-research-methods/n162.xml.

Pratiwi, A., and Nurlaily, A,F. (2010). The family experience with a family member schizophrenia at home. Collaborative research report, Muhammadiyah University of Surakarta. Unpublished.

Prayitno, H. J. (2010). Perwujudan Prinsip Kerja Sama, Sopan Santun, dan Ironi Para Pejabat dalam Peristiwa Rapat Dinas di Lingkungan Pemerintahan Kota Berbudaya Jawa. *dalam Jurnal Terkreditasi Kajian Linguistik dan Sastra*, *22*(1).

Rian, T, and Pritchard, J. (2004), *Good Practice in Adult Mental Health*, Philadelphia, Jessica Kingsley Publishers.

Rüsch, N., Todd, A. R., Bodenhausen, G. V., & Corrigan, P. W. (2010). Biogenetic models of psychopathology, implicit guilt, and mental illness stigma. *Psychiatry research*, *179*(3), 328-332.

Sawarjuwono, TJ. (2013). *Analisa dan Interpretasi data kualitatif*. Retrieved from: http://lppm.ums.ac.id/index.php/component/jdownloads/finish/111-2014-01-03-klinik-workshop-metodologi-penelitian-kualitatif.

Schwitzgebel, E. (2010). Belief, Retrieved from: http://plato.stanford.edu/entries/belief/.

Schultz, J. M., & Videbeck, S. L. (2009). *Lippincott's manual of psychiatric nursing care plans*. Lippincott Williams & Wilkins.

Stoller, J. (2012). What is a belief; Understanding and Overcoming Hate, Retrieved from: http://www.overcominghateportal.org/what-is-a-belief.html.

Summerfield, D. (2012). Afterword: Against global mental health. *Transcultural Psychiatry*, *49*(3), 519. doi: 10.1177/1363461512454701.

Szasz, T. S. (2011). *The myth of mental illness: Foundations of a theory of personal conduct*. HarperCollins. (Adobe Digital Edition Version).

Thompson, M., L. (2007). *Mental illness; health and medical issues today*, London, Greenwood press.

Towsend, M., C. (2008). *Psychiatrics Mental Health Nursing*, Philadelphia, Davis company.

Videbeck, S. L. (2009). *Psychiatric-mental health nursing*. Lippincott Williams & Wilkins.

Wilkce, M.,M. (2006). Hermeneutic phenomenology as a research method in social work. Retrieved from: http://fsw.ucalgary.ca/currents_prod-v1.nl.htm