Emotional regulation: case study in mom who has children with schizophrenia

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Abstract
This study aims to examine emotional regulation in mothers who have children with schizophrenia. Impaired psychological conditions result in negative emotions in the mother, so the ability to regulate positive emotions is needed. This study uses a case study approach. Primary informants consisting of 5 mothers who had children with schizophrenia and secondary informants such as 1 husband, 3 children, and 1 sister of primary informants. Data credibility uses source triangulation techniques which means comparing and checking the degree of trust of information obtained through different time and tools in qualitative research. Data analysis is carried out in the form of interactive analysis. The results of this study indicate that the five informants have different emotional regulation abilities. In the Strategies aspect informants W, R, E, S, and T; they were feel sad, disappointed, angry, embarrassed and insecure about the condition of their child. In the Engaging aspect where informant T reduces anger by reflecting and staying silent in the room, informant A embraces his child so that the feeling becomes more calm, in informant E chooses to look for activities so as not to be carried away by feelings, while informant S just silences and accepts his child's condition. In the Control aspect where informants R and T, control feelings that occur by thinking about their child's recovery, in informant A choose to look for other activities, while informant E tells his parents and informant S turns attention to the others. In the Acceptance aspect, where informants W, R, E, and S can accept the condition of their child, while the informant T cannot accept the condition of their child. So from the results of the study concluded that mothers who have children with schizophrenia have positive or negative emotion regulation abilities.

Keywords: Emotional regulation, mothers, schizophrenia

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Introduction

Schizophrenia is a type of mental health disorder. Mental health is still one of the significant health problems in the world, including in Indonesia. According to WHO data in 2016, there were around 60 million people affected by bipolar, 35 million people affected by depression, 21 million people affected by schizophrenia, and 47.5 million people affected by dementia. In Indonesia, there are various biological, psychological and social factors with population diversity, so the number of cases of mental disorders continues to increase which has an impact on increasing the burden of the state and decreasing human productivity in the long run. Until now, schizophrenia was the case that attracted the most attention among the public. Schizophrenia is psychosafunctional with a major disorder in the process of thinking and disharmony between thought processes, emotions, will and psychomotor accompanied by reality distortion mainly due to delusions and hallucinations, Hawari (in Kustanti & Widodo, 2010).

Kalat (2012) said the symptoms of schizophrenia are very diverse, in some cases experiencing hallucinations and delusions that are very prominent, other symptoms of mind disorder as prominent symptoms. Some other people show clear signs of brain damage, but others do not show the same thing. According to Maslim (2013) in the book PPDGJ-III and DSM-5, the characteristics found in schizophrenia such as hallucinations that persist from any five senses and if accompanied by understanding or accompanied by excessive or permanent ideas and occur for weeks - week or continuously. The flow of thought is interrupted or experiences interpolation, which results in incoherence or conversation that is not relevant, or neologism. Catatonic behavior, such as excitement, specific body position (posturing), cerea flexibility, negativism, mutism, and stupor. Negative symptoms such as very apathy, speech are very rare, and emotional responses that result in withdrawal from social interaction and decreased social performance.

Stuart and Laraia (in Widianti, Keliat, & Wardhani, 2017) say schizophrenia is a group of psychotic reactions that affect the functioning of individuals. The intended function includes the functions of thinking and communicating, accepting and interpreting reality, feeling and showing emotions and behaving. Atkinson (in Kustanti & Widodo 2010) that schizophrenics show withdrawal, anxiety, isolation and difficult to regulate behavior, this will affect the client's mental status. For someone with schizophrenia, the family is very active in healing and provides much needed support. Families with family members who have schizophrenia will accompany and treat directly with schizophrenia. Therefore, the role of the family in the healing process with schizophrenia is very important. Of the various characteristics of schizophrenia can bring negative emotions. These negative emotions are raised by mothers who are more active with their children. Negative emotions include hatred, anger, rejection, desire for revenge, sadness, anxiety, worries, and disappointment. While positive emotions include empathy and love.

Ali (2010) family is the main supporter who gives direct care to every member of his health and illness. Generally, families ask for help from health workers if they are no longer able to care for them. Schizophrenic disturbances really require the attention and affection of his family to do every day activities with other people. Families living with family members with schizophrenia have a higher burden than family members who live with family members who experience other illnesses. This family burden is defined as the impact arising from family members with schizophrenia.

Yunis & Rahardjo (2011) say emotional regulation is an ability possessed by an individual to manage, regulate emotions and feelings, and control emotions that are possessed, felt, experienced to fit the prescribed stimuli. Emotional regulation is also an individual's
ability to withstand emotional turmoil by reducing stress, balancing, distracting emotions, including unpleasant things where an individual is able to channel his emotions towards positive things. Allo, Rummampuk, & Bidjuni, (2017) emotion regulation can be expressed in positive or negative forms. Regulation of positive emotions can be expressed or applied to control emotions that are felt when dysmenorrhea so as to control every problem faced. Emotional regulation can be a more comprehensive framework for understanding the various meanings and various ways dermatology sufferers suffer psychologically.

The results of the preliminary study were interviews with four mothers who had children with schizophrenia namely F, U, M, and P. When asked about the feelings of F about her child who had schizophrenia, felt sad and sorry for her child's condition. F explained that his son had schizophrenia after taking cough medicine too often. In addition, F also said that because of the incident his son often spoke to himself and talked about something that never existed. F took her child to the hospital to be examined. After learning that his child had schizophrenia, F had experienced shock and did not accept the condition of his child, sometimes it felt like he wanted to be angry, cry, and disappointed.

Handling their children F asks for help from others and F also has not been able to withstand the feeling of sadness every time he handles his child who relapsed and went berserk. F felt overwhelmed every time his son went berserk and hallucinated. As a result of the pain experienced by her child, F was unable to divide her time for other activities and even work. F also often feels offended by his neighbors because since his son experienced schizophrenia, F is often rumored by neighbors. Furthermore, F took his son to the Psychology of the Banyumas Hospital to get a more intensive examination from a psychiatrist and psychologist.

The second interview was for U, whose child was diagnosed with schizophrenia from the age of 20 and now more than 5 months. When you find out, U feels sad, does not think, arises of worry and confusion as to what to do. U also felt she was always emotionally provoked since her son had experienced schizophrenia especially when her son went berserk. When you first find out that your child has anomalies such as talking to himself, confining himself, and often daydreaming, U immediately finds out by asking you questions and searching the internet with the symptoms experienced by she child and taking his to treatment at Banyumas Hospital to get further treatment.

The third interview with M, when asked about her feelings about knowing that her child had schizophrenia was feeling sad, anxious, and trying not to be angry with her child. M does not know for sure the cause of her child having schizophrenia. M knew that hers son started talking to himself, even had a suicide attempt. Symptoms that appear after her children see horror films and experience trance even now their children are still hallucinating and saying a different name from their real name. After that, M took her child to go to Banyumas General Hospital to get more intensive treatment.

The fourth interview with P, informed that when she found out that her child had schizophrenia, she felt nervous, scared and sad. P is very sad because her child is his proud child. In addition, P experiences fear of the surrounding environment and the views of people towards his family and most importantly according to P is the future of her child. The initial symptoms experienced by the child are talking to themselves, often confining themselves, often speaking things that do not exist. According to P, his son was trapped in his imagination, as he always told him that her son P had a horse that could fly or felt that he owned a business that did not exist. P find out all things related to her child's symptoms through a doctor and bring her child to treatment at Banyumas Hospital.

The results of the preliminary study found that the four informants had diverse emotional management in understanding and handling their children who experienced schizophrenia such as anger, sadness, disappointment, and fear so that good emotional regulation was
needed so that the condition of the mother remained healthy.
Chaplin (2000) says that emotional regulation is an effort on the part of individuals to regulate and control their emotions. Emotional regulation is done not by emphasizing emotions but by the ability to channel emotions. Manz (2007) explains that emotional regulation can also change the extent to which the emotional response component coexists when emotions are revealed, such as when major changes in emotional experience and physiological responses occur without facial behavior. Furthermore, Bonanno and Mayne (in Aesijah, Prihartanti, & Pratisti, 2016) said that emotional regulation is an ability a person has to assess emotional experience and the ability to control and express these feelings in everyday life.
Fitri & Ikhwanisifa (2016) the method of emotion regulation shown in accordance with the opinion of Martin (2003) that is more sensitive to the feelings of others, not easily discouraged in facing problems, having good interpersonal relationships with others. Overall, the four research subjects are individuals who are able to manage emotions well in terms of accepting the emotions they are feeling, thinking about the causes and effects of emotional expressions that will be displayed, as well as being able to modify the environment so that emotional problems experienced are able to be resolved appropriately and in accordance with the conditions of the situation the environment.

Gross (in Ariani & Kristiana, 2017) states that emotional regulation can reduce, or maintain emotions depending on how a person experiences and expresses his emotions. Emotional regulation encompasses all strategies that are used either consciously or unconsciously to raise, maintain, or decrease one or more components of an emotional response which include feelings, behaviors, and physiological responses.

Based on the description above, the research question is how is emotional regulation in mothers who have children with schizophrenia?

Method

This study uses qualitative research methods with a case study approach. The focus of research is emotional regulation on mothers who have children with schizophrenia who are examined from the aspect of emotional regulation, namely, Strategies to emotion regulation (strategies), Engaging in goal directed behavior (goals), Control emotional responses (impulse), and Acceptance of emotional response ( acceptance). Data collection methods with in-depth interviews and observation. Analysis of the data used using interactive techniques.
The research informants were selected purposively. Primary informants are aged 13-29 years in Banyumas, while secondary informants are children, siblings, and husbands. The profile of primary and secondary informants is presented in table 1 and 2.
Table 1. Primary Informants

<table>
<thead>
<tr>
<th>Primary Informant</th>
<th>Age of Informant</th>
<th>Age of child informant</th>
<th>The length of time a child has schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>45 years</td>
<td>29 years</td>
<td>11 years</td>
</tr>
<tr>
<td>R</td>
<td>45 years</td>
<td>16 years</td>
<td>3 years</td>
</tr>
<tr>
<td>E</td>
<td>40 years</td>
<td>20 years</td>
<td>2 years</td>
</tr>
<tr>
<td>S</td>
<td>37 years</td>
<td>16 Years</td>
<td>3 Months</td>
</tr>
<tr>
<td>T</td>
<td>53 years</td>
<td>29 years</td>
<td>20 years</td>
</tr>
</tbody>
</table>

Table 2. Secondary Informants

<table>
<thead>
<tr>
<th>Primary Informant</th>
<th>Age of Informant</th>
<th>Relationship with Primary Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>27</td>
<td>Children W</td>
</tr>
<tr>
<td>I</td>
<td>25</td>
<td>Children R</td>
</tr>
<tr>
<td>N</td>
<td>16</td>
<td>Children E</td>
</tr>
<tr>
<td>H</td>
<td>67</td>
<td>Husband S</td>
</tr>
<tr>
<td>D</td>
<td>49</td>
<td>Sister T</td>
</tr>
</tbody>
</table>

Based on Table 1, it can be seen that most maternal informants aged 37-53 years. If you see there is a difference in age and the duration of the child having schizophrenia. The age of children with schizophrenia is between 16-29 years and the duration of the child has schizophrenia 2 months -20 years. Based on table 2 it is seen that secondary informants are children, younger siblings, and husbands of informants. Age of secondary informants is between 16-67 years. Male secondary informants numbered 3 people and female secondary informants numbered 2 people.

Result

Data analysis carried out follows the opinions of Miles and Huberman (1992), namely: 1) Conducting interviews and observations to mothers who have children with schizophrenia, 2) Summarizing the data that has been obtained in accordance with the results of interviews and observations, 3) Performing data reduction, 4) Make conclusions about emotional regulation in mothers who have children with schizophrenia. based on analysis of research data. The analysis is based on the four aspects of emotional regulation, namely Strategies to emotion regulation (strategies), Engaging in goals directed behavior (goals), Controlling emotional responses (impulse), and Acceptance of emotional response (acceptance) in mothers who have children with schizophrenia.

The history of W caring for her child with schizophrenia has been around 11 years, namely in 2007. At that time W took her child to Rukiyah but did not heal, W took her child to cupping treatment. After that, W brought the child back to ruqiyah and was asked to be patient because according to Kyai who had treated her child disease it could not be cured and usually recurred 7 times beforehand. According to informant W because his child had relapsed more than 7 times, he thought that his son had wronged others and asked his family to help apologize to all his neighbors and the person known to his son W. After that, there was a development from his child so W held a thanksgiving. After the celebration took place, there was a recurrence in his son W and then W decided to take his child to the
Magelang Mental Hospital. It was then examined and treated who received a diagnosis of schizophrenia. Initially having symptoms of asking for something strange, fear, and uncontrolled emotions. After tracing the trigger factor that causes her child to experience schizophrenia due to pressure from both parents and their environment. It was buried by her child and became a burden of the mind so that it experienced prolonged stress which resulted in until now experiencing schizophrenia.

Informant R is the mother who has two daughters. Where the second child has schizophrenia since 13 years of junior high school. The symptoms revealed are not able to control emotions, often rampaging and even shouting at R with harsh words. In addition, his son also often daydreamed and locked himself in the room. The factor that triggers the disturbance experienced by his child, according to R is due to possessions. Then until now strange behavior appeared, especially emotions that were less stable, finally examined at Banyumas Hospital turned out to suffer from schizophrenia.

According to E, his son's history of schizophrenia, when his son came home from migrating to work in Palembang. Symptoms experienced are convulsions, always shaking hands with strangers, talking to themselves, always frightened when approached by his mother. E did not know exactly the cause of his child having a mental disorder because his son worked outside of Java and returned home to show symptoms like that.

His son's history has experienced schizophrenia since 8th grade of junior high school. According to S, the first child had schizophrenia caused by bullying by his schoolmates. Now the child should be in high school but his child does not want to continue school. Because of that, his son did not have friends because his friends thought they would contract the disease from their children.

Informant T is a mother who has 3 children where her third child is her only son, and has schizophrenia. The history of her child had suffered from schizophrenia since 20 years ago due to the prohibition of dating by T and her husband before her husband died and finally the woman who was liked by her child married someone else. The initial symptoms that appear on their children are talking to themselves, going berserk, daydreaming, laughing alone for no apparent reason, even to insult and curse their parents.

Discussion

Data Mental Hospital of Central Java Province until December 2014 showing schizophrenics 3,613 people were treated from inpatient and outpatient care. Case schizophrenia is the most cases compared to mental disorders the others were 2,589 people (71.66%) of total people with impairments psychiatric record (data from RSJD Surakarta Medical Record, 2014 in Peristianto & Lestari, 2018).

Schizophrenic behavior sometimes out of control raises conflict with family, especially parents sufferer. Family members can react negatively to members other families suffering from schizophrenia are by showing attitude confused, angry, not understanding, hostile, overprotective that leads to the possibility of relapse of these persons (Leff, Sharpley, Chisholm, Bell, & Gamble, 2001).

The analysis is based on the four aspects of emotional regulation, which consist of:

1. Strategies to emotional regulation (strategies)

Based on the data that has been summarized, it was found that mothers who have children with schizophrenia often experience various kinds of emotions that arise and are felt by mothers who have children with schizophrenia where emotions are felt almost similar. In mothers who have children with schizophrenia, the informants W, R, S, E, and T feel sad when they find out their child has schizophrenia. Where not only the sad feelings that appear on the informant W and the informant E did not do anything when his child experienced a recurrence even to beat him. This contrasts with T's informants and R's informants where the two informants are always emotionally provoked when their child experiences recurrence as well as anger that arises when
the child experiences a tantrum. Meanwhile, according to S informant, he never felt anger at his child who had schizophrenia. Based on the information above, in accordance with the opinion of Goleman (in Manansal, 2013) who stated that there are several types of emotion, namely: anger (violent, angry, hateful, irritated, and upset); sadness (pain, sadness, gloom, gloomy, melancholy, loving self, and despair); Fear (anxiety, nervousness, worry, anxiety, feeling very scared, alert, not calm, and horrified); enjoyment (happy, happy, cheerful, satisfied, cheerful, happy, entertained, proud); love (acceptance, friendship, trust, kindness, close feeling, devotion, respect, warmth, love); surprised; shy. In mothers who have children with schizophrenia that is in managing emotions that arise with positive thinking. In addition, W also emphasizes the emotions that are felt by calming the child when relapse. While the R informant prefers to sleep and contemplate to calm their emotions. According to S, a quiet and comfortable place will make him feel calm and forget the emotions he feels. At E prefer that emotions felt like sadness be poured out on others. according to E it will give a feeling of relief and reduce his emotions. Unlike S who prefers to manage emotions that are felt by getting closer to Allah. Based on the informant's explanation above, according to the opinion of Yunis & Rahardjo (2011) states emotion regulation is also an individual's ability to withstand emotional turmoil by reducing stress, balancing, distracting emotions including unpleasant things where an individual is able to channel his emotions towards positive things. When the informant found out that there were anomalies or strangeness of attitude that occurred to their children, there were many ways that the informant did to heal his child. Like, bring the place ruqiyah and there is also an alternative treatment place like what was done by W who took his child to the place of Ruqiyah and other alternative places. Furthermore, the information above in accordance with Susanto's (2014) opinion says ruqiyah therapeutic service activities have a strategic role in order to support healing efforts. This can be explained by the relationship between the immune system and one's psychic health. The relationship between the two in the world of modern medicine can be explained in a branch of the science of "psycho-neuro-immunology". Psycho-neuro-immunology is a branch of science that seeks a two-way relationship, namely a condisipysical relationship with the central nervous system (brain) and a condisipysical relationship with the immune system, which in turn can affect a person's health and healing process. From the exposure of the five informants above, it was shown that five informants still felt and experienced emotions after learning that their children had schizophrenia, but only three informants were able to regulate their emotions and divert positive activities. Whereas in the other two informants still unable to regulate their emotions and divert positive activities.

2. Engaging in goals directed behavior (goals)
Based on the results of the research that has been done, it was found that in W's mother she managed emotions that were felt by inviting her child to talk to her as usual. In addition, W also felt that everything he passed was a trial so W tried to ward off the emotion that came from within him. At R diverts his attention and mind and thinks more positively. R also treats his child like a baby to hold back feelings or emotions that normally appear in him. In the mother E manages the emotions that emerge in her by doing preferred work such as working, taking care of the family, and accompanying her child who has schizophrenia. S tells and shares feelings experienced in order to hold and manage feelings, such as feelings of anxiety. Unlike T choose to reflect in order to reduce his feelings or emotions. In fact, sometimes T feels that sleep is the best way to manage and forget the emotions that are felt. Based on the informant's explanation above, in accordance with Syahadat's (2013) opinion,
the expression of emotions also affects changes in individual behavior in general. In addition, the expression of emotions also affects changes in maladaptive behavior, such as aggressive and depressive. Disclosure of emotions includes reflecting emotions that can be felt to help individuals.

3. Control Emotional responses (Impulse)

From the results of the interviews, it was found that the informants had emotional control in a positive or negative form. As with W informants who experienced control in the form of always remembering the factors causing their children to experience schizophrenia so that when emotion arises W is able to control it by remembering it. Unlike the R and T informants, where they control their emotions by reflecting and staying silent. T does not want to share his feelings with others, so that only harbor what he feels. While the informant S controls emotions by thinking about his child's recovery and diverting the feelings and emotions in him.

Based on the informant's explanation above, according to the opinion of Yunis & Rahardjo (2011) said Emotion Regression is an ability possessed by an individual to manage, regulate emotions and feelings, and control emotions that are owned, felt, experienced to fit the prescribed stimuli.

4. Acceptance of emotional response (acceptance)

From the interviews, it was found that mothers who had children with schizophrenia needed a process to accept their child's condition. Where this happens to R and E informants who need the process to accept their child's condition. Whereas the W and S informants were able to receive their children. It is different from T informants who have not yet received the condition of their children because they feel that this is very difficult.

Based on the exposure of the informant above, according to the opinion of Wijarnarko & Ediati (2016) said the self-acceptance of parents who have children with schizophrenia. The self-acceptance stages passed by the informant are offers, anger, and acceptance. The process of self-acceptance in parents begins with being aware of the child's situation, then assessment of the child, finding problems in the form of difficult situations the child will relapse, assessing the attitude of the outside party to the child's condition, accepting themselves.

Sarafino (2002) and Friedman (2004) divide social support into practical support, information support, self-esteem support, and support for ownership. Practical support is real and direct, such as meeting financial and everyday needs. Information support helps individuals to better understand pressing events and provides coping strategy choices that must be undertaken to deal with these events. Self-esteem support is given so that individuals feel positive feelings about themselves so that they are equal with others of their age (Sarafino, 2002). Supporting a sense of belonging, individuals understand that there are others who can be relied upon when doing joint activities or need help (Friedman, 2004).

Conclusion

Based on the findings and the results of the discussion the researcher can conclude that emotional regulation in mothers who have children with schizophrenia experience a variety of positive and negative emotional regulation. In almost all informants W, R, E, S, and T there is emotional regulation. In this case, it is seen from the aspects of the strategy where W calms the recurring child to manage his emotions, while R prefers to sleep so that the emotions they feel disappear. At E pour out his emotions to others. while S feels that his emotions will be calmer by getting closer to Allah SWT. Whereas from the Engaging aspect, informants W and T experienced a sense of disappointment with their children's situation, while S was not disappointed with the condition of his child. E feels sad when his child experiences tantrums and R always leaves his child while experiencing tantrums. In
the control aspect, T and E informants eliminate sadness by telling others. W do the job to divert his sadness, S so as not to sadly divert his mind by thinking of his son's recovery, R never holds back the feelings he feels for his child. In the Acceptance aspects of W, R, E and S, they are able to accept the condition of their children while T cannot accept the condition of his child.

References


