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FAMILY SOCIAL SUPPORT IN SOLVING ABILITY PROBLEMS IN **BIPOLAR DISORDER PATIENTS**

Hadifah Nurul Fikriyah¹ Universitas Pendidikan Indonesia hadifahnurul19@upi.edu

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Abstract: Bipolar disorder is a disorder of sudden mood swings. Changes that occur between times of depression or sadness can turn to joy, within a relatively short time. These changes are based on the moods felt by bipolar sufferers and these changes are comprehensive in everyday life, the consequences felt by bipolar patients make them need to receive support, especially the support of their closest environment, namely family. This study intends to find out how the role of the family in helping bipolar patients solve their problems. These changes are based on the moods felt by people with bipolar disorder and these changes are all-encompassing for all activities. The impact of bipolar disorder makes sufferers need social support from their families and the ability to deal with problems that occur in their lives. The social support provided by the family in dealing with problems consists of emotional support, informational support, and instrumental support. This study uses a qualitative method with a literature study approach. The data analysis process is carried out by reviewing related journals and drawing conclusions. Through this research, it is hoped that it can illustrate that good family social support, especially emotionally, is needed by bipolar patients in solving their problem.

Keywords: bipolar disorder, family social support, problem-solving skill.

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INTRODUCTION

The cause of a disease is not only due to abnormalities in the physiology of a person's body but also psychological disorders. Disturbance psychology or psychiatric disorders are often found in the middle society, ranging from mild to severe. This mental disorder has become serious and the number of people with mental disorders globally is very high worrying all over the world. World Health Organization (WHO, 2012) said 1 in 4 people in the world have

¹ Universitas Pendidikan Indonesia, Indonesia, hadifahnurul19@upi.edu

experienced mental problems and when around 450 million people worldwide suffer from mental disorders. Sufferer one-third of those with mental disorders live in developing countries, as many as 8 out of 10 people with mental disorders do not get treatment various studies were carried out to find the right treatment (Nirwan, 2016: 65).

People with Mental Disorders or commonly abbreviated as ODGJ are people who experience disturbances in thoughts, behavior, and feelings that are manifested in the form of a set of symptoms and or significant behavioral changes, and can cause suffering and obstacles in carrying out their functions as human beings (UU RI NO.18 of 2014 concerning Mental Health). People with bipolar disorder are one of the severe mental health disorders that need treatment.

Bipolar disorder often referred to as manic-depressive disorder, is a mood swing disorder characterized by extreme mood fluctuations and euphoria to major depression, and is mediated by periods of normal (Eutymic) mood. According to Diyanah (2019), Bipolar disorder is one of the most important mental health problems, occurring in almost 2% - 4% of the population. This may be due to the frequent occurrence of relapses and the many adverse effects that can be caused by where bipolar disorder has a severe impact on survivors, families, and communities.

According to the American Psychiatric Association. Bipolar is a brain disorder that causes changes in a person's mood, energy, and ability to function. Bipolar disorder is a disorder that includes three distinct categories of conditions, namely bipolar I, bipolar II, and cyclothymic disorders. People with bipolar disorder have extreme and intense emotional states that occur at different times, called mood episodes. These mood episodes are categorized as manic, hypomanic, or depressive. People with bipolar disorder generally also have periods of normal mood. Bipolar disorder can be treated because people with bipolar disorder can return to living productive lives.

According to WHO in 2016, there were about 35 million people affected by depression, 60 million people affected by bipolar, and 47.5 million people affected by dementia Bureau of service and information (Nofiyana & Supradewi, 2019). According to PDSKJI research Malang Post (Nofiyana & Supradewi, 2019), although the number of people with bipolar disorder in Indonesia is not categorized as serious, it ranges from 0.3%-1.5% of the total number of psychological disorders, but this needs to be widely known by the public. society, because most people with bipolar disorder are teenagers.

Many factors cause people with the bipolar disorder to experience these conditions, both biological factors as well as factors originating from the surrounding environment that influences conditions of individuals with bipolar disorder (Smith, 2011). However, genetics play a bigger role than they do with unipolar depression. Based on view these genetic factors can make an impact when someone children born to one or both people elderly with bipolar disorder, so the child is at risk to suffer from the same problem. On environmental factors, such as family, can be a strong factor in influencing individual conditions with bipolar disorder. Member way family in expressing or express emotions towards members others in the family who are suffering Bipolar disorder is a factor interactions that can cause levels of higher recurrence rate in individuals with bipolar disorder.

Many people with bipolar disorder hide from their surroundings out of shame and fear that their emotional state could explode at any moment. Everyone, in general, has experienced good moods and bad moods. However, a person with bipolar disorder has extreme mood swings with mood patterns that can change drastically. At one time, a person with bipolar disorder can feel very enthusiastic and excited (mania). When his mood turns bad, he can be very depressed, pessimistic, hopeless, even to the point of having suicidal thoughts. An elevated mood is clinically known as mania, or in mild moments it is called hypomania. Individuals who experience episodes of mania also often have episodes of depression, or mixed episodes when both features of mania and depression are present at the same time. These episodes are usually separated by periods of normal mood, but in some individuals, depression and mania may alternate very quickly in what is known as a rapid cycle.

Due to the magnitude of the impact caused by bipolar disorder, it certainly becomes a threat to human social life, this is where family social support becomes very important. Life cannot be separated from problems, so as a bipolar patient in addition to family social support, a bipolar patient must still have problem-solving abilities.

METHOD

This study uses a qualitative approach with the type of literature review research by reviewing journals and books related to bipolar, mental disorders, and mental health. The research subjects were patients with bipolar disorder. Data collection is a method used by researchers in finding and collecting data. The data collection method in this study used the collection of journals of

researchers on bipolar disorder that had been carried out by previous researchers. The data obtained are then concluded.

FINDINGS AND DISCUSSIONS

Definition of Bipolar

Bipolar is a disorder of sudden mood swings. Alternation or changes that occur between times of depression or sadness can be turned into happiness, or manic in a relatively short time. These changes are based on the moods felt by people with bipolar disorder or commonly referred to as ODB and these changes are comprehensive for all activities. Bipolar disorder according to Nevid (Sholikah et al., 2017) is a disorder characterized by mood swings between extreme excitement and severe depression.

Everyone can feel sad or happy on a full day. However, bipolar disorder causes patients to feel prolonged sadness for no apparent reason or can feel prolonged joy because the patient is comfortable with the things he enjoys (Wiramihardja, 2015).

People with bipolar disorder may feel very enthusiastic and enthusiastic about something or what is known as a manic episode. But when the mood is bad, people with bipolar disorder can feel very depressed, lonely, hopeless, this can trigger unwanted things to happen. People with bipolar disorder may commit suicide, such as early suicide (Fithriyah & Margono, 2018).

According to the DSM IV-TR (Nofiyana & Supradewi, 2019), there are three forms of bipolar disorder, namely bipolar I disorder, bipolar II disorder, and cyclothymic disorder (cyclothymia). Bipolar I disorder includes episodes of mania, which is a condition in which a person's mood is described as euphoric, overly cheerful, and has more self-confidence. Bipolar II disorder is a milder form of bipolar disorder. Patients with bipolar II disorder exhibit at least one major depressive episode and one hypomanic episode. Cyclothymic disorder is a chronic and fluctuating mood disorder involving many periods of hypomanic and periods of distinct depressive symptoms.

Bipolar disorder is a mental disorder characterized by with drastic mood swings between mania and depression. Based on DSM-IV-TR when manic usually sufferers will feel a good mood irritable or irritable for at least one week characterized by increased levels of activity, talking a lot, think jumping around, less sleep than usual, self-esteem inflated, distracted attention, and excessive involvement with pleasurable activities, whereas during the depression the sufferer will usually has a depressed mood most of the day for two weeks or more loss of interest and pleasure in usual activities characterized by decreased activity, difficulty sleeping, decreased appetite, loss of energy, negative selfconcept, difficulty concentrating, and many thoughts negative. Bipolar sufferers or commonly called PWB (People With Bipolar) stated that their condition as bipolar sufferers, especially when being in a state of depression, such as the emergence of negative thoughts that blaming themselves makes them ever try to kill themselves. In addition, drastic mood swings between manic episodes and episodes of depression can make them stressed about the situation. The stress faced by bipolar patients can be reduced by the presence of social support, such as from a significant other or community, and family. Families can provide social support to bipolar patients so that patients feel attention or empathy and feel understood by family members. Existence social support from family makes bipolar patients choose to cope with strategies appropriate in dealing with the stress they face. So that the patient's Bipolar disorder can adjust to its situation as a person with bipolar disorder, both adjusting to himself and social adjustment.

Bipolar disorder requires deep healing and care for quite a long time. The types of treatment given depend on the symptoms experienced, such as the presence of psychotic symptoms, aggression, agitation, and sleep disturbance. The choice of typical antipsychotic drugs is getting more frequent It is used for acute manic episodes and as a mood stabilizer. Besides treatment, support is also needed from the family and home environment for the healing process. The success of treatment is strongly influenced by the existence of good family social support, especially in supporting maintenance. If social support is given well, then the bipolar patient can achieve substantial stabilization of mood swings and can lead normal and productive lives (KB:LB/N:1/P:1/B:56-61).

According to Smith (Widianti et al., 2021), many factors cause people with bipolar disorder to experience these conditions, both biological factors as well as factors originating from the surrounding environment that influences conditions of individuals with bipolar disorder However, genetics play a bigger role than they do with unipolar depression. Based on view these, genetic factors can make an impact when someone children born to one or both people elderly with bipolar disorder, so the child is at risk to experience the same problem. Environmental factors, such as family, can be a strong factor in influencing individual conditions with bipolar disorder. Member way family in expressing or express emotions towards members others in the family who are suffering

Bipolar disorder is a factor interaction that can cause levels of higher recurrence rate in individuals with bipolar disorder.

Family Social Support

According to Gottlieb (Anggraeni, 2018), social support consists of: verbal and non-verbal information or advice, suggestions, tangible assistance, or actions that other people give or get because of the presence of people it has emotional and behavioral benefits for the recipient. Uchino (in Sarafino 2004: 53) explains that social support is said to be as a feeling of comfort, care, mutual respect, or assistance to someone from another person or group that exists. Social support seen from functional aspects include emotional support, encourage expression feelings, giving advice or information, providing material assistance. Almost everyone is unable to solve problems on their own, but they need the help of others. Based on the research results that social support is an important mediator in solving problems somebody. This is because the individual is part of the family, school friends or work, religious activities, or part of other groups (Nursalam, 2007: 30). Family is one of the individual environments that affect individual adjustment. According to Gunadarsa, the family is the smallest social unit in society which has a very large role in social development, especially in the early stages of its development which is the basis for further personality development.

According to Hurlock (Anggraeni, 2018), family support is a lot have a role in the lives of bipolar disorder patients to progress and develop in society. The approach that is in the family, especially with an emotional bond is a necessity for patients with mental disorders because the first environment is home, the family has a dominant role in determining the future in the behavior of infants and behavior in other relationships until they are adults.

The family is a microsystem environment, which determines the personality and mental health of children because they are more closely related to children than to the wider community. Therefore, the relationship between the three units can be described as child-family-society. This means that society determines the family, and the family determines the individual. Thus, the condition of families who have family members who suffer from bipolar disorder will be different from families in general (Saputra, 2019).

Starting from the family environment. There are still many families who are embarrassed to admit that one of their family members has bipolar. This makes the space for people with bipolar disorder is limited. There's nothing

wrong with admitting that having members of a family with bipolar disorder. What's wrong in this case is the stigma that has been built up inside that having a bipolar family is a shame. Although most families cover-up that they have a family member with bipolar disorder. But, at least they accept the situation of people with bipolar and want to live side by side. This is because family support is very important in the recovery of people with bipolar.

Efri Dwianti et al (2021) conducted treatment for adolescents with bipolar disorder using FFT-A (family-focused therapy for adolescents with bipolar disorder) and psychoeducational therapy brief (psychoeducational therapy briefing) i.e. with increased care or EC (Enhanced Care). The main purpose FFT-A is (1) teaches Disease management skills such as identifying environmental stressors and changes in mood symptoms anticipating mood. a recurrence; and (2) improve function family through teaching communication and troubleshooting to reduce criticism and conflict in daily interactions.

Bipolar symptoms themselves can be reduced by curing biologics, namely using certain drugs, but with social support from the family, bipolar disorder patients can improve their condition to better than the previous condition. According to Cohen & Wills (in Arslan, 2009: 557) family social support can reduce stress levels in individual life because the family's social support is the source and a positive influence in the development of individual adaptation. Family social support can reduce stress levels in individual life because the family's social support is the source and a positive influence in the development of individual adaptation. Social support family is influenced by internal and external factors. Internal factors influencing family social support includes developmental stage, education or level of knowledge, emotional, and spiritual factors. While the external factors of family social support consist of practice in the family, socio-economic factors, and cultural background. If family social support is given well by the family then Bipolar patients can achieve substantial stabilization to improve their mood and can lead a normal life and be productive (Anggraeni, 2018).

Social support received can make individuals feel calm, attention, self-confidence, and competent arises. Availability of social support will make individuals feel loved, valued, and a part of a group. The focus of this research is on family social support, how a description of family social support in the patient's healing process of bipolar disorder, and what factors can help the process the healing.

Family support is a form of interpersonal relationship that protects a person from the effects of bad stress (Kaplan and Sadock, 2010). Family support according to Friedman (2010) is an attitude, an act of family acceptance of his family members.

So, family support is a form of interpersonal relationship that includes attitudes, actions, and acceptance of family members, so that family members feel that someone is paying attention to them. So family social support refers to social supports that are seen by family members as something that can be accessed or provided for families who are always ready to provide help and assistance if needed (Erdiana, 2015).

In living daily life, solving a problem, and carrying out his social role, a bipolar survivor needs support from the people around him. Family is the closest support that is expected to help a bipolar survivor in achieving his social functioning. The supports provided can be in the form of emotional support in meeting basic needs, emotional support in solving problems, emotional support in carrying out social roles, informational support, and instrumental support.

Problem Solving Skill

In their daily life, everyone must have face a problem. To complete An individual problem requires broad thinking, flexible, open and organized, full concentration, and confidence to then find a way out of the problem. In bipolar patients, feelings/moods/affect extremes in each episode (mania, hypomania, and depression) can affect cognitive flexibility and ability problem-solving, this needs to be considered because with impaired function, bipolar patients may experience difficulty solving problems they face daily.

A person is considered to be able to adapt well if he has the following 7 aspects, namely being able to control emotions well (not showing excessive emotions), able to provide normal responses in solving problems, not having feelings of personal frustration (able to be able to learn continuously, able to take advantage of experience, able to be realistic and objective, and have rational considerations (Schneiders, in Harahap, 2012).

Cognitive-behavioral theory in this case plays a role in looking at how to manage and change the behavior of people with bipolar disorder to solve social problems that affect them. The first time people with bipolar find out that they have bipolar disorder, it is certainly a problem for people with bipolar disorder. In cognitive-behavioral theory, a good relationship with a partner can

be cognitive therapy for people with bipolar disorder. Often people with bipolar think they are going through their problems alone.

In solving a problem, a bipolar survivor needs information support from the family. This informational support can make bipolar survivors stronger and accept the problems they are facing. In addition to family support, taking regular medication can also affect a bipolar survivor in dealing with the problems he faces.

In solving a problem, a bipolar survivor needs instrumental support from the family. This instrumental support can help bipolar survivors deal with their problems. In addition, regular medication can also make a bipolar survivor able to deal with the problems he is experiencing.

CONCLUSION AND RECOMMENDATION

Based on the literature review that has been done, it can be concluded that bipolar disorder is a mood disorder that causes sudden mood changes. Alternation or changes that occur between times of depression or sadness can be turned into happiness, or manic in a relatively short time. These changes are based on the moods felt by people with bipolar disorder and these changes are all-encompassing for all activities. The impact of bipolar disorder makes sufferers need social support from their families and the ability to deal with problems that occur in their lives. The social support provided by the family in dealing with problems consists of emotional support, informational support, and instrumental support. Due to the magnitude of the impact caused by bipolar disorder, it certainly becomes a threat to human social life, this is where family social support becomes very important. Life cannot be separated from problems, so as a bipolar patient in addition to family social support, a bipolar patient must still have problem-solving abilities.

For future researchers, if they are interested in conducting similar research, they should dig deeper into the patient's interests, talents, hobbies, and consider family character, education level, the economy as material for maximum research.

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REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorder Edition (DSM-V)*. Washington: American Psychiatric Publishing.
- Anggraeni, M. Y. (2018). Gambaran Dukungan Sosial Keluarga Dalam Proses Penyembuhan Pasien Gangguan Bipolar di RSJD Dr. Amino Gondohutomo Semarang.
- Diyanah, N. (2019). Interaksi Sosial Dalam Pemulihan Orang dengan Bipolar Pada Komunitas Bipolar Care Indonesia. *Skripsi*, 1-44. https://repository.uinjkt.ac.id/dspace/bitstream/123456789/45625/1/NISA %20DIYANAH-FDK.pdf
- Erdiana. (2015). Dukungan Keluarga dalam Kunjungan Lansia di Posyandu Lansia di Desa Karanglo Lor Kecamatan Sukerejo Kabupaten Ponorgo. EJournal Keperawatan, 2(1). http://eprints.umpo.ac.id/2278/2/BAB%20I.pdf
- Fithriyah, I., & Margono, H. (2018). Gangguan Afektif Bipolar Episode Manik dengan Gejala Psikotik Fokus pada Penatalaksanaan. *Unair*, TINJAUAN TEORI DAN KONSEP-TERAPI MUSIK KLASIK.
- Friedman, M. (2010). Buku Ajar Keperawatan keluarga: Riset, Teori, dan Praktek. Edisi ke-5. Jakarta: EGC.
- Kaplan, H.I., Sadock, B.J. (2010). *Retardasi Mental dalam Sinopsis Psikiatri*. Tangerang: Binarupa Aksara.
- Kementerian Kesehatan RI. (2014). *Undang-Undang Kesehatan Jiwa. Jakarta: Kementerian Kesehatan RI.* Juga dapat diunduh pada https://ipkindonesia.or.id/media/2017/12/uu-no-18-th-2014-ttg-kesehatan-jiwa.pdf
- Nofiyana, K., & Supradewi, R. (2019). Penerimaan Diri Pada Wanita Dengan Gangguan Bipolar. *Jurnal Imiah*, 1374–1382.
- Saputra, G. T. (2019). Dukungan Sosial Keluarga Terhadap Keberfungsian Sosial Penyintas Bipolar Di Komunitas Bipolar Care Indonesia. In Program Studi Kesejahteraan Sosial Fakultas Ilmu Dakwah Dan Ilmu Komunikasi Universitas Islam Negeri Syarif Hidayatullah Jakarta.
- Sholikah, L. N., Sardjuningsih, & Sa'adati, T. I. (2017). Penyesuaian Diri Keluarga Penderita Bipolar. *Happiness*, *1*(1), 1–11.
- Widianti, E., Afriyanti, A., Saraswati, N. P. S. D., Utami, A., Nursyamsiah, L., Ningrum, V. C., Putri, V. N., & Ustami, L. (2021). Intervensi pada Remaja

dengan Gangguan Bipolar: Kajian Literatur. *Jurnal Keperawatan Jiwa* (*JKJ*): *Persatuan Perawat Nasional Indonesia*, 9(1), 79–94. https://jurnal.unimus.ac.id/index.php/JKJ/article/view/6726

Wiramihardja, Sutardjo A. (2015). *Pengantar Psikologi Abnormal*. Bandung: Refika.

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