

THE HAPPY SPIRITUAL INTERVENTION FOR OVERCOMING INTOLERANCE OF UNCERTAINTY AMONG FAMILIES OF PATIENTS WITH MENTAL DISORDERS

Meidiana Dwidiyanti^{1*}, Dian Ratna Sawitri², Badrul Munif³, Anindiyani Fitri⁴, Diyan Yuli Wijayanti¹

1. Department of Nursing, Diponegoro University, Semarang, Indonesia
2. Faculty of Psychology, Diponegoro University, Semarang, Indonesia
3. Nursing Program, Institute of Health Sciences of Banyuwangi, Banyuwangi, Indonesia
4. Dr. Amino Gondohutomo Psychiatric Hospital, Semarang, Indonesia

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*Corresponding Author

Meidiana Dwidiyanti
meidiana@fk.undip.ac.id

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ABSTRACT

Families of patients with mental disorders frequently experience intolerance of uncertainty due to prolonged treatment, high caregiving burdens, and unpredictable patient behaviors. This study was conducted to investigate the effects of Happy Spiritual Intervention on the intolerance to uncertainty among families of patients with mental disorders. A pre-post quasi-experimental study with a control group was carried out among families of patients undergoing treatment at Dr. Amino Gondohutomo Psychiatric Hospital in Semarang. Simple random sampling was applied to recruit a total of 50 respondents who were aged 18 years or older and had been cohabiting with the patients for more than five months. The intervention group received six 45-minute therapy sessions, while the control group received standard care. This study utilized the Intolerance of Uncertainty Scale as research instrument. Data were collected using Google Forms, and subsequent analysis using a t-test was performed. The results revealed a significant difference in intolerance of uncertainty among families of patients with mental disorders after the intervention in both the intervention and control groups, with an effect size of 3.026 and a p-value of 0.000. This suggests that Happy Spiritual intervention effectively reduces the intolerance of uncertainty among families of patients with mental disorders.

Keywords: *Happy Spiritual intervention; intolerance of uncertainty; family; mental health patients*



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INTRODUCTION

The World Health Organization (WHO) has highlighted a significant increase in mental health issues worldwide since the onset of the COVID-19 pandemic (WHO, 2020). The Director of Mental Health and Substance Abuse Prevention and Control explained that the prevalence of mental health disorders in Indonesia is relatively high, with approximately 1 in 5 individuals; this means that about 20% of the Indonesian population is potentially affected by mental health disorders (Widyawati, 2021). A preliminary study conducted from January to October 2021 at Dr. Amino Gondohutomo Psychiatric Hospital in Semarang, Indonesia, recorded 2,921 patients with mental health disorders, among whom 169 experienced relapses. These relapses were attributed to

several factors, including non-compliance with medication and the inability of families to provide adequate care.

Patients with mental health disorders require emotional, social, and financial support for their care, which significantly impacts their families (Mubin *et al.*, 2023). Taking care of a family member with mental disorders entails substantial responsibility and exposes families to various societal issues, such as labelling, stereotyping, isolation, and discrimination (Utama *et al.*, 2020). Moreover, families experience caregiving burdens, emotional strain, financial challenges, and social stigma, contributing to uncertainties within the family unit (Rosyanti & Hadi, 2021).

Uncertainty is a common experience individuals encounter when facing challenges. In his theory on illness-related uncertainty, Mishel defines uncertainty as an individual's response to the inability to determine the meaning of events tied to ambiguity within their situation (Bailey Jr. Donald E., 2021). Accepting uncertainty can lead to a comfortable life response and a happier life overall, fostering a positive outlook toward life's problems, known as the tolerance of certainty. On the other hand, viewing uncertainty may trigger stress and discomfort, resulting in a negative belief towards the illness or intolerance of uncertainty (Rettie & Daniels, 2021).

Intolerance of uncertainty can cause anxiety and depression (Rettie & Daniels, 2021), triggering negative emotions, cognition, and behaviors (Birrell et al., 2011). This reaction implies that individuals with intolerance of uncertainty tend to experience more difficulties when confronting issues as they tend to interpret them negatively and excessively (Rettie & Daniels, 2021).

Several factors contribute to the emergence of intolerance of uncertainty among families caring for patients with mental health disorders. These include confusion about the illness, along with emotional, physical, financial, temporal, and social burdens. Other factors include the complexity and accumulation of medication needs and other resources, as well as inadequate protection against potential physical harm from family members with mental health disorders (Hardiyanto et al., 2020). Families frequently experience emotional uncertainty, leading to anger, fear, anxiety, worry, and other negative emotions; they also face behavioral uncertainties stemming from contradictory situations and cognitive turmoil, which may involve suspicion and stress (Akbari et al., 2018).

Mindfulness interventions have been carried out in previous research to increase positive coping mechanisms to overcome intolerance to uncertainty in the families of patients with mental health disorders (Mulyono and Chen, 2023). However, mindfulness interventions specifically targeting intolerance of uncertainty in families have yet to be developed (Epstein, 2021). The Happy Spiritual intervention, a spiritually-based therapy aimed at helping families cope positively with intolerance of uncertainty, encourages acceptance as a positive coping strategy that enabling families to find happiness in their circumstances (Dwidiyanti & Munif, 2022).

Previous research has explored the impact of Happy Spiritual intervention on emotional regulation. A study involving 46 nursing students using a one-group pretest-posttest without control design revealed a significant difference in emotional control before and after the intervention with a p-value of 0.000 ($p < 0.05$) (Dwidiyanti et al., 2022).

The Happy Spiritual intervention focuses on clearing unresolved negative emotions from past events by fostering contentment in believing of divine assistance. It is expected that through Happy Spiritual Therapy, individuals or families caring for violent patients can manage their emotions, experience happiness, and accept whatever happens in their lives (Dwidiyanti & Munif, 2022). This practice is not limited to Muslim individuals but applies to individuals of various religious or spiritual backgrounds. Once individuals engage in Happy Spiritual exercises, they aim to regulate emotions and find happiness regardless of life's circumstances (Dwidiyanti et al., 2019).

The families of patients with mental health disorders experiencing intolerance of uncertainty require nursing interventions that offer crucial steps in managing uncertainty to alleviate negative thoughts during the caregiving process (Haji Assa & Umberger, 2022). Therefore, research is needed to validate whether the Happy Spiritual intervention effectively addresses intolerance of uncertainty in families of patients with mental health disorders.

METHOD

Study Design

This quantitative study utilized a pre-post quasi-experimental design with a control group. Simple random sampling was employed to recruit the respondents, dividing them into the intervention group (subjected to the therapy) and the control group (standard care).

Samples/Participants

The population consisted of families caring for schizophrenic patients undergoing treatment at Dr. Amino Gondohutomo Psychiatric Hospital in Semarang, Indonesia. Simple random sampling was employed to recruit the respondents that the inclusion criteria, namely Muslim families of schizophrenic patients, males or females aged between 18-45 years old, cooperative, had resided with the patient for at least five months, have followed the patient before and during hospitalization. Where two or more family members qualified, we chose the one spending more time caring for the hospitalized patient (indicated by the family members themselves). The sample size in this study was calculated based on the hypothesis test formula for mean differences used in previous research, resulting in 50 samples. All respondents were recruited and then randomly divided using simple randomization into two groups: the intervention group ($n=25$) and the control group ($n=25$).

Instrument

This study utilized the Intolerance of Uncertainty Scale (IUS-12), a standardized and revised version of the prior 27-item IUS scale, as the research instrument (Kretzmann and Gauer, 2020). The standardized IUS aims to measure an individual's negative response to uncertainty, ambiguous situations, and events from the future. It consists of 27 statements rated on a Likert scale of 1-5 and demonstrates excellent validity ($\alpha = 0.94$) and good reliability ($r = 0.74$). Validation and reliability testing for this scale have been conducted in Indonesia, with validity scores ranging from 0.304 to 0.789 and a Cronbach's alpha reliability coefficient of 0.921 (Nur Istiqomah et al., 2022).

The IUS-12 is a Likert scale measurement tool with 12 statement items categorized into two formative factors: prospective and inhibitory anxiety. Responses are scored on a scale of 1 to 5, from "not appropriate at all" (1) to "extremely appropriate" (5). Cronbach's alpha reliability testing displayed good scores of 0.764 for prospective anxiety and 0.844 for inhibitory anxiety, resulting in an overall alpha score of 0.867. Furthermore, the scale exhibits item-total correlation through Pearson product-moment correlations ranging between 0.421 and 0.786 (Nur Istiqomah et al., 2022).

Intervention

The Happy Spiritual intervention was administered to the intervention group over six sessions, each lasting 30-45 minutes. This intervention consisted of nine steps: Intention, Self-reflection, Repentance, Acceptance, Prayer, Body Scan, Detoxification, Relaxation, and Surrendering. The intervention was conducted every three days over two weeks. The complete concept of the Happy Spiritual intervention is

described in Figure 1, while the detailed procedure is outlined in Figure 2. In this study, both groups completed a pre-test questionnaire before the Happy Spiritual intervention. The intervention group received the Happy Spiritual intervention, while the control group received standard hospital patient care therapy. The researchers monitored the respondents

during the Happy Spiritual therapy via WhatsApp chat and compiled independent intervention monitoring summaries via Google form. Subsequently, the post-test was administered through Google form after the respondents completed the six intervention sessions.

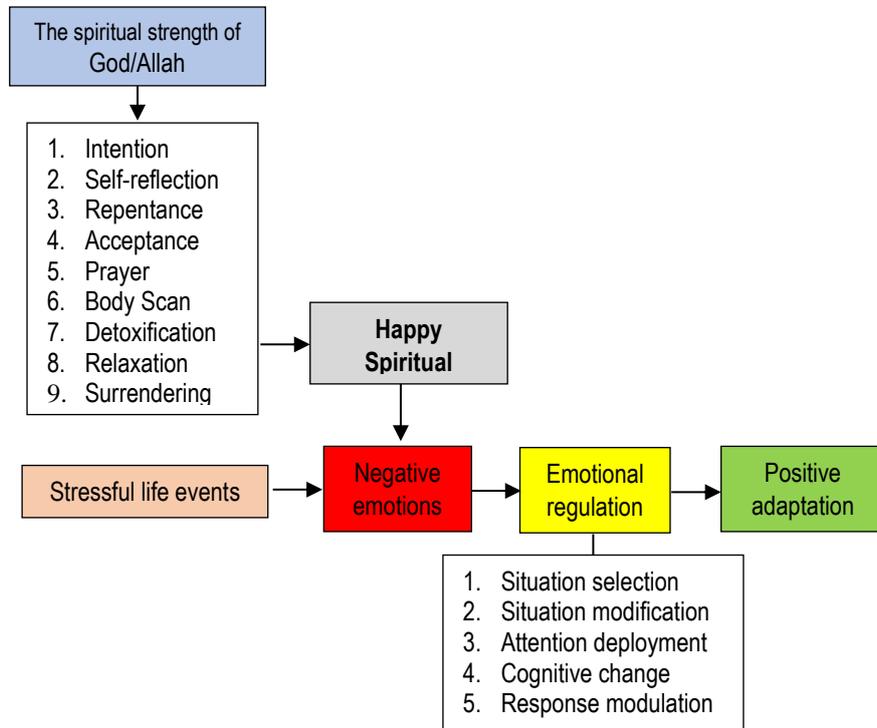


Figure 1. The Concept of Happy Spiritual Intervention (Dwidiyanti & Munif, 2022).

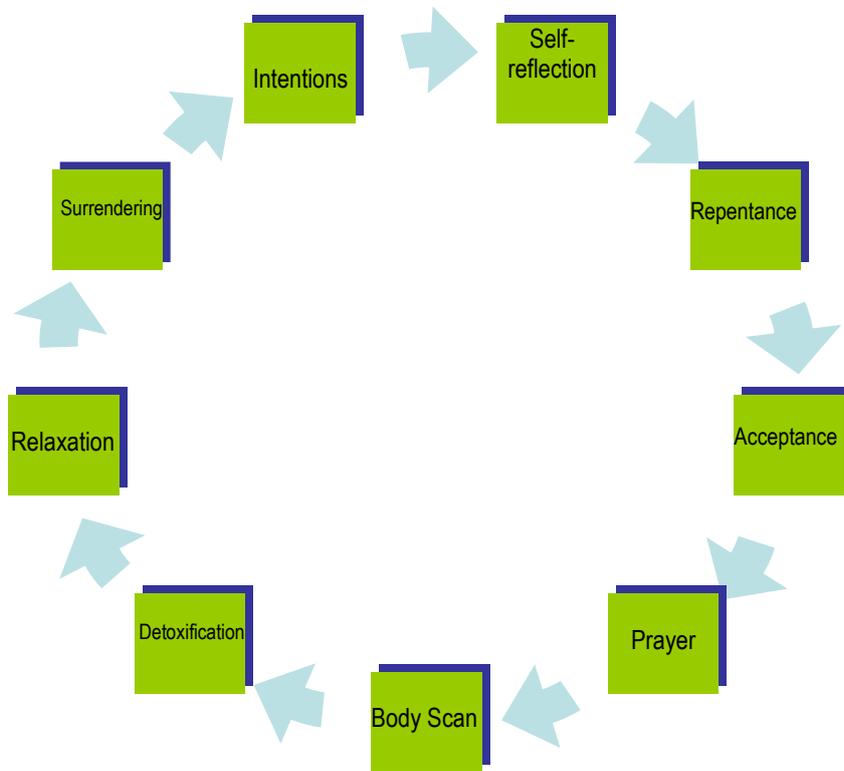


Figure 2. The Stages of Happy Spiritual Intervention (Dwidiyanti & Munif, 2022).

Data Collection

This study was conducted at a psychiatric hospital in Semarang, Indonesia. The intervention group underwent six sessions of Happy Spiritual therapy, each session comprising nine stages, while the control group received standard care. The post-test took place after the completion of the six intervention sessions.

Data Analysis

This study employed univariate and bivariate analyses. Univariate analysis was utilized to assess intolerance of uncertainty among families with the risk of violent behaviors, examining mean, mode, median, and percentage. Data normality was tested using a normality plot with the Shapiro-Wilk test since the sample size was less than or equal to 50; both datasets showed p -value ≤ 0.05 means the data is not normally distributed. The Wilcoxon test was employed to analyze intolerance of uncertainty in the intervention and control group. Meanwhile, the Mann-Whitney test was used

to test the effects of the Happy Spiritual intervention on intolerance of uncertainty.

Ethical Consideration

This study obtained ethical approval from the Health Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital, Central Java Province, with reference number 420/09624 dated June 15, 2022, and funding number 185-68/UN7.D2/PP/V/2023.

RESULTS

The general characteristics of the respondents in both study groups, such as age, gender, employment status, and relationship with the patient, exhibited p -values > 0.05 , indicating no significant differences or demonstrating homogeneity. Details of respondent characteristics are outlined in Table 1.

Table 1. Frequency distribution and percentage of respondents' characteristics in the intervention and control groups

Characteristics	Intervention		Control		p-value
	f	%	f	%	
Age	Mean=47.8	SD=9.40	Mean=49.3	SD=9.37	0.930
Gender					
Male	11	44	9	36	0.564
Female	14	56	16	64	
Employment					
Employed	14	56	13	52	0.777
Unemployed	11	44	12	48	
Relation with patient					
Younger brother/sister	1	4	2	8	0.797
Son/daughter	4	16	1	4	
Father	6	24	5	20	
Mother	7	28	10	40	
Wife	4	16	3	12	
Brother/sister	1	4	1	4	
Husband	2	8	3	12	

Notes: SD=Standard Deviation

The difference in intolerance of uncertainty among families of individuals with mental health disorders pre-and post-intervention, in both the intervention and control groups, is evident in Table 2. In the intervention group, a p -value of

0.000. Conversely, within the control group, a p -value of 0.002. These findings highlight a significant variance in intolerance of uncertainty before and after the psychoeducational intervention in both groups.

Table 2. Differences in intolerance of uncertainty among families of patients with mental health disorders before and after the intervention in the intervention and control groups

Group	Pre-test	Post-test	p-value
	Median (Min±Max)	Median (Min±Max)	
Intervention	71,00 (56±94)	67,00 (54±87)	0.000*
Control	80,00 (63±97)	79,00 (63±98)	0.002*

*Wilcoxon test

Table 3 shows the difference in intolerance of uncertainty among families of patients with mental health disorders after the intervention between the intervention and control groups. The results indicated a mean difference of 4.44, an effect size

of 3.026, and a p -value of 0.000. This finding signifies a significant difference between the intervention and control groups regarding intolerance of uncertainty.

Table 3. Differences in intolerance of uncertainty among families of patients with mental health disorders after the intervention in the intervention and control groups

Notes	Group		Mean Difference	Size Effect	p-value
	Intervention	Control			
	Mean Difference	Mean Difference			
Difference in intolerance of uncertainty among patient families between the intervention and control groups after the intervention	5.48	-1.04	4.44	3.026	0.000

DISCUSSION

These findings align with prior research, illustrating that families with members experiencing mental health issues frequently experience intolerance of uncertainty. Various societal challenges, arise from labelling, stereotypes, isolation, and discrimination (Utama et al., 2020). Additionally, families encounter caregiving burdens, emotional strains, financial stress, and societal stigma, all contributing to this intolerance (Rosyanti & Hadi, 2021).

High levels of intolerance of uncertainty can result in consequences such as anxiety, depression, and emotional responses that trigger negative behaviors (Dai et al., 2021). Moreover, this intolerance often leads families to interpret challenging situations negatively and excessively, making coping more challenging (Rettie & Daniels, 2021). Additionally, the profound impact of intolerance of uncertainty can significantly affect mental health, potentially leading to mental disorders (Massazza et al., 2023). Establishing positive coping mechanisms to address intolerance of uncertainty is crucial, and interventions like Happy Spiritual interventions aim to serve this purpose.

This result suggests that the Happy Spiritual intervention is more effective in reducing intolerance of uncertainty. This finding aligns with prior research where the Happy Spiritual intervention, delivered through the Family Heart Connection (FAMCY) application, proved effective in mitigating intolerance of uncertainty among families dealing with patients exhibiting violent behaviors (Dwidiyanti et al., 2023). The decrease in intolerance of uncertainty can be influenced by several factors, including antecedent uncertainty, which is the stimulus determining and influencing an individual's assessment of uncertainty. These stimuli come from a series of stimuli such as symptom patterns (perceived symptoms of disease), unfamiliar events in healthcare (delivery of healthcare services which are not yet known by the individuals that discomfort to the sick persons), and congruence events (health condition instability). Apart from these stimuli, uncertainty is also influenced by cognitive capacity (an individual's ability to interpret an event) and the structure of the providers, which include education (health education affecting uncertainty level assessment), social support (social groups having similar symptoms or illnesses), and credibility (trust in the quality of healthcare providers) (Smith & Liehr, 2018).

Happy Spiritual intervention guides individuals to achieve moments of awareness, initiating the intention to cleanse negative emotions. By practicing this therapy, individuals are expected to manage their emotions, enhancing cognitive capacity and enabling acceptance and happiness despite life events (Dwidiyanti & Munif, 2022). Families of patients with mental disorders experiencing intolerance of uncertainty require nursing interventions to navigate and reduce the negative impacts resulting from this intolerance (Haji Assa & Umberger, 2022). Managing intolerance of uncertainty through coping strategies, such as risk mitigation, seeking

opportunities, positive coping, and adaptation, aims to reduce uncertainty and manage emotions, fostering positive opportunities through adaptive behaviors (Smith & Liehr, 2018).

Previous research indicates significant changes in the health belief model among families of patients with mental disorders after receiving spiritual intervention approaches. These changes occurred in perceptions, benefits, barriers, and self-efficacy perceptions. Families of patients with mental disorders were able to interpret events, believing that everything happening to the patient and the family is a divine destiny; this belief suggests that patients should become more independent than before and trust in the potential for the mental disorder to undergo a healing process, leading to improvement (Effendy, Amin and Mardiyah, 2023). This study corresponds with the theory that Happy Spiritual intervention focuses on managing emotions arising from challenging or uncomfortable individual experiences. As a spiritual-based therapy, this intervention aims to enable families to address intolerance of uncertainty by fostering acceptance as a positive coping strategy, allowing family caregivers to discover happiness amidst their circumstances (Dwidiyanti & Munif, 2022).

This study has limitations. The researchers provided the interventions to the participants during patient visit hours, leading to time constraints. Due to the limited available time, the researchers, assisted by the facilitators, renegotiated time contracts with the participants.

CONCLUSION AND RECOMMENDATION

The Happy Spiritual intervention has proven effective in addressing intolerance of uncertainty among families of patients with mental disorders. This study suggests that Happy Spiritual therapy could serve as an alternative intervention for families of mental health patients in dealing with the intolerance of uncertainty. Implementing this approach might help families feel more prepared and accepting while caring for family members with mental illness. Future research is recommended to explore the psychological impacts of Happy Spiritual interventions on families of patients with mental disorders. Additionally, future studies should involve a larger sample size for more comprehensive results.

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