Chronic Sorrow At The Elderly Who Has Lost Partner With Pakurenan Culture (Extended Family) In Indonesia

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Abstract: Background: Chronic sorrow is the ongoing disparity resulting from a loss characterized by pervasiveness and permanence. Symptoms of grief can occur and may recur periodically and potentially become progressive. One of the causes of chronic sorrow in the elderly is losing a partner. In Indonesia, the elderly who suffered a loss of partner reached 38.17% of the total elderly population in Indonesia in 2015. As many as 36.69% of them are losing of partner due to death. One of the provinces in Indonesia, Bali, has a unique culture called Pakurenan (extended family) which makes the elderly live with their families. Methods: This descriptive study was conducted on 255 elderly aged 60 to 82 years who experienced chronic sorrow due their loss of partner. Chronic sorrow is judged based on the Burke/Eakes Chronic Sorrow Assessment Tool. Results: The results showed that 49% of elderly had chronic sorrow at pervasive stage, 28.3% at permanent stage, 18.4% at periodic stage and 4.3% at potentially progressive stage. Conclusion: The image of chronic sorrow in the elderly can explain that the chronic sorrow is quite high experienced by the elderly who suffered a loss of partner that need to be handled comprehensively. Elderly with Pakurenan culture (extended family) shows a result of mild chronic sorrow.

1 BACKGROUND

Chronic sorrow is the ongoing disparity resulting from a loss characterized by pervasiveness and permanence. Symptoms of grief can occur and may recur periodically and potentially become progressive (Eakes et al. 1998). One of the causes of chronic sorrow in the elderly is losing a partner. In Indonesia, the elderly who suffered a loss of partner reached 38.17% of the total elderly population in Indonesia in 2015. As many as 36.69% of them were losing of partner due to death. There is more women elderly with widowed status (56.04%) than the men elderly. This happened due to the higher life expectancy of women compared to men’s life expectancy, so that the percentage of women elderly with widowed status is higher than the men elderly (Kementerian Kesehatan RI 2016).

One of the provinces in Indonesia, Bali, has a unique culture related to residency called Pakurenan. Pakurenan is kuren (kuren in Balinese term known as family unit) who still have kinship, settling and living together within one yard (extended family) (Adnyani 2016). This culture keeps the elderly to live with their families.

Loss of partner is one of the triggers of psychological disorders in the form of recurring sadness. Elderly who experienced a loss of their partner tend to show increased symptoms of depression, which may reach a certain degree of severity (Sikorski et al. 2014; Tseng et al. 2017). Other studies also support this statement, indicating that the elderly who experienced a significantly greater loss of partner also experienced depression disorders such as symptoms of loneliness, sadness, mood depression and loss of appetite (Fried et al. 2015). In addition, the loss of a partner has a tendency to cause impaired cognitive function in the domain of executive at the elderly. This disorder is more common among women (Vidarsdottir et al. 2014).

Psychological disorders arising from loss of a partner also cause functional impairment in the elderly (Hajek et al. 2017). In addition to psychological disorders, due to loss of the partner also indirectly affects the physical of elderly, which is the occurrence of weight loss. Uncertain events,
such as mourning, some show deteriorating health conditions. The negative result of this incident poses a greater risk for elderly to be independent and at least enjoy satisfactory quality of life. When it comes to weight loss, especially unintentional weight loss, the effect may be detrimental (Mercan et al. 2016).

This study aims to identify the chronic sorrow of the elderly who loss of partner in Pakurenan culture in Indonesia and its relation to the characteristics of respondents such as age, gender, personality type, subjective health, self-ideal, self-image and self-esteem.

2 METHODS

This study uses descriptive research design with survey method. The populations in this study are elderly who experienced chronic sorrow due to loss partner in District Tegallalang, Gianyar regency, Bali. The populations in this study were taken from two villages located in Tegallalang Sub-District, Tegallalang Village and Keliki Village. The samples in this study were taken with simple random sampling based on power analysis as many as 255 respondents aged 60-82 years, losing partner less than 48 months. Exclusion criteria are: elderly with mental disorders or other chronic diseases such as dementia, Parkinson, stroke and diabetes mellitus (based on medical history); elderly outside the community (e.g. hospitals, nursing home and others).

The instrument used was the Burke/Eakes Chronic Sorrow Assessment Tool for measuring chronic sorrow (Eakes et al. 1998). Instrument of Littauer Personality Type used to measure personality type of respondent (Littauer 1992). The 12-Item Short Form Health Survey (SF-12) to measure health perceptions (Ware et al. 1995). The Self-Attributes Questionnaire – Self Ideal Sub-Scale for self-idealizing measure (Pelham & Swann 1989). The Multidimensional Body-Self Relations Questionnaire-Appearance Scale (MBSRQ-AS) for measuring self-image of respondents (Cash et al. 1986). Rosenberg Self-Esteem which used to measure respondents’ self-esteem (Rosenberg 1965).

3 RESULTS

The total of 255 elderly who experienced chronic sorrow due to loss of partners aged 60-82 years old with female gender of 69% (n=176) and male by 31% (n=79). The results of the study of Burke/Eakes Chronic Sorrow Assessment Tool showed that the majority chronic sorrow characteristics at the pervasive state was 49% (n=125), at a permanent state was 28.3% (n=72), at a periodic state was 18.4% (n=47) and at potentially progressive state was 4.3% (n=11).

Table 1: Personality Type.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choleric</td>
<td>88</td>
<td>34.5</td>
</tr>
<tr>
<td>Sanguine</td>
<td>55</td>
<td>21.6</td>
</tr>
<tr>
<td>Phlegmatic</td>
<td>58</td>
<td>22.7</td>
</tr>
<tr>
<td>Melancholic</td>
<td>54</td>
<td>21.2</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: Subjective Health.

<table>
<thead>
<tr>
<th>Subjective Health</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>152</td>
<td>59.6</td>
</tr>
<tr>
<td>Poor</td>
<td>103</td>
<td>40.4</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3: Self-Ideal.

<table>
<thead>
<tr>
<th>Self-Ideal</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>150</td>
<td>58.8</td>
</tr>
<tr>
<td>Negative</td>
<td>105</td>
<td>41.2</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4: Self-Image.

<table>
<thead>
<tr>
<th>Self-Image</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>158</td>
<td>62</td>
</tr>
<tr>
<td>Negative</td>
<td>97</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 5: Self-Esteem.

<table>
<thead>
<tr>
<th>Self-Esteem</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>170</td>
<td>66.7</td>
</tr>
<tr>
<td>Negative</td>
<td>85</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>255</td>
<td>100</td>
</tr>
</tbody>
</table>

3.1 Personality Type

The result of study using Littauer Personality Type Instrument showed that most personality that is choleric equal to 22.7% (n=58), followed by phlegmatic which is equal to 22.7% (n=58), sanguine equal to 21.6% (n=55) and melancholy that is equal to 21.2% (n=54).
3.2 Subjective Health

The results of the study using the 12 Item Short Form Health Survey (SF-12) showed that good subjective health percentage which was 59.6% (n=152) is higher than poor subjective health percentage (40.4% with n=103).

3.3 Self-Ideal

The results of the study using the Self-Attributes Questionnaire – Self Ideal Sub-Scale showed that there is more positive self-ideal (58.8% with n=150) than negative self-ideal which was 41.2% (n=105).

3.4 Self-Image

The results using The Multidimensional Body-Self Relations Questionnaire – Appearance Scale (MBSRQ-AS) showed that positive self-image (62%, n=158) is higher than negative self-image which only 38% (n=97).

3.5 Self-Esteem

The results using Rosenberg Self-Esteem Scale showed that number positive self-esteem is more compare to negative self-esteem. The number of positive self-esteem is 66.7% (n=170) while negative self-esteem number is 33.3% (n=85).

3.6 Distribution of Chronic Sorrow Status based on Sociodemographic Characterisitics

The results of the study showed that group age of 60-74 years old is mostly experience chronic sorrow at pervasive state, 52.4% (n=102) and the lowest at potentially progressive state, 4.6% (n=9). The same thing also followed by the group age of 75-90 years old which the highest percentage experience at pervasive state, 38.3% (n=23) and the lowest at potentially progressive state, 3.3% (n=2).

Women elderly are more experiencing at pervasive state, 47.2% (n=83) and the lowest at potentially progressive state, 5.1% (n=9). Meanwhile, the men elderly were also experiencing the most at pervasive state, which is 53.2% (n=42).
and the lowest at potentially progressive state at 2.5% (n=2).

Personality type of choleric, sanguine, and phlegmatic are also more at pervasive state and lowest at potentially progressive state. The difference is found at the periodic state (n=17) is more than the permanent state (n=13).

Good subjective health shows that there is more at pervasive state, 77% (n=117) and the lowest at periodic condition, which is 3.3% (n=5) and there is no potentially progressive state (n=0). Poor subjective health shows that is more at permanent and periodic conditions with the same amount, 40.8% (n=42) and the lowest at pervasive state, 7.7% (n=8).

Positive self-ideal shows more at pervasive state, at 74% (n=111) and the lowest is at periodic state, 4.7% (n=7) and there is no potentially progressive state (n=0). Negative self-ideal shows that there is more at permanent and periodic condition with equal number of 38.1% (n=40) and the lowest is at potentially progressive state of 10.5% (n=11).

Positive self-image shows more at pervasive state, 73.4% (n=116) and the lowest at periodic condition which equals to 7% (n=10). Negative self-image shows at permanent state with equal number that is equal to 42.3% (n=41) and the lowest at 9.3% (n=9) at pervasive state.

Positive self-esteem showed more number at pervasive state of 69.4% (n=118) and the lowest at potentially progressive state of 0.6% (n=1). Negative self-esteem showed more percentage in periodic state with the same amount which is equal to 41.2% (n=35) and the lowest at pervasive state which equals to 8.2% (n=7).

4 DISCUSSIONS

Pervasive chronic sorrow is felt in the early days of loss where the feeling of sadness begins to emerge and it is so deep. The next stage of chronic sorrow will enter at a permanent stage that is felt throughout their life but has not shown any significant influence. In the third stage, chronic sorrow will periodically appear especially on very strong trigger events. Poor management will result in the falling of chronic sorrow at progressive state that caused disturbances to activities (Eakes et al. 1998). Study shows more events at pervasive state which is 49%, experienced more in the early loss of partner.

Gender of the elderly who suffers from losing affects the elderly response to loss of partner. Men are shown to be able to maintain physical health better than women when they experience a loss of partner (Fry 2001). In addition to gender, age also greatly affects the preparedness of the elderly to face with the pressure of losing a partner. The older the elderly are judged to be better in the period of mourning (Brenn & Ytterstad 2016). This is similar to the results of study that show women elderly experience chronic sorrow more than the men elderly. Older age also shows better chronic sorrow conditions than younger ages.

Personality is a typical pattern of a person in thinking, feeling and behaving which relatively stable and predictable (Dorland 2012). Personality is also the total number of congenital or hereditary trends with various influences from environment and education that shape the psychological condition of a person and influence his attitude toward life (Weller 2009). Florence Littauer developed four personality types: choleric, sanguine, phlegmatic, and melancholy. Each personality type has an influence on one’s attitude and way of thinking (Littauer 1992). The results showed the type of personality of respondents is more with type choleric, followed by phlegmatic, sanguine and melancholy. Choleric tends to be more at a chronic sorrow state of pervasive state, followed by a permanent, periodic and potentially progressive state. The same things also happen with personality type of sanguine and melancholy. But the phlegmatic personality type is more at pervasive state then followed by periodic, permanent and potentially progressive state.

Subjective health is something that individuals perceive about their own health at a given point in time (Johnston et al. 2009). Subjective health in term of utility scale is highly desirable and useful for economic evaluation of treatments and medical procedures (Feeny et al. 1996). The results show the tendency of “Good” category which is more than “Poor”. On the results of good subjective health tend to be more on pervasive state and followed by permanent and periodic state and without any chronic sorrow at potentially progressive state. In the results of poor subjective health tend to be more in the permanent and periodic state, followed by potentially progressive state and the last is the pervasive state.

Self-ideal is the individual’s perception of how he or she should behave based on certain standards, aspirations, goals or personal judgments. Standard can relate to the type of a number of aspirations, purpose, values to be achieved. Self-ideal will create the ideals and personal expectations based on social norms (family culture) and to who wants to do (Stuart & Sundeen 1991). The results show that positive self-ideal tends to be more on the pervasive chronic sorrow state then followed by permanent and periodic state and without chronic sorrow at potentially progressive state. On the negative self-
ideal tend to be more at permanent stage of chronic sorrow, followed by pervasive state and the last is at potentially progressive state.

Self-image is a person’s attitude towards their body consciously and unconsciously. This attitude includes perceptions and feelings about the size, shape of present and potential body function that are continuously modified with new experiences of each individual (Stuart & Sundeen 1991). Since born, an individual explored their body parts, received stimuli from others, then begin to manipulate the environment and begin to realize their selves apart from the environment. The way of individual sees their selves have an important impact on their psychological aspect. A realistic view of their selves in receiving and measuring parts of their body will increase the sense of comfort and avoid the anxiety (Keliat 1992). The results showed that positive self-image tends to be more on the pervasive chronic sorrow state and then followed by permanent and periodic state and without chronic sorrow at potentially progressive state. In negative self-image is more at permanent state of chronic sorrow, followed by periodic and potentially progressive state, the last is at pervasive state.

Self-esteem is a personal judgment as the results that achieved by analyzing how far the ideal self-fulfilling behavior (Stuart & Sundeen 1991). The frequency of goal attainment will result in low or high self-esteem. If individuals often fail, they tend to have lower self-esteem. Self-esteem is obtained within their self and from others. The main aspect is to be loved and receive appreciation from others (Keliat 1992). The results showed that positive self-esteem tends to be more at chronic sorrow state of pervasive then followed by permanent, periodic and potentially progressive state. Negative self-esteem is more at periodic state of chronic sorrow, and then followed by permanent, potentially progressive and pervasive state.

5 CONCLUSIONS

Pakurenan culture (extended family) in Indonesia show a chronic sorrow image that tends to be more frequent in mild conditions (pervasive) and very few at severe state. This means that the culture of Pakurenan is very good at maintaining chronic sorrow which experienced by elderly due to their loss of partner, so that chronic sorrow could be easier to be handled.

This study also explores how the characteristic of respondents related to chronic sorrow experienced. Conditions of chronic sorrow experienced by the elderly who lost their partner are strongly related to age, gender, personality type, subjective health, self-ideal, self-image, and self-esteem. Women elderly experience more chronic sorrow due to loss of partner the men. Older age also showed better chronic sorrow state than younger ages. Sanguine and melancholy personality types tend to display milder chronic sorrow state but the choleric and phlegmatic personality types tend to be more in the mild to moderate range. Subjective health, self-ideal, self-image and self-esteem showed the same thing that good subjective health, positive self-ideal, positive self-image and positive self-esteem tend to display milder state of chronic sorrow.

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