

ORIGINAL ARTICLE

INTERPRETING THE DISEASE OF ASTHMA PATIENTS IN THE HEALING PROCESS

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ABSTRACT

Background: The presence of disease is often responded and interpreted subjectively. The interaction between the patients and the disease may bring the meaning of disease to the patients, which has impacted on the health status. **Aim:** The research was aimed to observe disease interpretation on the asthma patients during their healing process. **Methods:** We used the qualitative phenomenological method in this research. The data were collected by the in-depth interviews, observations, documentations and field notes from 20 people as the subjects. **Result:** We obtained that each subject interpreted the disease differently. Therefore, it was classified into 2 of 8 of interpreting the disease categories. Group I interpreted the disease positively, while group II interpreted the disease negatively. Positive interpretation toward the disease could enhance the recovery. Meanwhile, negative interpretation toward the disease could slow down in the healing process. **Conclusion:** In conclusion, the interpretation towards the disease had a correlation to the healing process.

INTRODUCTION

The effort of health development in Indonesia is directed to achieve the society's awareness, willingness and ability to live healthily and can realize the optimal health status. Health is always become everyone's wishes for the rest of his/her life, yet, the disease's arrival is inevitable, even though it sometimes can be prevented or avoided. The issues of healthy and disease are a kind of process that associated with the ability or inability of humans adapt to the environment either biologically, psychologically or socio-culturally (Niven, 2013). Health is always identically linked to the well-being of body, soul and social that allows life become more productive both socially and economically. This understanding gives the explanation that the health should be viewed as a holistic unit which consists of elements of physical, mental and social as well as psychological health provided within which is an integral part of health (Pasiak, 2012).

Indonesia is a developing country facing the variety of health issues of its society. Especially, the health issues that have occurred in the urban societies; it is due to the impact of population mobility and the increased urbanization (Hawari, 2005). This situation and condition bring urban societies' life into being heterogeneous and complex. It can cause the problem for the societies who live in the urban areas. Moreover, the polluted environment because of air in the cities has been contaminated by variety of air pollutants, such as motor vehicle emissions and industrial emissions (Karyadi, 2003) and sources of indoors pollutants can cause diseases; one of them is asthma, e.g., the combustion of aerosol sprays/fuels for insect, other chemicals

such as perfume, hairspray, and chemical smell of sharpening paint (Wahyuningsih, 2006). Another pollutant which initially causes allergy, and then causes asthma, e.g. dust allergy, dust feather and dust mite allergies made of the sofas, carpets, and curtains (Mardipoera, 2007). Bateman (2007) in the journal of European Journal of Allergy and Clinical Immunology explained that there are several risk factors that trigger asthma, which are parents who have asthma, eczema, allergic rhinitis and food allergen sensitization.

Asthma, based on the Journal of the National Education and Prevention Program (NAEPP) in 2007, is a chronic airway disease and remains a serious public health problem in many countries around the world with a varied frequency in every country and tends to increase in developing countries. The prevalence of asthma in Indonesia is rising, that is 2-5% (Rafikasari, 2015). Actually, asthma is not a contagious disease but it classifies as a dangerous disease, diminish someone's quality of life and even can cause the death to the asthmatics if it is not handled properly (Rustam, 2014).

Asthma can occur at any age, especially the children, middle and elderly ages (Baratawidjaja, 2006) and does not depend on a certain socioeconomic level (Mangunegoro, 2004). Asthma may be mild or may be settled (severe) so that it can interfere with the daily activities (Rustam, 2014). Asthma in the elderly age can lead to decrease immune response which is associated with dysregulation of apoptosis, lung function decline, and side effects because of long-term drug usage (Halgate, 2006).

Related to medicinal treatment, asthma requires regular treatment process and control routinely. Furthermore, the asthmatics should be able to avoid the triggers that can cause asthma. *In essence, the treatment regularly can impact the asthmatics' life quality to be optimal. Based on the mentioned explanations, asthma requires long-term treatment period and can bring psychological impact to the asthmatics. This condition makes the asthmatics interpret their disease subjectively* (Bastaman, 2007). The aim of this research was to know the subjects' perception in interpreting their disease.

RESEARCH METHODS

A phenomenological approach to comprehend the true experience and describe the daily habits that have arisen based on the consciousness, language, knowledge and unrecognizable feeling was used in this research (Given, 2008: 614). We used the qualitative method. *Creswell (2007: 15) defined that the qualitative research is a process of researching and understanding based on the methods of investigating social phenomena and human issues.* This method was chosen due to comprehending the deep understanding of social phenomena of asthmatics in the healing process of their disease, particularly in regarding of the interpreting of the disease, in which this case was appointed to be used as the title of the research.

The subjects in the research were asthmatics who took treatment at Asthma Poly in dr. Soetomo General Hospital Surabaya. The research subjects were chosen based on the inclusion criteria i.e, (1) The subjects live in Surabaya, (2) elderly ages (40-70 years), because at this age level, people have reached their optimal maturity (Singgih and Yulia, 2007), (3) use the ACT (Asthma Control Test) for the medical check-up, (4) the subjects do not have complications of lung diseases, such as COPD (Chronic Obstructive Pulmonary Disease) and TBC (Tuberculosis) based on the results of the medical check-up, meanwhile for other diseases

do not being observed. The variable in this research was the patients' attitudes, i.e. 1) consuming the drugs periodically, 2) taking the medical check-up periodically, 3) being able to avoid the asthma trigger. The evaluation of the healing process was based on the medical record of the patient. It reflected the status of each patient that was fully controllable asthma, partly controllable asthma, or uncontrollable asthma.

Based on the observation, we found 20 people as the research subjects. The data collection method had conducted by using four methods including interviews, observations, documentations, and field notes.

RESULTS AND DISCUSSION

In this study, the meaning of pain in the healing process of asthma patients was observed by phenomenological approach by using qualitative method. The research results are in descriptive form. To discuss the case, the general description about the matter of disease to each subject is required to be determined first. Interpreting the disease matter is an important part of the healing process of disease. It is because interpreting the meaning of disease can give different perspectives of each subject in the experienced disease condition. Interpreting the disease can also determine how the way subjects can behave of the disease itself.

The research results obtained that the subjects who are being infected by asthma can be varied. Our subjects' age was ranged from children to elderly as well. The subjects have many experiences and knowledges that generated their own perspectives on their disease. The subjects' viewpoints were divided into 2 of 8 categories. For the variable, since the variable in this research was the patients' attitudes, there were several groups that showed the patients' attitudes, such as: a) patients who consume the drugs periodically, take the medical check-up periodically, and able to avoid the asthma trigger; b) patients who consume the drugs periodically, take the medical check-up periodically, and is difficult to avoid the asthma trigger, c) patients who does not take the drugs periodically, take the medical check-up periodically, and able to avoid the asthma trigger; d) patients who does not take the drugs periodically, take the medical check-up periodically, and is difficult to avoid the asthma trigger. Those attitudes had the same effect with the way the patients defined the meaning of pain. Both of them could affect the clinical condition (health status) of the patients.

In general, the patients' attitudes were divided into two groups. Group I interprets the disease positively, contrary, group II interprets the disease negatively. Positive attitude, in this case, means that asthmatics treat their disease like worth life trial and experience. Positive attitude gives them a positive perspective about their disease to be more religious and leads to the optimistic feeling that every disease must be healed. However, negative attitude gives them negative thoughts and negative perspective towards their disease. This bad feeling leads them to the pessimistic mindset that disturbs the disease recovery.

Group I believes that asthma is the part of their life trial and experience that written in their fate by God (Allah). The religious view brings them to keep patience and optimistic thoughts to treat their asthma positively. On the other hand, asthma also brought the subjects' spirit and optimistic attitudes when their asthma is relapse. The positive attitude was a form of a positive emotion. This positive emotion could

encourage the subjects to take good actions, such as following the doctor's suggestion, taking a medical check-up periodically, consuming the drugs periodically, and avoiding the triggers. Those actions could be examined from the medical record. If the patients felt depression on the disease, the disease could get worse and cause the asthma being relapse. It could be happened although the patients were consuming the drugs periodically, taking the medical check-up periodically, and it could be worse if the subjects could not avoid the trigger. Depression is a form of negative emotion that can make the situation and condition getting worse. In fact, 75% of the total of 20 research subjects stated that "there must be a cure for every disease".

A hope to get healthy again leads to a perspective that has very important role in growing the subjects' optimistic attitude. The subjects realize that their disease has relapse risk at any time and can cause death but the subjects keep trying to control the rate of relapse of their disease. The positive attitude apparently had an impact in the healing process. In the case of asthma disease, being healthy means that the asthma is being controlled fully.

Another implication of the positive interpretation toward the disease was not only impacted to the subjects' themselves but also was impacted to another social life, such as the subjects' attitudes toward the medical institution, family, work, and social environments. The positive attitudes to the medical institution are shown by the subjects by obeying the institution's regulations, e.g., keep control, have regular treatments and avoided the asthma triggers.

In the family environment, the subjects are always trying to be adaptable and being friendly. It also occurred in the job and social environments, the subjects have continued to be adaptable with their limited physical ability and keep maintain a good relationship with their social environment. In the spiritual and religious affairs, the subjects keep positive thoughts, such as: keep worshipping diligently, going to the mosque routinely, giving alms, joining the regular meditation therapy, praying, and joining other social activities. Those activities were done by the subjects with being full of faith, optimistic, and thankful, so that the good attitude and behavior could affect the disease's recovery.

Contrary, group II looked in and believed in themselves as a weak, helpless, and unable to do anything and have a negative perspective of life. The subjects might become pessimist, desperate, and self-sufficient. The subjects did not adaptable to their disease and disabled to interact with the environment. Moreover, when the subjects had to adapt to the regulations which were established by medical institutions, the subjects felt difficult. Therefore, due to their negative attitude, the subjects were being apathetic to control and had treatment. Subjects who interpreted themselves having "hereditary and incurable disease" could cause depression. The subjects regret themselves continuously and do not have a hope for life. Moreover, the heedlessness and unsupported environment made the subjects were likely having negative interpretation toward their disease.

Interpreting the disease either positively or negatively is influenced by the norms, the values, the cultures and the principles that have been instilled by families, medical institutions or societies, and then it is being avowed by the subjects. In other words, the meaning of disease is the result of a construction that is evolved by the subjects' life experience as described by Schutz that the meaning is "... is a certain way of directing

one's gaze at an item of one's own experience" (Schutz, 1966: 42). Thus, the subjects' interpretation toward the disease could be changed along with the subjects' experience development about their disease. The medical institution, health care worker, family, and society also had a role in changing the experience, especially in the interpretation about the disease and illness.

The meaning of disease that had been constructed of the subjects' mindset when having social interaction could be explained using the basic assumptions of the theory "the looking-glass self" from Cooley, including (1) Individual imagines how his/her physical appearances look like in front of other people, (2) Individual imagines how other people assess on his/her performances, and (3) Individual feels sad or proud is depend on his/her self-feeling (West and Turner, 2007: 104).

The subjects have an expectancy to find their potential to overcome the life's problem, never give up, and have self-confidence. The greatness hopes to erase the society's stigma who thinks that the subjects have hereditary and incurable disease made the subjects interpreted them by using "healthy" condition. This interpretation gave the meaning that the subjects felt unencumbered and did not think their disease so that the subjects behaved normally as another healthy people.

The understanding of subjects on the disease and the growing of subjects' awareness who gain acceptance support or refusal by the surrounding people were interpreted at once. The presence of acceptance of their surrounding people could maintain subjects' self-esteem (positive). Conversely, in the case of refusal, if there was rejection, they would be felt subordinate (negative) and eventually led to the understanding of the disease which was being interpreted as negative.

The subjects' understanding and interpreting on the meaning of their disease are formed by the gained experience and knowledge. As the phenomenological research, the research revealed the deepest meaning of disease in the healing process of asthma patients. Subjects interpreted their disease by being patient and consider it as a religious issue. Even though it is well-known that asthma is incurable and classifies as a hereditary disease, however, by having positive attitudes can affect their disease condition.

The research showed that the psychological condition had an impact on disease condition. Physically, the subjects experienced the disease; however, by interpreting the disease, they got a hope which eventually emerged a feeling of optimism to get well soon. Therefore, the asthma relapse rate becomes low. The interpretation toward the disease involved a mental process in responding to a situation.

Abidin (2007) explained that humans have the behavioral aspect (external) and the experiential aspect (internal). The interaction between the subjects' behavior and experience can affect their experienced disease condition. The role of phenomenon which is being conducted by the subjects in daily life both in the healing process and in improving the public health occurred at once. Based on the cognitive adaptation theory which is linked to the search for a meaning in having disease condition can be explained through several questions as follows: Why should be sick? How the impacts look like when disease occurs? What does live mean in the case of having the disease? To answer these questions, it needs a way of searching the associated meaning with the causality and the implication of the disease itself (Ogden, 2007).

The meaning itself is formed and built by the assessment, understanding, and action of the subjects, which is called perception. According to Suharnan (2005), a perception is that the interpreting process toward an object that has been captured by the human sensory system. **The influenced perception has internal and external factors** (Walgito, 2009). First, the internal factors are derived from the individuals themselves and can affect their emotional intelligence. Second, the external factors are derived from the environment or situation. Another opinion stated that the factors that influenced someone's perception can be categorized into functional, structural, situational, personal and social factors (Sobur, 2009). It is clarified more by Sobur (2009) that the factors which influence social perception in the social environment; among them are the value, familiarity, emotional meaning, and intensity.

The positive perception will occur if the subjects accept their disease as the submit to Allah's fate but keep trying, spirit, optimistic, and assume the disease is a common thing, therefore, the action is also positive. In converse, when the subjects follow the negative perception, the action is also negative. The action, in which being chosen by the subjects is based on their own belief. Mulyana's opinion (2006: 61) stated that every action of human has own meaning and subjectively that is involving the interpretation, think, and awareness.

Interpreting both positive and negative on disease, illness, and treatment is a manifestation of emotion. Actually, it is divided into dichotomous (positive-negative) based on multi-perspective dimension. According to Plutchik (2002), that emotion can proceed dyadically and act intensively and adaptively toward someone's personality. Every subject has different emotion, such as pessimistic, optimistic, patient, despair, being sick, ordinary feeling and being closed. The differences of emotion occur consciously and automatically, it is the result of the interaction which is conducted by the subjects in the healing process of their disease. Based on that case, the subjects found the meaning of their disease when they knew that their disease could not be cured and classified as a hereditary disease (genetic).

The sincere feeling emerged (positive) when the subjects found other patients which had a more chronic disease but they still lived cheerfully and enjoyed their life. Another experience, it also emerged when the subjects felt honored, unique and irreplaceable with others, i.e. when they have different skills that can contribute to other people (society).

The manifestation of sincere feeling also occurred when the subjects were being claimed as patients who had a hereditary and incurable disease. Precisely, this experience made them improved their faith in God's existence (spiritual experience) because God has had another plan behind it. The subjects' experience of the disease is a something which is subjectively so that it can be felt physically and/or psychologically. **The body is being sick can be felt, to be lived and meaningful for the subjects and gave the meaning to the world** (Abidin, 2007).

The subjects think that their condition does not prevent them to do their activities. Having disease condition can threaten the existence of the human condition so that humans try to avoid these threats and look for a better situation. **It is because human is a complete unit which consists of multidimensional aspects of physical, psychological, social and spiritual.** It is clarified by Bastaman's statement (2007) that human consists of bio-psycho-socio-spiritual unity that lives in a certain cultural environment and has a great

influence on someone's personality. The statement assumed that humans can interpret the disease physically but it can have a deeper meaning of disease that can be both transcendentally and beyond of them. It is in line with the statement of Abidin (2007) that humans are not imminently (caged by themselves) but transcendently (out of caged or beyond of themselves).

CONCLUSION

The disease which is being interpreted subjectively by the subjects either positive or negative is always linked to the physical and psychological conditions. The disease which is being interpreted as the physical condition that has associated with the presence of disease is always indicated with the declining physical condition or unhealthy habit (lifestyle). However, the disease can be also interpreted as a result of diseases (implication) condition, such as having the limited physical ability, work, and social interactions. Meanwhile, the disease is being interpreted as the psychological condition as a religious issue as life trial from the spiritual mindset.

The interpretation above has implicated on the rate of asthma relapse. The condition could be seen when the subjects interpreted positively to their disease and illness. The subjects' attitudes and behaviors either positive or negative are the manifestations of emotion. The emotion plays a role in controlling the subjects' mindset and behavior. Apparently, the subjects enabling to regulate the positive emotion which is based on high spirituality can reduce the recurrence rate of asthma, which eventually has impacted on physical health, psychological, social and spiritual.

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