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Revista de Antropología, Ciencias de la Comunicación y de la Información, Filosofía,
Linguística y Semiótica, Problemas del Desarrollo, la Ciencia y la Tecnología

Año 36, 2020, Especial N°

27

Revista de Ciencias Humanas y Sociales

ISSN 1012-1587/ ISSNc: 2477-9385

Depósito Legal pp 198402ZU45



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Maracaibo - Venezuela

Effectiveness of stress reduction therapy to increase psychological well-being of orphanages' caregivers

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Abstract

This research aimed to test the effectiveness of Mindfulness-Based Stress Reduction Therapy to improve the psychological well-being of caregivers. The data are analyzed using visual analysis and effectiveness test, inference analysis with applying Wilcoxon test through SPSS 20.0 for windows. The results indicated that there is an increasing trend of the subjects' psychological well-being scores after being treated. It suggested that mindfulness-based stress reduction significantly improve the caregiver's psychological well-being. The Wilcoxon test scored $0.043 < 0.05$. It suggests that there are significant gaps between the caregivers' psychological well-being before and after being treated with Mindfulness-Based Stress Reduction Therapy.

Keywords: Mindfulness-Based stress reduction therapy, Psychological well-being, Orphanages' caregivers, Parenting in orphanage.

La efectividad de la terapia de reducción del estrés para aumentar el bienestar psicológico de los cuidadores de orfanatos

Resumen

Esta investigación tuvo como objetivo evaluar la efectividad de la Terapia de reducción del estrés basada en la atención plena para mejorar el bienestar psicológico de los cuidadores. Los datos se analizan mediante el análisis visual y la prueba de efectividad, el análisis de inferencia con la aplicación de la prueba de Wilcoxon a través de SPSS 20.0 para Windows. Los resultados indicaron que

existe una tendencia creciente de las puntuaciones de bienestar psicológico de los sujetos después Del tratamiento. Sugirió que la reducción Del estrés basada en la atención plena mejora significativamente el bienestar psicológico Del cuidador. La prueba de Wilcoxon obtuvo UN puntaje de 0.043 <0.05. Sugiere que existen brechas significativas entre el bienestar psicológico de los cuidadores antes y después de ser tratados con la Terapia de reducción Del estrés basada en la atención plena.

Palabras clave: Terapia de reducción del estrés basada en la atención plena, Bienestar psicológico, Cuidadores de orfanatos, Crianza en el orfanato.

1. INTRODUCTION

Indonesia has the most orphanages compared to other countries. There are an estimated 5,000-8,000 orphanages with approximately 1.5 million foster children. In Indonesia, 99% of the orphanages is managed by the community, mainly religious organizations, and only 1% is managed by the government (Ministry of Social Affairs of the Republic of Indonesia - DEPSOS RI, 2004). The Ministry of Social Affairs of the Republic of Indonesia (2004) defines orphanage as a social welfare institution for neglected children, providing substitute parental/guardian roles for children in need.

Orphanages provide physical, mental, and social needs to foster children for them to obtain broad, proper, and adequate opportunities. This is to achieve personal development in accordance with the next generation ideals and to be a person who is contributive to the national development. The definition is strengthened in the Law of the Republic of Indonesia Number 4 Year 1979 Article 2 Paragraph 1. The

law states that every child has the right to receive welfare, care, education, and guidance based on compassion, both within a family and in particular care for the child to grow and develop properly.

At an orphanage, caregivers shall take a significant role; caregivers are professional social workers or social welfare workers (Regulation of the Minister of Social Republic of Indonesia - PERMENSOS, 2013). The basic concept of childcare shall focus on how the environment is maintained for optimal child growth and development through *asah, asih, asuh* (teach, love, and care) approach. The *asah* (teach) approach emphasizes the needs of education and training, psychosocial development, intelligence, skills, independence, creativity, morals, personality, and productivity. The *asih* (love) approach emphasizes the needs of compassion for the child to be able to bound and trust. The *asuh* (care) approach emphasizes the needs of the child's food, nutrition and basic needs.

Some problems of orphanage include imbalance ration between the number of caregivers and the number of children who need to get assistance and guidance, the number of tasks and demands bear by the caregivers, as well as the daily problems related to caregiving that must be faced by caregivers that causes the caregivers to experience stress. The stress experienced by the caregiver causes caregivers often feel quickly tired and headaches. The caregivers also experience difficulty in controlling emotions, so that they sometimes do violence, both verbally and physically to children who did something wrong. (SARASWATY, 2018; HARTINI, 2019). In addition, the

disadvantaged socioeconomic background of most foster children causes orphanage children often experience emotional and behavioral problems (HARTINI, 2001; MINNIS et al.; 2006).

Stress experienced by the caregivers is related to psychological well-being; when the caregivers experience negative stress (distress), their psychological well-being becomes lower, and vice versa (RYFF, 1989, 1995; COMPTON, 2005; ISSOM & MAKBULAH, 2017). Therefore, the psychological well-being of the caregivers is an important variable in influencing caregivers' behavior towards foster children; psychological well-being influences the caregivers' confidence in caregiving and educating foster children. Psychological well-being can affect parenting self-efficacy (IRAWATI, 2012). Therefore, psychological well-being a positive impact on the positive development of foster children (LARSON, 2010).

One of the ways to improve psychological well-being is by doing meditation that emphasizes awareness, mindfulness meditation (KABAT-ZINN, 2001, 2005). SHAPIRO et al. (2005) suggested that mindfulness meditation is a series of mental exercises that aim to increase individual awareness and ability to stop negative thinking habits and change thoughts to be more positive so that individuals do not easily experience stress.

Mindfulness-Based Stress Reduction is a therapeutic program with a relaxation that aims to make individuals aware that thoughts, emotions, and sensations are fluctuating and temporary (KABAT-

ZINN, 2005). Meditation can reduce stress and improve psychological well-being (BROWN & RYAN, 2003; MAHARANI, 2016; ARIF, 2016; BENNETT & DORJEE, 2015; REDSTONE, 2015; OMIDI & ZARGAR, 2015; SMITH, 2014; BOURGOIN, 2011; SEDAGHAT, et al, 2011).

2. METHODOLOGY

This was quantitative research using experimental methodology. The research design was a single-subject research design. Single-subject design measures the dependent variable and is carried out repeatedly in a certain period. This study used A-B reversal category design, where A is the baseline or condition before treatment/intervention and B is condition after treatment/intervention. The independent variable of this research was Mindfulness-Based Stress Reduction Therapy (MBSR). MBSR refers to Kabat-Zinn concept, 2005; MBSR consists of Formal mindfulness: body scan, hatha yoga, sitting meditation, and non-formal mindfulness: mindfulness in everyday life (such as walking meditation and eating meditation).

The dependent variable of this research was the psychological well-being of the female caregivers at the orphanage. The subjects of this research were five female caregivers at the orphanage who had worked at least two years, had committed verbal or physical violence to foster children, aged 35-55 years old, minimum education level of

senior high school or equivalent, and had a lower score category of psychological well-being. Each research subject has stated the willingness to participate in this research voluntarily and signed the informed consent. The research subjects were Balinese who lived in Bali and were incorporated into the traditional Balinese government. The subjects have meditation rituals habit daily.

This research used the Psychological Well-Being Scale (PWBS) scale made by RYFF (1989) consisting of 42 items with 7 items in each aspect. The aspects of psychological well-being: self-acceptance, positive relationship with others, autonomy, purpose in life, personal growth, environmental mastery. The items on this scale were statements that have five ranges from strongly disagree (STS) to strongly agree (SS). Reliability coefficient score of Psychological Well-Being Scale (PWBS) was 0.82. The data were analyzed using visual analysis and effectiveness test, inference analysis with applying Wilcoxon test through SPSS 20.0 for Windows.

3. RESULTS AND DISCUSSION

The differences between A, the baseline or condition before treatment / intervention, and B, the condition after treatment / intervention, which was measured using Psychological well-being Scale (PWBS) made by Ryff (1989), are described in the results of the treatment / intervention of each subject as and represented by the graph below.

The differences between A and B on subject 1 are as follows:

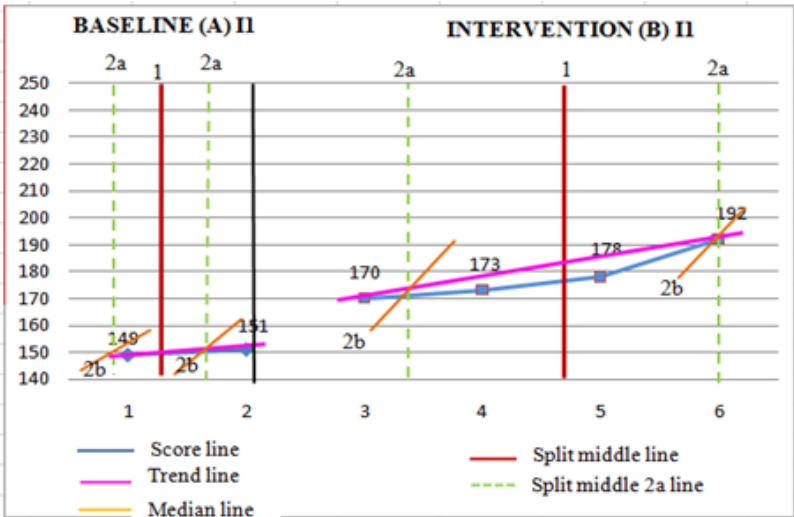


Figure 1: Subject Estimation 1

The differences between A and B in subject 2 are as follows:

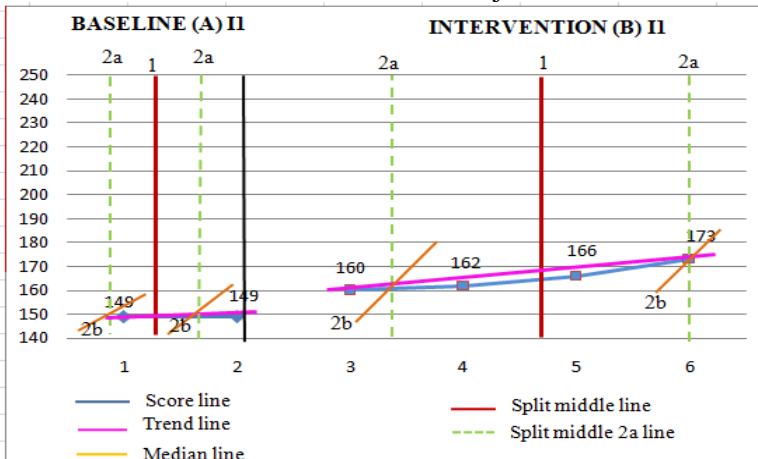


Figure 2: Subject Estimation 2

The differences between A and B on subject 3 are as follows:

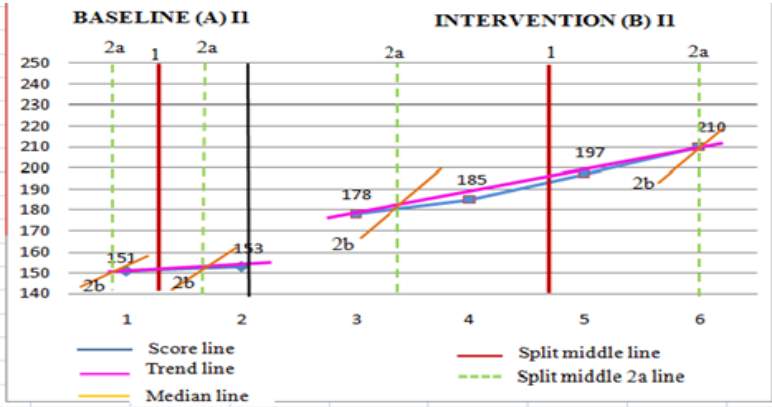


Figure 3: Subject Estimation 3

The differences between A and B in subject 4 are as follows:

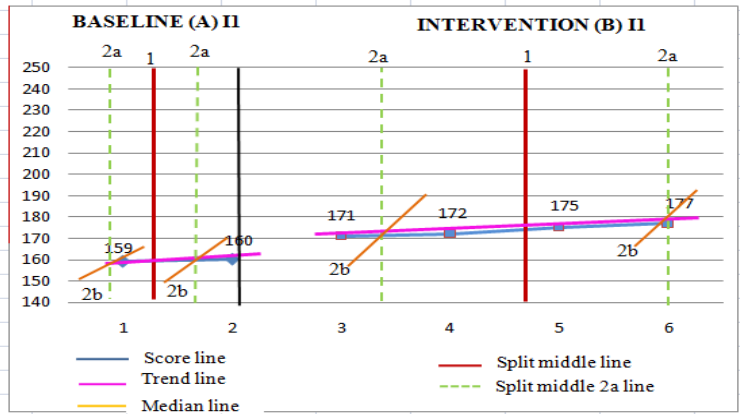


Figure 4: Subject Estimation 4

The differences between A and B in subject 5 are as follows:

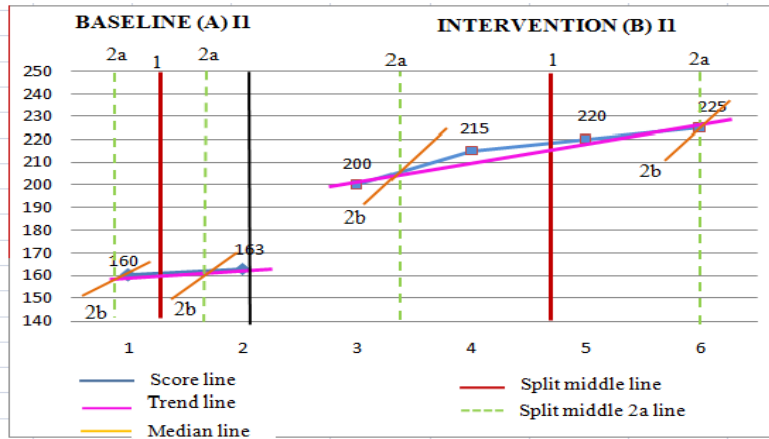


Figure 5: Subject Estimation 5

Results of estimated scores graph analysis of subjects' psychological well-being showed increasing scores. This means that after treatment/intervention, there were changes in caregiving patterns by subjects after undergoing 12 sessions of mindfulness-based stress reduction therapy treatment/intervention in one month. T-test results before treatment/intervention and after treatment/intervention in general.

Table 1: Test results

	Posttest 1 - Pretest 1	Posttest 2 - Pretest 1	Posttest 3 - Pretest 1	Posttest 4 - Pretest 1
Z	-2.023 ^b	-2.023 ^b	-2.023 ^b	-2.023 ^b
Asymp. Sig. (2-tailed)	.043	.043	.043	.043

Based on the statistical analysis above, the results of pretest and posttest of psychological well-being scale was 0.043. The result was smaller than 0.05 ($0.043 < 0.05$). Thus, it can be concluded that there was a significant difference between the scores of caregivers' psychological well-being before and after getting treatment in the form of Mindfulness Based-Stress Reduction Therapy.

The results of visual analysis on all subjects also showed an increasing trend. The data overlap calculation strengthened the result on each subject that ranged from 0% to 25%. Based on the overlap range, it can be concluded that the therapy mindfulness-based stress reduction significantly improved the caregivers' psychological well-being ranged from 75% to 100%. This was supported by the results of the inferential analysis using the Wilcoxon signed-rank test. The significance level of 0.043 was obtained. This shows that there were significant differences in the level of psychological well-being before and after mindfulness-based stress reduction therapy.

In this research, mindfulness-based stress reduction can improve psychological well-being in subjects due to several things. First, the subjects have a daily meditation routine as worship. Second, in the initial therapy session, the subjects were asked to be aware of, analyze, and express things that may cause them to feel uncomfortable or depressed and the subject's reactions when dealing with the situation. According to STAHL and GOLDSTEIN (2010), this process referred to as a process of self-reflection in mindfulness therapy. It is where

individuals practice becoming more aware of the conditions that cause individuals to feel uncomfortable, depressed, or stress.

Awareness towards the cause uncomfortable feelings allows the individuals to see personal experiences more clearly. Individuals feel they have many options, broader scope of movement, and freedom to choose more appropriate and effective responses when in a stressful situation. Through Mindfulness-Based Stress Reduction (MBSR), individuals are trained to see their condition and stress trigger clearer, so that the individuals can respond in more precise and adaptive ways (KABAT-ZINN, 2005; STAHL & GOLDSTEIN, 2016).

Sitting meditation, hatta yoga, and body scan practices, which were used in this therapy, helped the individuals to improve their ability to concentrate, calm, and not reactive to self-thoughts and external pressure, breathing relaxation, attention flexibility, relaxing muscles, reducing pain and distress. During sitting meditation, the individual consciously adopts an alerted and relaxed body posture, so that the individual can feel relatively comfortable without moving, and then calmly accept the moment without trying to fill it with anything. This is the physical counter effect of self-dependence, self-acceptance, attention and alertness. Self-acceptance and autonomy are in accordance with the psychological well-being dimensions (KABAT-ZINN, 2005).

Body scan practices have been proven to be a potent form of meditation and work for healing. The body scan is the core

mindfulness-based stress reduction practices. Body scan aims to increase individual awareness or train individuals to be more aware of current events by bringing awareness of everything that is experienced by the body, helping individuals to reduce stress, anxiety, and physical pain. Sitting meditation aims to train individuals to accept each event without reacting quickly. Hatha yoga aims to increase musculoskeletal flexibility, strength, and balance as well as helping individuals to enter a state of deep relaxation and awareness. In practicing non-formal mindfulness, walking meditation aims to develop an awareness of the body, while eating meditation aims to realize the things that are wanted and needed by the body (KABAT-ZINN, 2005).

UHER & GOODMAN (2009) states that psychological well-being and distress can be measured in one construct. This statement is supported by research conducted by COFFEY & HARTMAN (2008) and MOE (2012), confirming that psychological well-being has a significant relationship with distress. This indicates that a lower level of psychological well-being low promotes distress and vice versa. LARSON (2010) and REICH, et al. (2017) corroborates the results of the study, stating that psychological well-being, awareness, and compassion can be improved, and stress levels can be reduced.

The limitation of the study was the use of single-subject design method. The improvement experienced by the subjects after being treated with Mindfulness-Based Stress Reduction (MBSR) may not necessarily be experienced by other subjects. The habit of doing

meditation as part of their daily prayer was contributive to strengthen the treatment/intervention.

4. CONCLUSION

Mindfulness-based stress reduction effectively improved the psychological well-being of the subjects, who were caregivers at an orphanage. To achieve positive psychological well-being, awareness of the condition of the self and the causes of stress are required; such awareness enables the individual to respond in more appropriate and adaptive ways. The effectiveness test result was 0.91. It suggests that mindfulness-based stress reduction delivered a considerable effect on the improvement of the psychological well-being of the subjects. Additionally, the obtained 0.043 p score confirmed that there was a significant difference before and after treatment/intervention.

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Revista de Ciencias Humanas y Sociales

Año 36, Especial N° 27 (2020)

Esta revista fue editada en formato digital por el personal de la Oficina de Publicaciones Científicas de la Facultad Experimental de Ciencias, Universidad del Zulia.

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