A Systematic Review of the Family Acceptance of a Schizophrenic Patient

Darni Darni, Ah Yusuf*, Rr Dian Tristiana

Abstract---Family acceptance provides psychological and behavioral support for patients with schizophrenia shown through a caring attitude and support as a family. This encourages the family members to provide the proper care for the schizophrenic patients. This research was conducted to analyze how families grow in their acceptance of the schizophrenic patients. The research data was the literature used in this systematic review obtained from 3 electronic databases, namely Scopus, Science Direct and Proquest. The articles were published between 2014 and 2019. The literature search and paper selection was based on select keywords. We obtained 42 articles from Scopus, 53 from Science Direct and 38 BMC articles (from the health services). Following this, 56 articles were found to be the same and 48 potential articles were based on the inclusion criteria, namely that they were scientific articles published between 2014-2019 on the Scopus, Google Scholar, Science Direct, and Proquest databases that matched the predetermined criteria. A systematic review was carried out to analyze the articles (PRISMA). A family intervention in the form of acceptance was found to support the decrease in the number of patients with schizophrenia. The results of this research confirm that the acceptance of the family has a positive effect on the family members who experience mental disorders. The positive attitude in which the family support the patient reduces the patients' vulnerability to negative stigma and discrimination, increasing their tendency to access proper health facilities and overall improving the family acceptance of the family members with a mental disorder. The results of the 15 journals that have been determined based on the inclusion criteria shows that families with a family member with a mental disorder can accept said family member. Future researchers are expected to make this systematic review study a reference to look into increasing the level of acceptance of familial schizophrenia.

Keywords---Family; Acceptance; Schizophrenia

I. INTRODUCTION

Mental disorders in general are characterized by fundamental deviations in ones' mentality, perception and unnatural or overlapping effects [1]. Patients with a mental disorder can have good quality of life when their medication is properly taken and if the support from their family is adequate. The family support and care of patients with a mental disorder in a hospital is often low [1]. Some of the families were reluctant to dismiss their family members who have been stated as [1]recovered by the psychiatric hospital, resulting in an increase in the number of inpatients, a higher chance of relapse, a higher number of patients experiencing relapses in the hospital and a higher number of people with mental disorders on the

Faculty of Nursing Universitas Airlangga, Surabaya, Indonesia

Coresponding author:
Ah Yusuf
e-mail: ah-yusuf@fkp.unair.ac.id

streets [1]. Improving the awareness of the families of patients with a mental disorder can be done by increasing the family acceptance level. Family acceptance refers to the psychological and behavioral effects experienced by the families of schizophrenic patients that are reflected through the caring attitude, the attachment of support and care as well as the fulfillment of the schizophrenic family member's necessity[4]. The families of the schizophrenic patients who have recovered from a mental disorder and the community can accept their presence without any problems, except that their attention and care differ depending on the community characteristics[2]. Qualitative research using the phenomenological approach should be conducted to explore the family acceptance of schizophrenic patients more broadly. The systematic goal is to find out the stages of family acceptance so then they can understand the process of family acceptance. This is in order for it to be applied by other families who have the same problem.

II. METHOD

The literature used in this Systematic Review was obtained from 3 electronic databases, namely Scopus, ScienceDirect and Proquest. The documents were published between 2014 and 2019. The literature search and paper selection was based on select keywords. Finally, we obtained 42 articles from Scopus, 53 from Science Direct and 38 BMC articles (health services). Following this, 56 articles were the same and 48 potential articles were based on the inclusion criteria. After sorting out the papers based on the abstracts, 37 were considered to be irrelevant and 8 were not accessible. Finally, 15 articles were selected to be used in this systematic review.

The keywords used were "Acceptance" AND "family" OR "schizophrenia". This research was conducted in the form of a systematic review. This systematic review research was done using a qualitative design and it was published in English. The population of this systematic review was the families with a schizophrenic family member. The sample conditions in this study included families receiving back their family members with a mental disorder. The main objective of this systematic review was to analyze the themes present in the systematic review. This research was not limited by any time constraints. A standard protocol was implemented for sorting the papers using the PRISMA method. The steps were sorting out the duplications, the independent examination of titles, abstracts and keywords and the deletion of irrelevant citations based on the inclusion criteria. The inclusion criteria were 1) that the family had a family member with a mental disorder and 2) a nuclear family with the main responsibility for a schizophrenic patient. If the titles and abstracts matched the inclusion criteria and research objectives, then the full texts were retrieved. The final step was the study design was the randomized controlled trial approach to reduce the risk of bias. Studies were excluded if they had less than 6 respondents, which means that they do not have enough strength to detect a significant relationship. The publications were limited to 2009-2020.
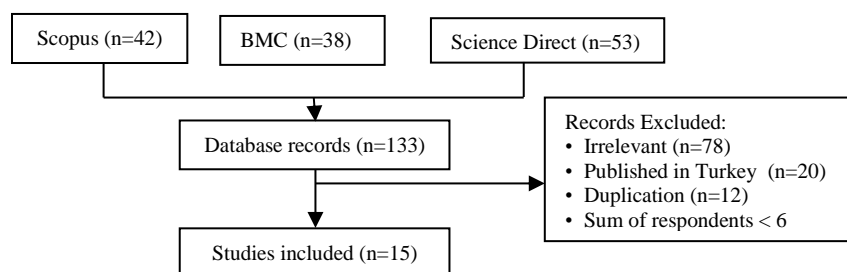

Figure 1-Flow diagram of the article selection process

The data was extracted from each study that fulfilled the requirements including the characteristics of the study, the characteristics of mindfulness, the characteristics of the results and the summary of the results. The papers were grouped into qualitative studies, family acceptance and schizophrenia. In the final qualitative synthesis, 15 articles published between 2009 and 2020 were included. The number of included patients ranged from 23 to 133 respondents, predominantly inclusive of the family of the family members who experienced a mental disorder. The ethical issues when preparing the manuscript of the systematic review were the following: 1) avoiding redundant or duplicate publications; 2) avoiding plagiarism; 3) transparency when screening the article, processing the analysis, and making the evaluation; 4) ensuring accuracy, and 5) flagging suspected plagiarism or fraudulent research.

III. RESULTS

This study found there to be 9 themes related to family fun. After being chained, the patients with a mental disorder slowly developed a better condition. Regardless of the progress, the families continue to observe the patients' physical development, provided activities for the people with a mental illness and bring them to the health care centers [3]. It has been revealed that participant acceptance is a core factor that determines the level of family support and the nullifying of any forms of stigma and discrimination. From this core factor, the researcher identified the sub-factors that facilitate the process of acceptance of participants as follows [4]: the utilization of health facilities, the spirituality of schizophrenic patients, the non-compliance of patients in consuming drugs, family support, social support, the patient's daily activities at home, the lack of community support and hope for the patients and their families[5]. After completing their rehabilitation at the Banda Aceh Mental Hospital, 6 families of the patients who had experienced mental disorders accepted the recovered patients without any problem [6]. Acceptance is influenced by the problems faced by the 3 families including understanding and information related to the mental disorder, knowledge of how to treat the patients, the environmental assessment of the family and the family assessment of the patient [7]. Positive personal changes include increased self-identity and the acceptance of caregiving, increased knowledge about the disease, and the adoption of new coping skills. In addition to the positive characteristics of the joint support group, these are main inhibitors of group development [8]. There were 2 major themes obtained related to the family support for post-chained psychiatric patients, namely the phenomenon of chaining of the patients with mental disorders and family support. The chaining phenomenon includes reasons, decisions, methods, exemptions and the impact on income[9]. Peer support and the universality of the problem are related to the acceptance of information about safety and group respect [10]. Four themes were developed: learning and accepting various disturbances, nurturing, social dimensions and service dimensions[11].

Family confusion and socio-cultural constraints make it difficult for families to be open about their parents who have a mental disorder. They also make it difficult to get family acceptance[6]. A lack of family knowledge about schizophrenia, the emotions and attitudes of schizophrenics, and the environmental assessments necessary are the common problems faced by schizophrenic family members[8]. After being chained, the patients with a mental disorder slowly develop better condition. Regardless of the progress, the families continue to observe the patients' physical development, provide activities for the people with a mental illness and bring them to the health care facilities[9]. Schizophrenic patients and those with a high-risk mental condition reduce the patients' cognitive domain in terms of attention span, working memory, and social cognition[12]. It has been revealed that participant acceptance is a core factor that determines family support and the nullifying of any forms of stigma and discrimination. From this core

factor, the researcher identified the sub-factors that facilitate the process of acceptance of the participants as follows[13]: financial constraints, a lack of social support, impaired family function, stigma, discrimination, and disturbing behavior[12], the utilization of health facilities, the spirituality of schizophrenic patients, the non-compliance of patients related to consuming drugs, family support, social support, the patient's daily activities at home, a lack of community support and hope for the patients and their families[14]. After completing their rehabilitation at the Banda Aceh Mental Hospital, 6 families of patients who had experienced mental disorders accepted the recovered patients without any problem[5]. Acceptance is influenced by the problems faced by the 3 families including understanding and information related to mental disorders, knowledge of how to treat the patients, the environmental assessment of the family and the family assessment of the patients[4]. Positive personal changes include increased self-identity and the acceptance of caregiving, increased knowledge about the disease, and the adoption of new coping skills. Positive characteristics of the joint support group are main the inhibitors of group development[15]. There were 2 major themes obtained related to family support for post-chained psychiatric patients, namely the phenomenon of chaining related to the patients with mental disorders and family support. The chaining phenomenon includes the reasons, decisions, methods, exemptions and the impact on income[7]. They suffer a heavy life burden and have negative experiences related to social support[16]. Peer support and the universality of the problem is related to the acceptance of information about safety and group respect[3]. Four themes were developed: learning and accepting various disturbances, nurturing, the social dimensions and the service dimensions[17]. The family and community members applied chaining for safety reasons to prevent the patients from engaging in aggressive patient behavior such as physical violence against their neighbors and stealing food, According to the community leaders, the families were often reluctant to bring their family members to the psychiatric hospital due to financial constraints and dissatisfaction with the service available[5]. Out of the 15 themes, 9 were found to have positive results where the family members continue to provide support for the patients[9], [3], [13], [5], [4], [18], [15], [16], [17]. There were 6 different themes including the difficulties of the family when it comes to acknowledging and speaking up about mental illness because the parents arrange for family acceptance [6], a lack of family knowledge about schizophrenia, emotions, the attitude of the schizophrenic patients, and the environmental assessments required for the schizophrenic family members[8]. Patients with schizophrenia and other mental conditions are at high risk of facing a decline in their attention span, working memory and social cognition[5]. Financial constraints, a lack of social support, family dysfunction, stigma, discrimination, and poor behavior can disturb the patients[12]. They suffer from a heavy life burden and have negative experiences related to obtaining social support[7]. They have been chained for safety reasons and to avoid aggressive behavior such as physical violence against their neighbors and stealing food, According to the community leaders, families often do not respond to the patient's requests to be hospitalized[18].

IV. DISCUSSION

Family acceptance refers to the psychological effect and attitude of the acceptance of the families of schizophrenic patients which is reflected by their caring attitude, family support and nurturing. The families provide the care needed by their schizophrenic family members as a form of family bonding [5]. Prior research has shown that the families of schizophrenic patients are able to accept the patients back after they have recovered from their mental disorders and that the society was also able to accept them. However, the level of attention and care differs according to the characteristics of the society [2]. Self-acceptance is a life skill that can be learned, allowing people to maintain

having a positive perspective about their true selves [14]. The results of the research were examined to describe the family acceptance of their family members suffering from a mental disorder. Both positive and negative experiences have been reported. The positive ones include the fact that post-chaining, the families kept observing the patients' physical development, offering various activities, bringing them to the health care center, providing adequate support, avoiding stigma and discrimination, utilizing the health care facilities available, improving the spirituality of the patients, supporting the patients in complying with taking their medication, enhancing their social interaction and accepting the presence of the patients. The procedure when taking care of the patient involves positive changes that include the improvement of self-identity and a nurturing role, improving their knowledge of the illness, adopting new coping skills, the positive characteristics of the support group, and the family support of the patient after being chained. The similarities of the 9 themes found in the journals might be affected by the similar characteristics of the patients being observed. The families did not use the available health care service due to shame, a lack of knowledge and stigmatization in society. Based on the results of this research, the positive attitude could be improved by having greater acceptance as stated in every journal reviewed in this research. This qualitative correlational research aimed to analyze the family acceptance of their schizophrenic family members.

The weaknesses and strengths of the 15 articles can be seen from the differences in the research instrument and analysis methods. The results from the 15 journals propose different themes as follows. Families do not have adequate financial support to access the medical services so they chain their mentally-ill members. Knowledge helps the families to accept the family members who have a mental disorder [7]. Group support promotes family acceptance [13]. There is an excessive burden due to a lack of social support[16]. Good family support encourages the families to release the family members with a mental disorder who were chained up[3]. More adequate knowledge increases the family acceptance of the family members with a mental disorder[17]. Acceptance is influenced by the knowledge of how to care for the patient and the perception of society[19]. After being rehabilitated, the families accept their family members with a mental disorder back home (nardin 5). The utilization of health facilities through family support [6]. Financial constraints and a lack of support affect acceptance[20]. Acceptance is influenced by adequate family support [10]. Using the health facilities results in a better patient personal condition[11]. After being released from being chained, the patients get better [18]. A lack of knowledge triggers problems among the family members[12]. Inhibitors against acceptance[21]. There were 2 articles in which the data was analyzed using theoretical data analysis, namely those written by Yundira and Langer. Furthermore, 3 articles employed thematic Colaizzi analysis: Paul, Konadi, and Ozden. An article was written based on the content analysis by Chien. The themes found in the articles shared some similarities and differences due to the different sample sizes as shown below.

Table 1. Number of samples in the studies

No.	Number of Sample	Author/s
1.	11 samples	Power
2.	6 samples	AyudanNihayati
3.	48 samples	Langer
4.	38 samples	Paul
5.	6 samples	Iseselo
6.	6 samples	Konadi
7.	77 samples	Nardin
8.	6 samples	Whardani
9.	40 samples	Chien
10.	9 samples	Ah Yusuf
11.	20 samples	Chan and Rowaert
12.	30 samples	Ozden
13.	21 samples	Laila

This might also have occurred due to the different respondents' characteristics, such as whether or not it was educational research as conducted by Chen (12), Whardani (9) and Iseselo (6). Knowledge research was conducted by Laila (15), Chien (10), Konadi (7), Langer (4), Nihayati (3), Ayu (2) and Pwer (1). Research to support the family was conducted by Ozden (14), Rowaert (13), Joseph (11), Nardin (8) and Paul (5).

There are several potential limitations associated with this systematic review. (1) The article search was limited to published research which might pose a risk of publication bias. (2) It was possible that biases might occur due to the selection of the articles or due to the pre-determined criteria. (3) The researchers assumed that the family acceptance of the family members with a mental disorder is not always similar across the studies. Future researchers are encouraged to find other themes and to develop interventions to help to solve mental health issues.

V.   CONCLUSIONS

The systematic review conducted by the researchers using 15 articles based on the inclusion criteria shows that a family where one of the family members has a mental disorder can accept said family member. This is indicated by accepting the positive feedback to grow a positive attitude towards the family member with a mental disorder and to developing a positive attitude towards anyone suffering from a mental disorder. This is in addition to family support, health care center utilization, pelepasan tindakan pasung, providing material and social developments and activities, and increasing their emotional well-being abilities. Future researchers are expected to make this systematic review study a reference when looking into increasing the acceptance of the family of schizophrenic patients.

CONFLICT OF INTEREST

No conflicts of interest have been declared.

ACKNOWLEDGMENT

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APPENDIX

Table 1. Summary of the selected studies

Title/Author	State	Method	Results
Family resilience in families where a parent has a mental illness [21].	Australia	Design: Qualitative Sample: 11 participants Variables: Family and resilience Instrument: Interview and observation Analysis: Colaizi analysis	Old people with a initial illnesses often bring in stress and confusion for the family while the family also deal with various socio-cultural constraints that prevent them from speaking up about it.
The process of accepting the family members of people with schizophrenia[12].	Indonesia	Design:: Qualitative Sample: 6 participants Variables: Acceptance and Family Instrument: Interview Analysis: Theoretical codi	Inadequate family knowledge of schizophrenia, emotions, the schizophrenics' behavior and the social factors are common problems faced by the families with schizophrenic members.

Title/Author	State	Method	Results
Family experience in taking care of client mental disorders post restraint[18]	Indonesia	Design: Qualitative Purposive sampling Sample: 6 participants Variable: Family Experience,Mental Disorder, Chaining Instrument: Interviews and observations Analysis: Colaizi analysis	After being released from the chains, the patients with a mental disorder often developed a better condition. Despite the development, the family kept observing their physical development, facilitating the patients with various activities and bringing them to the health care service.
The effect of a mindfulness-based intervention on cognitive functions and psychological well-being applied as an early intervention in schizophrenia and a high-risk mental state in a Chilean sample: study protocol for a randomized controlled trial [11].	Austria	Design: Quantitative Sample: 48 participants Variable: Cognitive Function, Psychological welfare Instrument: Experimental. Analysis: Theoretical codi data analysis	Adding up the empirical proof regarding the benefits and appropriateness of MBI as a psycho-therapy for schizophrenic patients and high-risk mental conditions to prevent declines in attention span, working memory and social cognition as well as improving the psychological welfare by making the best use of the patients' resources for the management of the patients' psychotic symptoms and experiences.
A qualitative study on family acceptance, stigma and the discrimination of persons with schizophrenia in an Indian metropolis[10].	India	Design: Qualitative Sample: 38 participants Variables: Acceptance, discrimination, family, schizophrenia, stigma Instruments: Interviews and observations. Analysis: Thematic Colaizi	Family acceptance is a core factor that determines the family support and nullification of chances for stigma and discrimination. In this paper, the author identified sub-factors that facilitate the process of family acceptance development.
The psychosocial problems of the families caring for relatives with mental illnesses and their coping strategies: a qualitative urban-based study in Dar es Salaam[20]	Turkey	Design: Qualitative Sample: 6 participants Variables: Family Schizophrenia Instrument: Interviews and observations Analysis: Kolaizi analysis	Financial constraints, inadequate social support, family dysfunction, stigmatization, discrimination and disturbing behavior were the major themes in the research. Acceptance and religious rituals were identified as the main coping strategies applied by the family.
Phenomenology study: family experience with the family members that have a post-hospital experience [22]	Indonesia	Design: Qualitative Sample: 6 participants Variables: Family experience, post-hospitalization, schizophrenia Instrument: Interviews Analysis: Thematic Kolaizi	1. Utilization of the health care facilities 2. Spirituality of the schizophrenic patients 3. Non-compliance when taking medication 4. Family support 5. Social interactions of the patients 6. Patients' daily activities in the home 7. Lack of support from the community. 8. Patients' expectations of the family
Acceptance of the family and community of patients with a mental disorder [2]	Indonesia	Design: Descriptive qualitative Sample: 77 participants Variables: Family Acceptance, Instrument: Interview, observation and documentation Analysis: Kolaizi analysis	After rehabilitation, the families of 6 patients recovering from mental disorders found that they had no problem accepting the patients.
Admission of the schizophrenic patient's family in hospitality [5]	Indonesia	Design: Qualitative Sample: 6 participants Variables: Family acceptance of schizophrenic patients Instrument: Interviews Analysis: Kolaizi analysis	Several factors influence family acceptance including: knowledge and information regarding mental disorders and knowledge on how to care for the patients The responses from the surrounding environment about the family were also examined.
Perceived Benefits and Difficulties Experienced in a Mutual Support Group for Family Care Givers of People With Schizophrenia [17]	Hong Kong	Design: Qualitative Sample: 40 Participants Variables: Family care; schizophrenia; perceived benefits; mutual support group; qualitative research Instrument: Interviews Analysis: Content analysis	(a) Positive personal change is associated with group participation including self identity, the takeover of the caring responsibility, improvements in the knowledge of the illness and the adoption of new coping method, (b) The positive characteristics of the collective support included ideology, explicit group consensus, perceived social climate, adequate information and empowerment. (c) The main inhibitor is the group development, particularly the presence of low or irregular group, negative pressure from the dominant members and

Title/Author	State	Method	Results
			the intensive or excessive expression of negative feelings.
Pasung Phenomenon and the Family Support Post-Pasung for Mental Disorder Patients [3]	Indonesia	Design: Qualitative Sample: 9 participants Variables: Family support, mental disorder, chaining Instrument: Interview Analysis: Kolaizi analysis	The 2 main themes were obtained from the families in which a member suffering from a mental disorder who was chained. The second theme was looking into the chaining phenomena for patients with mental disorders and family support. The chaining phenomena included the reasons behind it, the decision, the method, release and impact.
The burden, support and needs of the primary family caregivers of people experiencing schizophrenia in Beijing communities: a qualitative study[16]	Indonesia	Design: Qualitative Sample: 20 participants Variables: Schizophrenia and chaining Instrument: Interview Analysis: Kolaizi analysis	The patients often experience high pressure in life and they have negative experiences regarding social support. They are also strongly urged that they need greater support.
Family Support Groups for Family Members of Mentally Ill Offenders: Family Expectations and Experiences [13].	Belgium	Design: Qualitative Sample: 20 participants Variables: Family support group, family members, mentally ill offenders, forensic psychiatry Instrument: Interviews and observations Analysis: Kolaizi analysis	Accepting the supports of their peers and problem universality to receive information, suggestions and mindfulness about safety and group respect.
The experiences of Turkish families caring for individuals with schizophrenia: A qualitative inquiry [7].	Turkey	Design: Qualitative S: 30 Participants Variables: Schizophrenia, family, caregiving, social support, psychiatric social work Instrument: Interview Analysis: Thematic Kolaizi	Four themes were obtained: learning and coping with disturbance, nurturing, the social dimension and the service dimension.
Perceptions about the pasung (physical restraint and confinement) of schizophrenia patients: a qualitative study among family members and other key stakeholders in Bogor Regency, West Java Province, Indonesia [8].	Indonesia	Design: Qualitative S: 21 participants Variables: Schizophrenia and chaining. Instrument: Interview, observation, and documentation Analysis: Kolaizi analysis	Family members and the society in general perceive chaining to be necessary for safety reasons to prevent the patients from doing aggressive behaviors such as physical violence towards the neighbors, stealing food etc. As stated by a community leader, families often neglect the patients' requests to be hospitalized. The families might face a financial burden when it comes to seeking out the proper mental illness therapy and some of them also found the health care service to be dissatisfactory. The caregivers also highlighted their inadequate knowledge and the misinterpretations shared among the society about schizophrenia.