

## COPING STRESS A WIFE WHO HAS A HUSBAND'S STROKE

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**Abstract:** *Stroke is a type of disease that is very dangerous. A stroke is a medical condition that occurs when the blood supply to the brain is cut off or reduced. The cause of stroke can come from blood vessels or the rupture of blood vessels in the brain. This condition makes other people feel concerned about the sufferer. A husband is not the only one who suffers from this condition. A wife who is faced with this condition is expected to have great patience, provide sufficient attention to her husband, have the fortitude and ability to manage stress for the husband's continued recovery, and be able to share her attention with all family members. The purpose of this study is to examine the description of coping stress of a wife whose husband has had a stroke. The approach used is a descriptive-qualitative approach with data collection techniques such as observation, interviews, and documentation. The results obtained in this study showed that the wife used focused coping and religion to cope with stress problems in dealing with the condition of her husband, who had a stroke.*

**Keywords:** *coping stress, stroke disease.*

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### Introduction

Stroke is a disease that is very troubling to the public. A stroke usually occurs suddenly without the sufferer realizing it. The initial symptoms that sufferers feel are usually cramps in the legs or arms, followed by weakness, and some even spontaneously fall while doing an activity. Stroke is the leading cause of death in urban areas, which accounts for 15.9 percent of the total number of causes of death in Indonesia. Stroke is classified as cerebrovascular disease (CVD), which is an emergency disease and requires help as soon as possible. A stroke is an attack on the brain due to disruption of the blood vessels that supply the blood that carries oxygen and glucose for the metabolism of brain cells so that they can continue to carry out their functions. This is a sudden attack that causes symptoms in the part of the brain that does not receive blood supply (Lili Indrawati, Wening Sari, 2016).

A stroke will have an impact on the health of the sufferer, which includes, firstly, paralysis on one side of the body, which is one of the most common consequences of a stroke. Because of the brain's cross-representational arrangements, paralysis usually occurs on the opposite side of the lesion in the brain. For example, sufferers cannot lift their arms and legs. Secondly, disturbances in the coordination of body movements Third, there is a visual impairment. Fourth, aphasia—namely, difficulty speaking or understanding speech conveyed by other people. Fifth, perceptual disorders Sixth, impaired sensibility in the area traversed by the part of the brain that has had a stroke Eighth, stroke sufferers often experience fatigue and will need extra energy to do the things they usually do when the sufferer is still healthy. Ninth, depression. Tenth, stroke can make sufferers experience emotional instability, so they often show excessive or inappropriate emotional responses. The

eleventh category is memory problems. Twelfth, personality changes, where brain damage can cause disturbances in positive and negative emotional control, affecting behavior and how sufferers interact with their surroundings. Thirteenth: severe headache, pain in the neck and back, accompanied by nausea and vomiting (Bay et al., 2015). Individuals who have had a stroke are prone to experiencing stress. Stress is a condition caused by interactions between individuals and the environment, giving rise to perceptions of distance between demands originating from situations originating in a person's biological, psychological, and social systems (Handayani et al., 2021).

Furthermore, Sarafino (1994) describes three sources of stress, namely sources of stress that come from within the individual, sources of stress that come from the family, and sources of stress that come from the community and society. Overcoming stress or dealing with the problems faced requires an effort known as "coping." Coping is a process by which individuals try to manage the distance that exists between their demands and the resources they use to deal with stressful situations. The coping function is divided into two things, namely problem-centered coping and emotion-centered coping (Stephenson & Delongis, 2021). Coping is the process of dealing with demands that come from both within and outside the individual and are deemed burdensome or beyond the individual's capabilities (Sitepu, JM, Nasution, 2017). Coping includes efforts that are not only focused on mentality but also on behavior to manage (such as controlling, tolerating, and minimizing) demands that come from within and outside the environment (Mason, 2018).

Emotional conditions can be felt by someone who accompanies a stroke patient, for example, the closest person, namely a wife or husband. In this study, the wife becomes a caregiver who takes care of a husband who has had a stroke. In this situation, the wife must be able to divide her time between her husband and her family (children), which can be difficult. In response to this problem, the wife certainly has her own coping strategy for dealing with the problem. Based on the explanation above, this study wanted to see an overview of the coping strategies used by a wife who faced the condition of her husband, who had a stroke.

## **Literature Review**

### **A. Coping**

#### **1. Coping Definition**

According to Lazarus (Lazarus, Richard S., PhD, Folkman, Susan, 1984), "coping is the process of managing the demands that come both from within and from outside the individual and are considered to be burdensome or exceed the capabilities of the individual. Coping includes efforts that are not only focused on mental health but also on behavior to manage (such as controlling, tolerating, or minimizing) demands that come from within and outside the environment. (Sarafino, 1994) says that coping is a way that individuals go about solving problems, adjusting to change, and responding to comfortable situations. Meanwhile, according to Rasmun (2004), "coping" is the process that individuals go through in resolving situations; it is an individual response to situations that threaten him both physically and psychologically. Effective coping produces permanent adaptations, which are new habits and improvements to old situations, whereas ineffective coping ends in maladaptive behavior, namely behavior that deviates from normative desires and can harm oneself, others, and the environment. Thus, it can be concluded that coping refers to individuals' efforts, methods, or responses in resolving or managing situations that can threaten the individual both internally and externally.

## **2. Types of Coping**

Coping can change problems that cause stress and can regulate emotional responses to existing problems (Lazarus, Richard S., PhD, Folkman, Susan, 1984). There are two types of coping that are usually used by individuals: problem-focused coping, where individuals actively seek solutions to problems to eliminate stressful conditions or situations, and emotion-focused coping, where individuals involve efforts to regulate their emotions in order to adjust to the impact that will be caused by a stressful condition or situation through a cognitive and behavioral approach. Based on subsequent research developments and on studies conducted by Lazarus, Folkman, Dunkel, Scheffer, DeLongis, and Gruen (Sarafino, 1994), eight new strategies were produced that still lead to problem-focused coping and emotion-focused coping, namely coping methods according to Lazarus and Folkman, 1988; Folkman et al., 1986 (in Sarafino, 1994):

1. Planful problem solving (problem-focused): Individuals try to analyze the situation to find a solution and then take direct action to solve the problem.
2. confrontational coping (problem-focused): where individuals take assertive actions that often involve anger or taking risks to change the situation.
3. Seeking social support (problem- or emotion-focused): Individual efforts to obtain emotional support or informational support
4. A distancing (emotion-focused) cognitive effort to distance oneself from the situation or create a positive view of the problem at hand
5. Escape—Avoidcenting (emotion-focused): Avoiding the problem by imagining or thinking hopefully about the situation at hand or taking action to get away from the problem at hand
6. Self-control (emotion-focused): Individual efforts to adjust to the feelings or actions in relation to the problem
7. Accepting responsibility (emotion-focused) Acknowledge your own role in the problem while trying to fix it.
8. Positive reappraisal (emotion-focused) Individual efforts to create positive meaning and seek wisdom from the situation at hand are related to religiosity.

Based on the description above, it can be concluded that there are two types of coping that are commonly used by individuals: problem-focused coping (planful problem solving, confrontational coping, and seeking social support) and emotion-focused coping (seeking social support, distancing, escape avoidance, self-control, accepting responsibility, and positive reappraisal).

## **B. STRESS**

### **1. Definition of Stress**

In general, we feel that stress is a negative condition or an unpleasant state. Rice (2008) distinguishes between distress, or negative stress, and excitement, or positive stress. Distress refers to damage or discomfort that can reduce performance. Stressful conditions have much in common with situations of anxiety, fear, and worry. The essence of stress is a negative psychological experience that causes pain, so individuals feel the need to avoid it. Meanwhile, positive stress is a satisfying experience. Eustress can increase awareness, increase mental alertness, and improve performance; besides that, it can also provide motivation to individuals. Hans Selye et al. (in Rasmun, 2004) said that stress is the body's non-specific response to any disturbed bodily needs. The response experienced contains two components, namely, psychological and physiological components. The psychological component includes thought patterns, emotions, and feelings of stress, while the physiological component is in the form of binding physical stimuli, such as heart palpitations, dry mouth, upset stomach, and body sweats. These psychological and physiological responses to stressors are referred to as "strains" or "tensions."

Based on the description above, it can be concluded that stress is a condition where individuals are in discomfort, which can cause reactions of anxiety, worry, fear, and so on.

## **2. Reaction to Stress**

(Sarafino, 1994) suggested several stress reactions in terms of the stress aspect, namely: 1. Biological Aspect One is interested in the physiological reactions of humans and animals when responding to a situation that is perceived as dangerous. This response is called the "fight-or-flight" response because of the organism's readiness to fight a threat or stay away from it.

2. Psychological aspect Stress experienced by individuals can affect the cognitive, emotional, and social systems of individuals by:

- a. Cognitive and stress. Stress can impair memory and cause changes in cognitive activity by disrupting our attention; for example, noise can be a source of stress for people living near railroad tracks, and noise can cause cognitive deficits in children (Sarafino, 1994).
- b. Emotions and stress. Emotions are closely related to stress because they accompany it, and individuals often use their emotional state to evaluate stress. The cognitive appraisal process can influence stress and emotional experiences. Fear, phobias, anxiety, depression, sadness, and anger are examples of emotional reactions to stress (Sarafino, 1994).
- c. Social behavior. Stress can change an individual's behavior toward others. Individuals can behave in a positive or negative way. In other situations, the individual may develop a hostile attitude. If stress is followed by anger, then negative social behavior tends to increase, so that it can lead to aggressive behavior. Thus, the reaction to stress can be viewed from various aspects, namely, biological aspects and psychological aspects, which consist of cognitive stress, emotional stress, and social behavior.

## **3. Sources of Stress**

(Stephenson & DeLongis, 2021) distinguishes sources of stress, namely:

1. Within a person. Sources of stress can come from within a person, one of which is pain. The level of stress that arises depends on the state of pain and the age of the individual. Stress will also appear in a person through an assessment of the opposing motivational forces when a person experiences a conflict.

2. Within a family. Stress can originate from interactions between family members, such as financial disputes, feelings of mutual indifference, different goals, stress on the father regarding the presence of a new family member in the family, or parents who have lost their children or spouses. Because death will appear to have lost its meaning, and so on. 3. In the neighborhood and environment. Individual interactions outside the family environment complement the sources of stress. For example, the stress experiences of children at school and in some competitive events such as sports complement the sources of stress that comes from their work and stressful environments.

#### **4. Factors Affecting Stress**

(Rasmun, 2004) says that there are several factors that can affect stress, which can cause the response of each individual to vary from one individual to another, namely:

1. The nature of the stressor How does the individual prepare for the stressor, meaning that if the perceived stressor will be bad for him, then the perceived stress level will be severe, but conversely, if the perceived stressor is not threatening and the individual feels able to overcome it, then the perceived stress level will be lighter?
2. What is the intensity of the stimulus? If the intensity of the stress attack is high, it is possible that the physical and mental strength will not be able to adapt, and vice versa.
3. Number of stressors that must be faced at the same time At the same time, there are a number of stressors that must be faced, so that a small stressor can trigger an overreaction.
4. Duration of exposure to the stressor The lengthening of the stressor can lead to a decrease in the individual's ability to deal with stress because the individual is more in the fatigue phase and has run out of energy to deal with the stressor.
5. Past experience Past experience can affect an individual's ability to deal with the same stressor.
6. Level of Development At a certain level of development, there are different numbers and intensities of stressors, so the risk of stress occurring at each level of development will also be different. Thus, it can be concluded that there are several factors that can affect stress, including the nature of the stressor itself, how intense the stimulus is, how many stressors must be faced at the same time, the length of exposure to the stressor, past experience, and level of development of the person.

### **B. Stroke**

#### **1. Definition of Stroke**

Stroke is the most common neurological problem in the world, and Indonesia has the highest number of stroke patients in Asia. Low awareness of stroke risk factors, less recognition of stroke symptoms, not yet optimal stroke services, and low adherence to therapy programs for the prevention of re-stroke contribute to an increase in the incidence of re-stroke (Wardhani & Martini, 2014). Stroke is a life-changing event and affects not only the sufferer but also the entire family and caregivers. Stroke victims must pay a high price for rehabilitation treatment as well as lost productivity as a result of this functional disorder (Bay et al., 2015). Functional disorders caused by stroke are very diverse. One of them is dementia, also known as senility or forgetfulness in layman's terms. In terms of medicine, dementia is a problem that is no less complex than other chronic diseases. Someone who has dementia will definitely experience a decrease in quality of life (Handayani et al., 2021).

## **2. Stroke Symptoms**

Mild stroke symptoms include frequent mild pins and needles, mild headaches or vertigo, sudden difficulty moving your mouth and difficulty speaking, one-sided paralysis, sudden dementia, and slurred speech. For those who have had a stroke and then have a second stroke in the future, this repeated stroke is more dangerous and can cause death (Sutrisno, 2007). According to the WHO, focal and global brain function disorders due to sudden interruptions of blood flow to the brain that last for 24 hours are called strokes (Chamerinski, 2000). Strokes occur when the brain cannot function properly due to a lack of oxygen.

## **3. Stroke Impact**

Stroke patients face social, physical, and psychological challenges. The impact of stroke in terms of physical aspects includes: impaired mobility (paralysis), impaired respiratory function, impaired swallowing and speech, and decreased ability to perform daily activities (Smeltzer et al., 2011). Stroke can also cause dysfunction in visual perception, disturbances in visuospatial relationships, and sensory loss (Black & Hawks, 2009). The occurrence of a stroke can result in disability for the victim. Organ disorders or organ function disorders, such as hemiparesis, cause disabilities in stroke patients. The disabilities experienced by stroke survivors include the inability to walk, the inability to communicate, and the inability to care for themselves. Judging from the social aspect, stroke sufferers will experience dependence on other people, especially the family, and disrupt social relations. Prevention of stroke is needed to reduce its incidence. Controlling the factors that cause stroke is one thing that can be done to prevent it. One of the most common causes of stroke is hypertension. Hypertension can be controlled with pharmacology and non-pharmacology.

## **Method**

This study focuses on a wife who is unable to work because her husband has suffered a stroke. This study wants to see an overview of the coping strategies that are carried out by the wife in dealing with the situation of a husband who has had a stroke. This study took a qualitative approach, collecting data from wives whose husbands had strokes through observation, interviews, and documentation (Creswell, J. 2015). From the results of the interview, coding will be carried out regarding the description of the coping he is doing. In

the interview conducted with the subject, several questions were asked, and these are summarized in short excerpts.

## Result and Discussion

Based on the results of the study, it can be concluded that wives whose husbands have had strokes face various problems, including physical fatigue, which makes wives vulnerable to showing emotions. The emotional domain indicates psychological exhaustion such as sadness, crying, and irritability. In the financial domain, the wife experiences economic difficulties because she does not fully receive her husband's income, not to mention having to buy medicine and therapy costs that are quite expensive because they are not covered by BPJS. The wife's problem-solving process results in two distinct coping strategies: problem-focused coping and religion. The condition of accepting surrender and sincerity will give birth to happiness even though you are facing life's tests (Amiruddin et al., 2021). The wife must control her emotions and try to be more patient when caring for her husband who has had a stroke in this study (Nurzannah, Akrim, 2015). Meanwhile, problem-based coping entails seeking social support in order to take their own steps toward problem resolution. In addition to coping based on emotion and coping based on problems, religious coping exists in this study, in which the wife believes and believes that what is happening to her is part of the test that God gives, and she believes that God will not give trials beyond the limits of his servant's abilities. (Fanreza, 2017). Based on the results of the study, there are several things that can be discussed. Among others, the first is for wives; it is hoped that they will be able to understand the importance of their presence for stroke patients. Second, stroke patients are expected to be able to understand that wives can also experience stress, so they need cooperation from their husbands. This is what is meant by "mutual understanding" in the household so that a safe and peaceful family can be created (Pinem, 2020).

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