

Supportive Communication from Best Friends in Providing Emotional Support for Major Depressive Disorder Patients

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ABSTRACT

Keywords

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Supportive communication from best friends plays a role in providing emotional support for patients. This research aims to describe the supportive communication process of best friends toward major depressive disorder patients in an effort to provide emotional support. This research uses a descriptive qualitative approach. The data collection technique used was in-depth interviews. This research applies a purposive sampling technique to get subjects that are in accordance with the research objectives. Meanwhile, the data validity test uses credible subject competence, namely a person with their best friend who is a patient with depressive disorder with a diagnosis from a clinical psychologist or psychiatrist. The results showed that the supportive communication process can take works well because of the supportive behaviors applied in the friendship relationship. However, the best friend informants of partners I and II are not the same in applying supportive behavior. Best friend in the first pair can apply all supportive behaviors to patient, in the form of: description, problem orientation, spontaneity, empathy, equality, and provisionalism. While best friend in pair II apply four supportive behaviors in the form of: problem orientation, spontaneity, empathy and equality.

1. Introduction

Major Depressive Disorder (MDD) is a heterogeneous disease accompanied by symptoms of feelings of depression, anhedonia, changes in cognitive function, changes in sleep, changes in appetite, and guilt that occur within two weeks, described by loss of interest in activities that are usually done (Kendler, Gatz, Gardner, & Pedersen, 2006) in (Hadi et al., 2017). According to the Global Burden of Disease (GBD) of the World Health Organization (WHO), this causes the same problem in the world of MDD patients, namely the increased risk of suicide, if not given the right treatment it will become an act of suicide (complete suicide) which will take many lives in vain (Ayu, 2018).

In this study, the problem to be solved is to find out the supportive communication process of best friends toward major depressive disorder patients in an effort to provide emotional support. Previous research focused on therapeutic communication between doctors and patients with depression (Rahmatullah et al., 2020). Supportive communication from family (Shanti et al., 2020) and best friend Amrullah (2020) and friend (Hartono et al., 2018) who have not researched the problem of mental disorders. While this research focuses more on how supportive communication of best friends towards major depressive disorder patients in providing emotional support. Supportive communication is useful so that patients with major depressive disorder can avoid negative thoughts that arise and can live life positively.

Quoted from a direct interview with a psychiatric specialist said that "The thing that helps the recovery process of depressed patients is 50% of the medicines prescribed by the doctor, while the other 50% is the support of loved ones who are around them". Friendship can keep a person from depression, loneliness, and improve social and mental well-being. This is related to the presence of

friends as a form of social support provided (Johansen, 2017). This research is expected to be a guideline for best friends of major depressive disorder patients to provide supportive communication needed by their best friends (patient) in providing emotional support.

2. Method

In this research, the researcher took a descriptive qualitative research approach. In this research, the researcher conducted in-depth and unstructured interviews with two pairs of informants, namely major depressive disorder patients and their best friends. This research uses sampling techniques that have a purposeful character (Purposive sampling), namely sampling techniques that are adjusted to the research objectives. In this research, the data analysis technique used is the stages according to Miles, Huberman, & Saldana (2014), namely data analysis techniques with four stages: data collection, data condensation, data presentation, and conclusion drawing. In testing the validity of the data in this study using the competence of credible research subjects such as subjects who get a diagnosis of major depressive disorder from psychiatric or psychologists.

3. Result and Discussion

The results showed that the supportive communication process can take works well because of the supportive behaviors applied in the friendship relationship. However, the best friend informants of partners I and II are not the same in applying supportive behavior. Best friend in the first pair can apply all supportive behaviors to patient, in the form of: description, problem orientation, spontaneity, empathy, equality, and provisionalism. While best friend in pair II apply four supportive behaviors in the form of: problem orientation, spontaneity, empathy and equality. In pair II, both informants have not been able to apply the behavior of reviewing opinions.

Both patients can be honest about their condition but the two patients have not always been able to apply problem-orientation behavior or the desire to work together to find a solution, because they are prevented by feelings of hopelessness experienced by the patient. Both pairs of best friends were able to apply four of the five functions of friendship, which are: sharing experiences, providing emotional support, volunteering to help, and trying to make their best friend happy.

3.1. Pair I (S-D)

Expressing perceptions without judging. D desperately needs a listener like other depressive disorder patients. According to (Karrouri et al., 2021) listening is still commonly used to support depressed patients. In addition to sympathetic listening and expressing concern for the patient's problems. S as D's best friend always listens to what D tells her. In applying behavioral descriptions, after hearing the story of D who had experienced an overdose, S never judged D and instead gave D confidence that she was a valuable person.

Willingness to cooperate to find solutions. When S found out about D's suicide attempt, S comforted D by phone, and sent food to D because S was in another city. If they are in the same-city they will spend time together. But as patient D sometimes finds it difficult to ask for help.

Being honest and not hiding certain motives. S often called D to get D to talk about her condition. This is in accordance with the existing ways to help major depressive disorder patients, which is by reassuring them that they can recover and taking time for depressive disorder patients, by encouraging them, helping them talk, and together doing activities that are usually done (Lubis, 2009). D told S that she had experienced a drug overdose. S also told D that she wanted to try going to a psychologist for the first time.

Emotionally participating in someone else's experience. According to (Dohrenwend, 2018) empathy involves being sensitive, moment to moment, to the the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion, that they are experiencing. The application of empathic behavior in this friendship is supported because of the similar background between the two, both S and D-are former students who have experienced bullying.

Doesn't clarify the difference. Before stating her opinion, S said that she loved D so as not to clarify the difference. Besides that, they both have the same background as students who have been victims

of bullying. Humans have a tendency to want to have the same attitude as people we like so that all cognitive elements can be consistent. Someone will be anxious if the person she likes likes something she hates (Rakhmat, 2019).

Willingness to change perspective. S never insists that D must do what she says. S will return again to D whether the advice she gives will be implemented or not by D. This is in accordance with how provisionalism is defined in (Puspitasari, 2018) provisionalism behavior is seen as a tentative or open-minded attitude and listens to opposing views and is willing to change its views or positions if circumstances require.

3.2. The functions of friendship

Sharing experiences. Sharing experiences that they were both victims of bullying during their school days, D shared her overdose experience, S shared her situation of trying to go to a psychologist.

Showing emotional support. Gave affirmations, S was ready for D if she wanted to call or video call, both of them hugged and held each other's hands when they heard their stories.

Volunteering to help. Helping to calm each other down during difficult times, S provides help to D when she relapses. This is in accordance with the functions of friendship such as doing fun activities together, helping each other, sensitivity to each other's conditions (Matitaputty et al., 2021).

Trying to make friends happy. S sends D her favorite food, S will spend time with D if she visits Jogja, spend time together by walking, chatting about random things on the phone or in person. When two people build a friendship, they spend time together, interact in varied situations, are secretive, provide each other with emotional support, and do not include outsiders in the relationship (Puspitasari, 2018).

3.1. Pair II (E-P)

Expressing perceptions without judging. P just needed a good listener. P had experienced depressive syndrome where her depression was caused by a series of causes such as various frustrations. In the pair of best friends II, descriptive behavior has not yet been reflected. At some times E judged P as stupid even though the judgment was done when P was stable. This can be avoided by not saying anything that judges whatever it is aimed at the patient so that defensive communication does not happen.

Willingness to cooperate to find solutions. The incident when P broke up with her ex-boyfriend, what E did was to come to P's house and hug her. From a long distance, she would try to ask friends who were close to P to make sure that P was okay. E in solving the problem of P's feeling that she is worthless is to convince P with words and deeds that there are still many people around P who love her. But as patient, same like D, P sometimes finds it difficult to ask for help.

Being honest and not hiding certain motives. Spontaneity means being honest without covering up certain motives (Ashfahani, 2019). In the application of this behavior, E as P's best friend was honest about what she knew about P's ex-boyfriend at that time. She chose to tell P what she knew so that P could find a way to end the relationship with her ex-boyfriend. In the application of spontaneity behavior, the way P asks E for help if she is down, or depressive episode is by sending a large number of messages directly. She also shows E herself when she is in a hysterical state while crying.

Emotionally participating in someone else's experience. E thinks that if she is in P's position then what she wants is a listener, so she applies empathetic behavior for P only as a listener and supports P, without any solutions, and gives P peace. According to Decety (2015) in (Xiao et al., 2021) affective empathy, which refers to an individual's capacity to put them in another's experiences, and care for another's welfare.

Doesn't clarify the difference. E used to give advice to P while doing the advice she gave. She does this to show P that she and P are the same. According to APA (2000), MDD patient experiencing feelings of worthlessness, misplacement, or excessive or inappropriate guilt almost every day (Hadi et al., 2017). With these symptoms we should not clarify the difference.

Willingness to change perspective. Provisionalism itself is defined as an individual who has an open-minded attitude, there is a willingness to hear different views from others and is willing to accept other people's opinions if their opinions are wrong (Ashfahani, 2019). E and P apply provisionalism

behavior in certain situations or they cannot always reflect provisionalism behavior in their every action.

3.3. The functions of friendship

Sharing experiences. P shared with E her experience in running a business, E shared her experience when she had to get counseling, P shared with E her experience in romance As a function of friendship itself, it has an impact on mental health, achievement, and life satisfaction (Matitaputty et al., 2021).

Showing emotional support. E and P listened to each other's stories, accompanied P when she was in the hospital, both were willing if invited to go spend time, hugged each other, patted each other on the head, gave solutions to each other, assured P that she was loved by many people, came to P to her house when P was fighting with her boyfriend. According to (Rozali et al., 2021), namely being able to encourage, being able to maintain an image of the individual as a person who has abilities and is valuable, and creating a feeling of security and trust given by friends in pleasant and threatening situations.

Volunteering to help when needed. E-took the time to accompany P back to her home which is quite far away, E always ready if P needed E to be a confidant.

Trying to make a friend happy. P sends food to E, and when they are in the same-city they spends time together doing fun activities. The friendship relationship in best friend pair I was built because of the similarity of their experience. In friendship pair II, E embraced P and made her her best friend because of the feeling of pity. Both friendships are built on empathy because both friends can position themselves in the patient's experience.

Meanwhile, based on the results of research on spontaneity behavior, S as a friend also has a desire to try counseling with a psychologist. Similarly, E in the function of friendship shared experiences that told her that she had been to counseling. This explains that being a friend of a major depressive disorder patient does not mean having to be in a continuously stable mental state.

4. Conclusion

Based on the results of the research, the two pairs of best friends have several applications of supportive behavior. In pairs of best friends, I and II, the four informants could apply honesty without a specific motive. The second behavior that can be applied by the two pairs of best friends is being able to participate emotionally in patients experience. Both pairs of best friends understand how they must emotionally participate in positioning themselves in each patient's experience. The third behavior applied by both pairs of best friends or all four informants is similarity behavior. The two patients' best friends, S and E, always try to work together in finding solutions for patients in dealing with their depressive disorders.

The two pairs of friends are not the same in both applications of other supportive behaviors, namely not judging and reviewing opinions. Best friend in pair I can always apply the behavior of not judging and reviewing their opinions to change their views, while best friends in pair II have not always been able to apply these two behaviors. Both pairs of best friends were able to perform the four functions of friendship, namely: sharing experiences, providing emotional support, volunteering to help, and making best friends happy.

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