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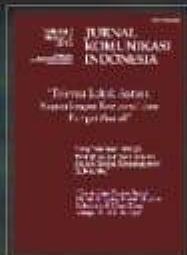

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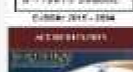

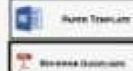

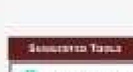

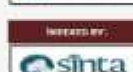

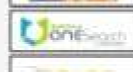

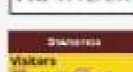
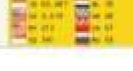

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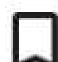
07.31 85% 

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Framing the Interpersonal Communication of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

Andria Saptyasari

Framing the Interpersonal Communication of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

Andria Saptyasari

Abstract

This study elaborates on how patients with chronic kidney disease and their partners provide stimulation and respond response to sexual dysfunction problems using the relationship framing theory. Previous research has shown that 20-30% of patients with stage 3-5 chronic kidney disease undergoing hemodialysis experience sexual dysfunction. This study assumes that sexual dysfunction can lead to decreased sexual desire, commitment, and proximity between patients and their partners which impact their interpersonal communication. This study is interpretive qualitative research with which applied an in-depth interview method. Relationship framing theory is was used to explore the content dimensions related to the topics of passion, commitment, and proximity to describe the relationship dimensions, which are related to dominance-submissiveness and affiliation-disaffiliation of the utterances of participants' utterances. The results show that the content dimensions consisting of passion, closeness, and commitment between chronic kidney disease patients and their partners could frame the relationship between them by looking at the stimulus and respective responses related to these three things. The stimuli and responses between these couples differ because there are four factors that influence it, namely (1) the context of the problem that is framed; (2) relational context; (3) sincerity of the participants in accepting the conditions; (4) partner's sensitivity regarding empathy; and (5) values, religion and spiritual which both patients and their partners have.

Penelitian ini mengelaborasi bagaimana pasien penyakit ginjal kronik dan pasangannya memberikan stimulasi dan respon terhadap masalah disfungsi seksual dengan menggunakan teori pembingkaian hubungan. Penelitian sebelumnya menunjukkan bahwa 20-30% pasien penyakit ginjal kronis stadium 3-5 yang menjalani hemodialisis mengalami disfungsi seksual. Studi ini mengasumsikan bahwa disfungsi seksual dapat menyebabkan penurunan gairah seksual, komitmen, dan kedekatan antara penderita dan pasangannya yang berdampak pada komunikasi interpersonal mereka. Penelitian ini merupakan penelitian kualitatif interpretatif dengan metode wawancara mendalam. Teori pembingkaian hubungan digunakan untuk mengeksplorasi dimensi isi yang berkaitan dengan topik gairah, komitmen, dan kedekatan untuk mendeskripsikan dimensi relasi terkait dominance-submissiveness dan affiliation-disaffiliation dari ucapan-ucapan partisipan. Hasil penelitian menunjukkan bahwa dimensi isi yang terdiri dari passion, kedekatan, dan komitmen antara pasien penyakit ginjal kronis dan pasangannya dapat membingkai hubungan antara mereka dengan melihat stimulus dan respon masing-masing terkait ketiga hal tersebut. Stimulus dan respon antara pasangan ini berbeda karena ada empat faktor yang mempengaruhinya, yaitu (1) konteks masalah yang dibingkai; (2) konteks relasional; (3) kesungguhan peserta menerima persyaratan; (4) sensitivitas pasangan tentang empati; dan (5) nilai-nilai, agama dan spiritual yang dimiliki oleh pasien dan pasangannya.

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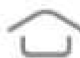

Volume X
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March 2021
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Framing the Interpersonal Communication of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

Andria Saptyasari[1]

Abstrak/*Abstract*

This study elaborates on how patients with chronic kidney disease and their partners provide stimulation and response to sexual dysfunction problems using the relationship framing theory. Previous research has shown that 20-30% of patients with stage 3-5 chronic kidney disease undergoing hemodialysis experience sexual dysfunction. This study assumes that sexual dysfunction can lead to decreased sexual desire, commitment, and proximity between patients and their partners which impact their interpersonal communication. This study is interpretive qualitative research which applied an in-depth interview method. Relationship framing theory was used to explore the content dimensions related to the topics of passion, commitment, and proximity to describe the relationship dimensions, which are related to dominance-submissiveness and affiliation-disaffiliation of the participants' utterances. The results show that the content dimensions consisting of passion, closeness, and commitment between chronic kidney disease patients and their partners could frame the relationship between them by looking at the stimulus and respective responses related to these three things. The stimuli and responses between these couples differ because there are four factors that influence it, namely (1) the context of the problem that is framed; (2) relational context; (3) sincerity of the participants in accepting the conditions; (4) partner's sensitivity regarding empathy; and (5) values, religion and spiritual which both patients and their partners have.

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disfungsi seksual, gairah, kedekatan, komitmen, pembingkaian hubungan suami istri

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Introduction

The kidneys are the organs in the body that are responsible for getting rid of extra fluid and impurities in the blood. When the kidneys lose the ability to filter and clean the blood, the fluids and waste in the body can poison the body. This is called as chronic kidney disease (Aisara et al., 2018). Patients with chronic kidney disease usually require hemodialysis. Hemodialysis comes from the words "hemo" which means blood and "dialysis" which means separation or filtering. Clinically, hemodialysis is defined as the washing or cleaning of material in the blood which is filtered through a semipermeable membrane

(Gutch et al., 2005). Usually, the GFR (glomerular filtration rate) test is used to measure the filtering of waste in the blood by the kidneys based on creatinine levels in the blood, age, body size, and gender. Based on the GFR examination, stages of kidney failure can be divided into stage 1 (GFR value above 90); stage 2 (GFR value 60-89); stage 3 (GFR value 30-59); stage 4 (GFR value 15-29) and stage 5 (GFR value below 15). Stage 3-5 is called chronic kidney disease which usually requires hemodialysis (Sulistiowati, 2011). This study focused on pairs of participants; one of whom had stage 3-5 chronic kidney disease which required him/her to undergo hemodialysis.

In Indonesia, the number of chronic kidney disease patients continues to increase. In 2011, the number of chronic kidney disease patients was 15,353 and those undergoing hemodialysis were 6,951 people; while, in 2012 there were 19,621 people and 9,161 people who underwent hemodialysis (Tokala et al., 2015). In 2015, the number of chronic kidney disease patients reached 21,050 people, while in 2016, 2017, 2018 the numbers increased to 25,446, 52,000 and 77,000 people respectively (Tokala et al., 2015). Patients with stages 3-5 chronic kidney disease are required to undergo regular dialysis. Dialysis is usually performed 1-3 times a week depending on the severity of the patient's illness. This dialysis results in substantial changes in the patient's normal life, such as emotional changes (easily agitated and angry), changes in self-view (feeling helpless and hopeless), and changes in sexual dysfunction (decreased sexual desire) (Gerasimoula et al., 2015).

Decreased libido and sexual function due to diabetes and hypertension are felt by both male and female chronic kidney patients undergoing hemodialysis. The sexual dysfunction they feel sometimes causes them to be depressed. This statement is supported by previous studies which showed that 20-30% of patients with stage 3-5 renal failure who underwent hemodialysis felt depressed because of sexual dysfunction, a quarter of them suffered from major depression, and a fifth experienced minor depression (Edey, 2017).

Other studies showed that decreased sexual desire and sexual interest caused by health problems such as hysterectomy, menopause, andropause, hypertension, and chronic kidney failure caused depression in patients (Sawitri & Muhdi, 2019; Bachtiar & Hidayah, 2015). In patients with chronic kidney failure, both men and women, it was found that decreased libido was caused by feeling tired, weak, and less enthusiastic so that patients tended to avoid their partners (Haryani & Misniarti, 2016; Inayati, 2016). Decreased arousal and avoidance of patients from their partners have an impact on their interpersonal communication in terms of commitment and closeness as husband and wife.

In terms of interpersonal communication between husband and wife, passion is one of the basic elements of libido in a husband-and-wife relationship. Wood (2016) stated that there are three basic elements in romantic relationships, namely passion, commitment, and proximity. This study assumed that sexual dysfunction could lead to decreased sexual desire, commitment, and proximity between patients and their partners. Relationship framing theory was used to explore the patients' stimulus and their partners' response related to the content dimensions in terms of three topics, namely passion, commitment, and proximity. Then, in order to describe the relationship dimensions related to dominance-submissiveness and affiliation-disaffiliation, the participants' utterances were analysed.

Literature Review

Guerrero and Afifi (2018) and Edey (2017) stated that every husband-and-wife relationship has three basic elements, namely passion, commitment, and proximity where the three are interrelated. From the statement of Edey (2017), Guerrero and Afifi (2018), this study assumes that decreased passion has a domino effect on decreased commitment and closeness between the two. High commitment creates a high level of closeness as well, which is usually marked by a high sense of empathy, understanding, and affection for the partner. On the other hand, if passion decreases, what will happen is a feeling of inadequacy and indifference to their partner who has chronic kidney disease. Such conditions will create a gap and commitment loss between them. The ideal husband and wife relationship should have these three elements, namely passion, commitment, and balanced closeness, so the relationship and communication run harmoniously (Wood, 2016).

Romantic relationships such as husband and wife relationships are described as I-thou bonds in which the individuals involved know each other well as unique individuals (Wood, 2016). This romantic relationship must be supported by the three important elements aforementioned. First is passion, which is a positive emotional, spiritual, intellectual, sexual, or sensual power possessed by an individual in a romantic relationship. Second is commitment which is a decision to stay in a relationship together. Usually, commitment is closely related to investing in a relationship. If the investment is positive, the commitment will continue. Conversely, if the investment is negative, the commitment ends. Third is closeness which is a feeling to voluntarily give affection, warmth, comfort, and togetherness (Wood, 2016). The decline of one of the elements including passion will cause the quality of their relationship and communication to decline. The above is consistent to DeVito's statement that passion, closeness, and commitment can describe the quality of the relationship and communication between husband and wife (DeVito, 2016).

As explained above, this study framed the quality of husband-wife relationships based on the three elements namely passion, commitment, and closeness through the relationship framing theory. Hayes, Holmes, and Roche (2002) stated that this

theory is a post-Skinnerian development which observes one's verbal operant as a stimulus to reinforce the responses of others. This statement implied that the relationship framing theory was applied to see a person's response to other people's stimuli (Hayes et al., 2002). Hayes, Blackledge, and Holmes (2002) asserted that the relationship framing theory sees the cognitive relationship as a place for coding and decoding of messages and verbal language as a stimulus. In more detail, Holmes et al. (2002) explained that the relationship framing theory also considers contextual and historical relationships to explain the similarities, differences, and comparisons of responses between two individuals who engage in communication. The way they provide stimulation and respond to other people's messages shows understanding, caring, and the depth of the relationship between them.

McLaren in developing the relationship framing theory stated that this theory was used to describe how a person provides a stimulus (meta-perspective) and responds (direct perspective) to messages conveyed by other parties (McLaren et al., 2014). A direct perspective occurs when someone interprets another's behavior. A meta-perspective occurs when someone tries to infer another's perceptions by using his experiences. Furthermore, McLaren said that an explicit message in the content dimension can show the relationship dimensions between two communicating people, whether it is dominant-submissive or affiliated-disaffiliated. The dominant-submissive relationship dimension refers to how one person controls or influences others. Meanwhile, the dimension of affiliation-disaffiliation refers to how a person accepts, respects, likes other people (Solomon & McLaren, 2008; McLaren et al., 2014; Hall, 2016).

Dominance is a condition for someone who has full power to decide something and others to accept what has been decided. Meanwhile, submissiveness is a condition of a person who leaves his position to obey all words of the dominant (Tiedens & Fragale, 2003; Jozifkova & Kolackova, 2017). Knight, Wilson and Nice's explanation of disaffiliation is a behavior that is more in a negative direction, such as complaining, criticizing, and expressing their disagreement and dislike for others. Conversely, affiliation is a more positive behavior, such as giving support, praise, sympathy, and empathy to others (Knight, Wilson and Nice, 2018)

DeVito explained that interpersonal communication has two dimensions, namely content and relationships dimensions (DeVito, 2016). The content dimension in interpersonal interactions can describe the dimensions of the relationship that exists between them. In other words, the content dimensions in three topics in romantic relationships, namely passion, commitment, and closeness (Wood, 2016; DeVito, 2016) can show the relationship dimensions consisting of dominant-submissive and affiliation-disaffiliation (Rogers, 2006; Solomon & McLaren, 2008). This study wanted to combine the two dimensions (content dimension and relationship dimension) to describe the framing of the relationship between stage 3-5 chronic kidney disease patients undergoing hemodialysis and their partners. For this purpose, I formulated it into the matrix column of content dimensions vs relationship dimensions (see table 1 in the method section).

The exploration of content dimensions related to three topics in romantic relationships was expected to frame the way they communicated including how to provide stimuli (meta-perspective) and respond (direct perspective) to their partners regarding sexual dysfunction problems due to chronic kidney disease. The relationship framing theory was expected to describe the dimensions of their relationship; especially according to Wilson et al. (2002), this theory can also explain relationships between individuals in health contexts such as psychopathology and psychotherapy.

Research Methodology

This research is an interpretive qualitative research. Participants in this study were drawn from the snowball technique and they have given written consent, as referred to in the agreement page, to be interviewed. The data collection tech-

Table 1. Identity of Participant Pairs

Participating Pairs	Patient with chronic kidney	Spouse	Duration of hemodialysis	Duration of marriage
First (P1)	Mr. W (51 years old)	Mrs. W (46 years old)	2 years	25 years
Second (P2)	Mr. H (39 years old)	Mrs. H (36 years old)	1 year	15 years
Third (P3)	Mrs. E (45 years old)	Mr. E (48 years old)	2 years	22 years
Fourth (P4)	Mr. S (57 years old)	Mrs. S (51 years old)	3 years	30 years
Fifth (P5)	Mr. A (35 years old)	Mrs. A (33 years old)	1 year	12 years
Sixth (P6)	Mr. M (40 years old)	Mrs. M (39 years old)	2 years	17 years
Seventh (P7)	Mrs. P (42 years old)	Mr. P (45 years old)	1 year	20 years
Eighth (P8)	Mr. B (60 years old)	Mrs. B (58 years old)	2 years	35 years
Ninth (P9)	Mr. N (52 years old)	Mrs. N (49 years old)	1 year	29 years
Tenth (P10)	Mr. G (47 years old)	Mrs. G (42 years old)	1 year	21 years

Source: Analysis of the Study

Table 2. Matrix of content dimensions vs. relationship dimensions

Content Dimension		Relationships Dimension	
		Dominant-submissive	Affiliation-Disaffiliation
Passion (emotional, spiritual, intellectual, sexual or sensual power)	Meta-perspective (Patient's Stimulus)		
	Direct perspective (Spouse's Response)		
Commitment (decision to stay together)	Meta-perspective (Patient's Stimulus)		
	Direct perspective (Spouse's Response)		
Proximity (feelings to voluntarily give love, warmth, comfort and togetherness)	Meta-perspective (Patient's Stimulus)		
	Direct perspective (Spouse's Response)		

Source: Analysis of the Study

nique used separate in-depth interviews between husband and wife for ten married couples, who consisted of eight male patients undergoing hemodialysis due to chronic kidney disease and their partners, and two female patients undergoing hemodialysis due to chronic kidney disease and their partners. The ten married couples are as follows:

The data obtained were processed and analyzed in several stages: (1) participants' verbal data were transcribed; (2) the narrative transcript of the interview was coded in relation to meta-perspectives and direct perspectives of husband and wife related to three topics, namely passion, commitment, and closeness; (3) this coding would be reread to see if there were any elements of dominant-submissive and affiliation-disaffiliation in their relationship; (4) after the coding of the relationship dimension in stage 3 was complete, I would enter it into the content dimension vs. relationship dimension matrix as shown in table 2 by giving notes and comments on interesting things, such as similarities, differences, comparisons and contradictions on what the participants said related to the topic of arousal, commitment, and closeness when sexual dysfunction arose due to chronic kidney disease.

(5) I did the same thing in stages 1-4 to the ten pairs of participants; (6) at this stage, I would look at the pattern of the findings in the ten pairs of participants and later analyzed the overall pattern theoretically based on the relationships framing theory.

Results

Proximity

The patient's stimulus when he was first prescribed hemodialysis was rejecting reality, fear of death, and feeling helpless, to which his partner responded by providing warmth, comfort, and togetherness. This can be seen as follows.

1. Patients refused the hemodialysis therapy

Two out of ten participants (patients P6, P9) refused a doctor's recommendation for hemodialysis as stated below.

"I reject this reality when the doctor said I had to undergo hemodialysis because my body was swollen and I couldn't urinate [...] there was a feeling of fear" (patient P6/Mr. M)

"I looked for a second opinion from another doctor, maybe there was an alternative treatment aside from dialysis." (patient P9/Mr. N)

The stimulus of the two participating patients which tended to be negative because they could not accept the doctor's verdict for hemodialysis did not mean that their partner also responded negatively. Their partners actually tried to encourage themselves and the patients as spouses to accept reality and find solutions, as found below.

"Your condition is not as bad as what the doctor said, you must be optimistic that you can recover. Only God has power over our life and death." (partner P6/Mrs. M)

"We are trying together to find other alternatives […] before deciding to dialysis." (partner P9/Mrs. N)

2. Patients were afraid to die

Three out of ten participating patients (patients P7, P4, P8) said the doctor's decision for hemodialysis made them think that their disease was so

severe that there was fear of death as referred to in the statement below.

"Dialysis is a terrible word; I am afraid to die while having my hemodialysis. Many of my friends died during dialysis." (patient P7/Mrs. P)

"I am very shocked by the verdict that I have to take dialysis. In my mind dialysis means I have no hope of life." (patient P4/Mr. S)

"The doctor's statement put me down, because I have a friend who also underwent one dialysis and he died." (patient P8/Mr. B)

The stimulus of the three participant patients, in which they were afraid of the low life expectancy based on their friends' experiences, was not responded negatively by their partners. Their partners were actually very supportive emotionally to patients, as the following statement shows.

"If Allah wants you to be healed, you will definitely be healed. Don't look at your friend's condition, because someone's immune system is different." (pair P8 /Mrs. B). The same thing was also stated by pair P4/Mrs. S and partner P7/Mr. P to their partners, where they really hoped the patient had the motivation to live longer.

3. Patients felt no longer useful/helpless in life

Two of the participating patients felt that they were no longer useful for their spouses and children. This is reflected in their narrative below.

"I feel tired, I don't want to do dialysis anymore, [...] it's useless to live like this." (patient P4/Mr. S)

"There is a feeling of being neglected at the office because I often ask for permission to go home early due to fatigue, weakness. But I have to work to pay for my children's school fees." (patient P5/ Mr. A)

The stimulus of these two participating patients which tended to be negative is more because they were the backbone of the family, and their wives were housewives who did not work. However, their partners' response was caring for the patients' recovery. It can be seen as following.

"The most important thing is my husband's health, and I will save for my children's tuition and our daily needs." (partner P5/Mrs. A)

Description for the data about proximity between patients and their partners above may be found in table 3.

Passion

The patient's stimulation related to his inability to fulfill sexual desire for his partner was divided into three, namely feeling sad because he cannot have his sexual activity like before, accepting his condition, and fulfilling his sexual desire because of nature. The response to this stimulus varies depending on the sex of the partners as found below.

1. Patients felt sad/sorry for his/her partner because their situation was not what it used to be

Four of ten participating patients (P1, P10, P6, P7) felt sad and sorry for their partners because they could not have sexual intercourse as before, which can be observed from their narrative as follows.

"I feel it is useless, it is of no use, both in matters of relations with my wife and in my life as a man." (patient P1/Mr. W)

"I am sad because I cannot provide physical and mental support to my wife." (patient P10/ Mr. G)

"Sometimes I feel sorry for my wife, I try to do it but I can't get an erection." (patient P6/Mr. M)

"I often apologize to my husband because I can't be like before [...] can no longer satisfy my husband's desire." (patient P7/Mrs. P)

The stimuli of patients P1, P10, and P6 were utter dismay because they could not get an erection. Thus, as men they were unable to fulfill their wives' sexual need. In contrast to patients P1, P10, and P6, their partners (wives) emphasized that the most important thing was not the sexual need fulfillment but the health of patients P1, P10, and P6. This can be seen from the P6's partner who said, "I am already extremely grateful to see my husband healthy, although I don't get a sexual need fulfillment, it doesn't matter." The partner of P1 (Mrs. W) also stated, "For women, it does not matter not getting the sexual need fulfillment, because women are more capable to hold back this desire than men." Meanwhile, patient P7/Mrs. P felt guilty because she could no longer satisfy her husband's desires. P7's partner/Mr. P responded by not asking her to serve too often. He only occasionally asked his wife considering her condition. The partners' response was different based on the partners' sex. Female partners did not make the fulfillment of sexual needs as the main focus. For them the patient's health was much more important. Meanwhile, for the male partner, he still considered the fulfillment of sexual needs as something which needed to be fulfilled. However, he still considered the patient's health.

2. Patient could accept his sexual condition

The stimulus of patient P2/Mr. H and his partner's response was the same, i.e. they accepted the P2/Mr. H's condition. This can be seen from their statement below.

"When my health condition is good, I still often do it like a normal person. For me this is a necessity, so I still do it, even many times. But, I still look at my health condition first." (patient P2/Mr. H)

"Still having sexual intercourse but look at his health condition. I can accept this situation." (partner P2/Mrs. H)

"Sometimes I motivate him by telling the experience of a friend who has had hemodialysis for three years but was still able to impregnate his wife. Now his child is 1 year old […]. Yes, this is only for motivating my husband." (Partner P2/ Mrs. H).

Their utterances showed that the patient and his partner accepted the patient's condition, where the patient was no longer able to fulfill sexual needs as before. However, the patient was still trying to fulfill this sexual need both for himself and his partner, especially the partner also gave motivation by saying that people who underwent dialysis could still impregnate their partner.

3. Patient fulfilled sexual desire as a nature

The stimulus of patient (P3/Mrs. E) is a feeling of responsibility for her husband's sexual fulfillment and the partner's response (P3/Mr. E) was consistent to the patient's stimuli that the husband's sexual needs had to be fulfilled. However, the patient's condition shall be considered. It can be seen below.

"Yes [...] I still fulfill my obligations towards my husband by serving my husband's sexual desires because this is my duty as a wife. But it depends on my condition too." (patient P3/ Mrs. E)

Statement of patient P3/Mrs. E above shows that she still adhered to the concept of a traditional wife who still serves the husband's biological needs, even though it depended on her health condition. This emphasizes that patient P3/Mrs. E fully respected her husband. This is also supported by her partner's (P3/Mr. E) response as follows.

"Alhamdulillah, we can still have sexual intercourse but the intensity is much less. We reduce the frequency [...] of course this can't be like before. We will consider the patient's condition first before doing it [...] I also understand it [...] We limit the frequency. It can't be if there is no at all. But Alhamdulillah we can still do it. The key is to accept this condition sincerely." (partner P3/Mr. E)

Description of data about passion between patients and their partners above can be found in table 3.

Commitment

Two of ten patients wanted to break their relationship with their partners because of their pain and guilt of not being able to provide sexual satisfaction for their partners. Meanwhile, the other eight patients never said they wanted to separate from their partners. There is even one partner who actually said that she was very afraid of losing her spouse (the patient). This can be found below.

Patients wanted to break their relationships with their partners

The stimulus of two of ten patients who wanted to break their relationship with their partners can be seen as follow.

"I always apologize to my wife because I can't provide financial and emotional support nor fulfill my wife's sexual needs […] I implore and allow my wife to divorce me […] I feel like a useless man […] I am sincere if my wife will marry someone else." (patient P6/Mr. M)

"I said to my husband that sorry, I can't serve you; I am in so much pain. If you wish, I allow you to marry a woman who can satisfy your sexual desire because I am no longer able to satisfy you." (patient, P7/Mrs. P)

Those stimuli were responded by their partners by ignoring the patients' words. Their partners still continued and maintained their relationship. This is reflected below.

"I ignore my wife's request to find another woman who can satisfy me. Because I still love my wife [...] but I sometimes get annoyed with my wife's strange requests." (partner, P7/Mr. P)

"I do not take importance to my biological needs, so why should I look for other men [...] I am more focused on healing my husband rather than busy looking for other men." (partner, P6/Mrs. M)

Patients wanted to continue the relationship with their partners

Eight out of ten patients still wanted to continue their relationship with their partner. Here, both patients and their partners tried to maintain their feelings for each other. They knew each other well. Patients did not demand to fulfill their biological desires if their partners were tired and their partners also did not demand fulfillment of their sexual needs if the patient's condition was not possible. It can be seen from their narrative as follows.

"Nothing is different from our relationship [...] only when I start thinking about having sex with my wife while I know I can't do it well, I tend to turn my attention to other things like feeding my cattle." (Patient P9/Mr. N)

"We behave as usual [...] still pay attention to each other even though there is a sexual decline problem in one of us." (Partner P9/Mrs. N)

"My wife and I maintain our marriage life as usual. It's just that now we understand more about the partner's condition. If I see my wife is tired from taking care of me, I will not show my anxiety from the problem of my decreased sex desire." (Patient P10/Mr. G)

"I emphasized to my husband that whether we are happy or unhappy, we live together. Don't you have the feeling our relationship will end just because of sexual problems." (Partner P10/Mrs. G)

Their utterances show that the stimulus of patients and their partners' response reflect the same feeling about their relationships, even though there is a sexual problem in the patients. Description of data about commitment between patients and their partners above can be seen in table 3.

Discussion

The results show that the stimulus of patients tends to be negative. Haryani, Misniarti (2016), and Inayati (2016) explained that chronic kidney disease patients suffer from depression and stress when facing a decrease in libido due to hemodialysis therapy. Depression and stress cause the patients to have a negative stimulus to their personal life and relationships with their partners.

However, from the description of the pairs of participants' utterances regarding their stimuli and responses to the three topics of content dimensions namely passion, proximity and commitment, it shows that their interpersonal relationship dimension is classified as affiliation (see table 3).

This affiliation can be seen even though the patients provides a negative stimulus such as fear, weak, hopeless, and asking for divorce, the partners always provide a supportive and motivating response. However, the affiliation given by the partners can take different forms based on the following.

First is the context of the problem being framed. When the context of the problem framed is about the patient's health problem, it will create the partner's sympathy and empathy towards the patient's condition. This partner's intense sympathy and empathy for the patient will propel the situation into affiliation. This will be different if what is framed is a negative problem such as the context of an affair or polygamy. Of course, the stimulus and response will also be different.

Second is relational context. When the relational context discussed is marital relations, the relationship tends to be more affiliated than friendship. This is more because the marital relationship has a high commitment and is especially built in a long process than friendship.

Third is the participants' sincerity in accepting the conditions. The patient's stimulus in which s/he sincerely accepts her/his condition will be responded positively by her/his partner by providing support and understanding for the patient. Therefore, there are positive stimuli and responses between the two. This really supports the healing process for the patient, as observed from the pair of participant 2 who is more likely to be affiliated. This finding confirms the statement of Wilson et al., (2002) that by looking at the dimensions of the relationship under the relationship framing theory, it is possible to describe psychotherapy in the family which can encourage the patient's enthusiasm for life.

Fourth is the sensitivity of the response which is related to the empathy that the partner has. It was found that the partner gave high empathy when the patient was afraid of death, felt useless and imperfect because he could not meet the sexual needs of his partner. Negative stimulus when it is responded positively by a partner with high empathy will lead to affiliation. This is contrary to the statement of Hayes et al., (2002) that positive stimuli will be responded to positively by the recipient and confirm the relationship between them in a better and positive direction as well.

Table 3 Stimulus response related to proximity, passion and commitment between patients and their partners

Content Dimension:	Stimulus/meta-perspective (patient)	Response/direct perspective (partner)	Relationship Dimension	
			Affiliation-Disaffiliation	Dominant-Submissive
Proximity: Expressing feelings about the severity of the disease	• Unwilling and rejection • Feel hopeless in life • Fear of death	• Encourage to remain optimistic in life	Affiliate: • Provide encouragement and support	-
Passion: Expressing fulfillment of sexual needs	• Feel useless • Accept the decrease of sexual desire • Accept it as nature and an obligation	• Accept reality and remain optimistic • Pay attention to the patient's health	Affiliate: • Provide empathy, motivation and support • Reduce the frequency of sexual needs fulfillment	-
Commitment: Prefer to break or maintain the relationship	• Ask for divorce • Pay attention to each other	• Ignore patients' request for divorce Pay attention to each other	Affiliate: • Provide love support • Provide understanding feeling	-

Source: Analysis of the study

Fifth is values, religion, and spirituality. Values, religion, and spirituality that a person has will influence the stimulus and the response of others which leads to affiliation. It was observed that the patient had strong religious and spiritual values to respect her husband while still serving her husband's biological needs as her nature. Her husband also responded to this by asking her to make sure that his biological needs were fulfilled, even though he still considered the patient's condition at that time. There are other patients and their partners who are grateful for their condition and make their relationship led to an affiliation. This confirms the statement of Holmes, Hayes, and Gregg (2002) that stimuli and responses are strongly influenced by values, religion, spirituality, and transcendence.

Sixth, Wood (2016) stated that there are three basic elements in the interpersonal romantic relationship namely passion, commitment, and proximity, but the results show that the decrease of passion or libido does not mean the commitment and proximity also decrease. It depends on their values, religion, spirituality and the context of the problem being framed.

Seventh, dominance is a condition for someone who has full power to decide something and others to accept what has been decided. Meanwhile, submissiveness is the condition of a person who leaves his position on the side that obeys all words of the dominant (Tiedens & Fragale, 2003; Jozifkova & Kolackova, 2017). Dominant and submissive do not exist in this study, because all participants have 12-30 years of mature marriage that means they know each other very well. Thus, in terms of the patients' health problems, the partners will give attention, caring, empathy, and other positive support to encourage the healing process of the patients by using symmetrical and complementary relationships.

Conclusion

From the description above, it can be concluded that in the context of health problems in a marital relationship, the three topics of content dimension namely passion, proximity, and commitment between chronic kidney disease patients and their partners can frame the dimensions of the relationship between them by looking at the stimuli and responses respectively related to those three topics. The results show that the stimuli and responses between these partners in the context of health problems in a marital relationship are different because there are four factors which influence it, namely (1) the context of the problem which is framed; (2) relational context; (3) sincerity of the participants in accepting the conditions; (4) partner's sensitivity regarding empathy; and (5) values, religion and spiritual which both patients and their partners have.

Acknowledgement

My deepest appreciation to Dina Maharani for collecting data for this study.

Disclosure statement

No potential conflict of interest was reported by the author.

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4 Framing the Relationship of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

by Xelo Melis

Submission date: 30-Mar-2021 01:18PM (UTC+0900)

Submission ID: 1397507251

File name: went_Hemodialysis_with_Their_Partners_on_Sexual_Dysfunction.docx (51.14K)

Word count: 5356

Character count: 29024

Framing the Relationship of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

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Abstrak

Penelitian ini mengelaborasi bagaimana pasien penyakit ginjal kronik dan pasangannya memberikan stimulasi dan respon terhadap masalah disfungsi seksual dengan menggunakan teori relationship framing. Penelitian sebelumnya menunjukkan bahwa 20-30% pasien penyakit ginjal kronis stadium 3-5 yang menjalani hemodialisis mengalami disfungsi seksual. Studi ini mengasumsikan bahwa disfungsi seksual dapat menyebabkan penurunan gairah seksual, komitmen, dan kedekatan antara penderita dan pasangannya. Penelitian ini merupakan penelitian kualitatif interpretatif dengan metode wawancara mendalam. Teori relationship framing digunakan untuk mengeksplorasi dimensi isi yang berkaitan dengan topik gairah, komitmen, dan kedekatan untuk mendeskripsikan dimensi relasi terkait dominance-submissiveness dan affiliation-disaffiliation dari ucapan-ucapan partisipan. Hasil penelitian menunjukkan bahwa dimensi isi yang terdiri dari passion, kedekatan, dan komitmen antara pasien penyakit ginjal kronis dan pasangannya dapat membingkai hubungan antara mereka dengan melihat stimulus dan respon masing-masing terkait ketiga hal tersebut. Stimulus dan respon antara pasangan ini berbeda karena ada empat faktor yang mempengaruhinya, yaitu (1) konteks masalah yang dibingkai; (2) konteks relasional; (3) keikhlasan dalam menerima kondisi; (4) sensitivitas pasangan dalam hal empati; dan (5) nilai-nilai, agama dan spiritual yang dimiliki oleh pasien dan pasangannya.

Kata kunci: *disfungsi seksual, gairah, kedekatan, komitmen, pembingkaian hubungan suami istri*

Abstract

This study elaborates on how patients with chronic kidney disease and their partners provide stimulation and respond to sexual dysfunction problems using the relationship framing theory. Previous research has shown that 20-30% of patients with stage 3-5 chronic kidney disease undergoing hemodialysis experience sexual dysfunction. This study assumes that sexual dysfunction can lead to decreased sexual desire, commitment, and proximity between patients and their partners. This study is interpretive qualitative research with an in-depth interview method. Relationship framing theory is used to explore the content dimensions related to the topics of passion, commitment, and proximity to describe the relationship dimensions related to dominance-submissiveness and affiliation-disaffiliation of the utterances of participants. The results show that the content dimensions consisting of passion,

proximity, and commitment between chronic kidney disease patients and their partners could frame the relationship between them by looking at the stimulus and respective responses related to these three things. The stimuli and responses between these couples differ because there are four factors that influence it, namely (1) the context of the problem that is framed; (2) relational context; (3) sincerity of the participants in accepting the conditions; (4) partner sensitivity regarding empathy; and (5) values, religion and spiritual which both patients and their partners have.

Key words: sexual dysfunction, passion, proximity, commitment, the framing of husband and wife relationships

Introduction

The kidneys are the organs in the body that are responsible for getting rid of extra fluid and impurities in the blood. When the kidneys lose the ability to filter and clean the blood, the fluids and waste in the body can poison the body. This is what is called chronic kidney disease (Aisara, Azmi, Yanni, 2018). Patients with chronic kidney disease usually require hemodialysis. Hemodialysis comes from the words "hemo" which means blood and "dialysis" which means separation or filtering. Clinically, hemodialysis is defined as the washing or cleaning of material in the blood that is filtered through a semipermeable membrane (Gutch, Stoner, Corea, 2005). Usually, the GFR (glomerular filtration rate) test is used to measure the filtering of waste in the blood by the kidneys based on creatinine levels in the blood, age, body size, and gender. Based on the GFR examination, the stages of kidney failure can be divided into stage 1 (GFR value above 90); stage 2 (GFR value 60-89); stage 3 (GFR value 30-59); stage 4 (GFR value 15-29) and stage 5 (GFR value below 15). Stage 3-5 is called chronic kidney disease which usually requires hemodialysis (Sulistiowati, 2011). This study focused on pairs of participants, one of whom had stage 3-5 chronic kidney disease which required him/her to undergo hemodialysis.

In Indonesia, the number of chronic kidney disease patients continues to increase. In 2011, the number of chronic kidney disease patients was 15,353 and those undergoing hemodialysis were 6,951 people, in 2012 there were 19,621 people and 9,161 people who underwent hemodialysis (Tokala, Kandou, Dundu, 2015). In 2015, the number of chronic kidney disease patients reached 21,050 people, while in 2016, 2017, 2018 the numbers respectively increased to 25,446 people, 52,000 people and 77,000 people (Tokala, Kandou, Dundu, 2015). Patients with chronic kidney disease with stages 3-5 are required to undergo regular dialysis. Dialysis is usually performed 1-3 times a week depending on the severity of the patient. This dialysis results in substantial changes in the patient's normal life such as

emotional changes (easily agitated and angry), changes in self-view (feeling helpless and hopeless), and changes in sexual dysfunction (decreased sexual desire) (Gerasimoula, Lefkothea, Maria, Victoria, Paraskevi, & Maria, 2015).

Decreased libido and sexual function due to diabetes and hypertension are felt by both male and female chronic kidney patients undergoing hemodialysis. The sexual dysfunction they feel sometimes causes them to be depressed. This statement is supported by previous studies which show that 20-30% of patients with stage 3-5 renal failure who undergo hemodialysis feel depressed because of sexual dysfunction, a quarter of them feel major depression, and a fifth feel minor depression (Edey, 2017; Peng et.al., 2005). Passion is one of the basic elements of libido in a husband-and-wife relationship. This study assumes that sexual dysfunction can lead to decreased sexual desire, commitment, and proximity between patients and their partners. This study is interpretive qualitative research with an in-depth interview method. Relationship framing theory is used to explore the content dimensions related to the topics of passion, commitment, and proximity to describe the relationship dimensions related to dominance-submissiveness and affiliation-disaffiliation of the utterances of participants.

Literature Review

Guerrero and Afifi (2005), Edey (2017), and Peng et. al. (2005) stated that every husband-and-wife relationship has three basic elements, namely passion, commitment, and proximity where the three are interrelated. From the statement of Edey (2017), Peng et. al. (2005), Guerrero and Afifi (2005), this study assumes that decreased passion has a domino effect on decreased commitment and closeness between the two. High commitment creates a high level of closeness as well, usually marked by a high sense of empathy, understanding, and affection for the partner. On the other hand, if passion decrease, what will happen is a feeling of inadequacy and indifference to their partner who has chronic kidney disease. Such conditions will create a gap and lose commitment between them. The ideal husband and wife relationship should have these three elements, namely passion, commitment, and balanced closeness so that the relationship and communication run harmoniously (Wood, 2016).

Romantic relationships such as husband and wife relationships are described as I-thou bonds in which the individuals involved know each other well as unique individuals (Wood, 2016). This romantic relationship must be supported by the three important elements that have been mentioned earlier. First, passion. Passion is a positive emotional, spiritual, intellectual, sexual, or sensual power possessed by an individual engaged in a romantic relationship. Second, commitment. Commitment is a decision to stay in a relationship together. Usually, this

commitment is closely related to investing in a relationship. If the investment is positive, the commitment will continue. Conversely, if the investment is negative, the commitment ends. Third, closeness. Closeness is a feeling to want to give affection, warmth, comfort, and togetherness (Wood, 2016). The decline of one of the elements including passion will cause the quality of the relationship and communication between them to decline. The above is in line with DeVito's statement that passion, proximity, and commitment can describe the quality of the relationship and communication between husband and wife (DeVito, 2004).

As explained above, this study frames the quality of husband-wife relationships based on the three elements namely passion, commitment, and closeness through the relationship framing theory. Hayes, Holmes, and Roche (2002) state that this theory is a post-Skinnerian development that sees one's verbal operant as a stimulus to reinforce the responses of others. This statement implies that the relationship framing theory is used to see a person's response to other people's stimuli (Hayes, Fox, Gifford, Wilson, Holmes and Healy, 2002). Hayes, Blackledge, and Holmes (2002) assert that the relationship framing theory sees the cognitive relationship as a place for coding and decoding of messages and verbal language as a stimulus. In more detail, Holmes, O'Hora, Roche, Hayes, Bissett, and Lyddy (2002) explain that the relationship framing theory also considers contextual and historical relationships to explain the similarities, differences, and comparisons of responses between two individuals who engage in communication. The way they provide stimulation and respond to other people's messages shows understanding, caring, and the depth of the relationship between them.

McLaren in developing the theory of relationship framing states that this theory is used to describe how a person provides a stimulus (meta-perspective) and responds (direct perspective) to messages conveyed by other parties to him (McLaren et all, 2014). A direct perspective occurs when someone interprets another's behavior. A meta-perspective occurs when someone tries to infer another's perceptions by using his experiences. Furthermore, McLaren said that an explicit message in the content dimension can show the dimensions of the relationship between two communicating people whether dominant-submissive or affiliated-disaffiliated. The dominant-submissive relationship dimension refers to how one person controls or influences others. Meanwhile, the dimension of affiliation-disaffiliation refers to how a person accepts, respects, likes other people (Solomonn & McLaren, 2008; Tetlock & McGraw, 2008; McLaren et all, 2014; Hall, 2016).

According to Tiedens and Fragale, dominance is a condition for someone who has full power in deciding something and others accept what has been decided. Meanwhile, submissiveness is the condition of a person who leaves his position on the side that obeys all

the words of the dominant (Tiedens & Fragale, 2003). Steensig and Drew's explanation of disaffiliation is behavior that is more in a negative direction such as complaining, criticizing, and expressing their disagreement and dislike for others. Conversely, affiliation is more positive behavior such as giving support, praise, sympathy, and empathy to others (Steensig & Drew, 2008).

DeVito explains that interpersonal communication has two dimensions namely content and relationships dimensions (DeVito, 2004). The content dimension in interpersonal interactions can describe the dimensions of the relationship that exists between them. In other words, the content dimensions in three topics in romantic relationships, namely passion, commitment, and closeness (Wood, 2016; DeVito, 2004) can show the dimensions of the relationship consisting of dominant-submissive and affiliation-disaffiliation (Rogers, 2006; Solomonn & McLaren, 2008). This study wants to combine the two dimensions (content dimension and relationship dimension) to describe the framing of the relationship between stage 3-5 chronic kidney disease patients undergoing hemodialysis and their partners. For this purpose, the researcher formulates it into the matrix column of content dimensions vs relationship dimensions (see table 1 in the method section).

The exploration of content dimensions related to three topics in romantic relationships is expected to be able to frame the way they communicate including how to provide stimuli (meta-perspective) and respond (direct perspective) to their partners regarding sexual dysfunction problems due to chronic kidney disease. By using the relationship framing theory, it is expected to be able to describe the dimensions of their relationship, especially according to Wilson, Hayes, Gregg, and Zettle (2002), this theory can also explain relationships between individuals in health contexts such as psychopathology and psychotherapy.

Research Methodology

This research is interpretive qualitative research. Participants in this study obtained from the snowball technique and they have given written consent on the willingness sheet to be interviewed. The data collection technique used separate in-depth interviews between husband and wife of ten married couples consisting of eight male patients who were undergoing hemodialysis due to chronic kidney disease with their partners and two female patients who were undergoing hemodialysis due to chronic kidney disease with their partners. The ten married couples are as follows:

Table 1. Identity of Participant Pairs

Participant Pairs	Patient with chronic kidney	Spouse	Length of hemodialysis	Age of marriage
First (P1)	Mr. W (51 years old)	Mrs. W (46 years old)	2 years	25 years
Second (P2)	Mr. H (39 years old)	Mrs. H (36 years old)	1 year	15 years
Third (P3)	Mrs. E (45 years old)	Mr. E (48 years old)	2 years	22 years
Fourth (P4)	Mr. S (57 years old)	Mrs. S (51 years old)	3 years	30 years
Fifth (P5)	Mr. A (35 years old)	Mrs. A (33 years old)	1 year	12 years
Sixth (P6)	Mr. M (40 years old)	Mrs. M (39 years old)	2 years	17 years
Seventh (P7)	Mrs. P (42 years old)	Mr. P (45 years old)	1 year	20 years
Eighth (P8)	Mr. B (60 years old)	Mrs. B (58 years old)	2 years	35 years
Ninth (P9)	Mr. N (52 years old)	Mrs. N (49 years old)	1 year	29 years
Tenth (P10)	Mr. G (47 years old)	Mrs. G (42 years old)	1 year	21 years

Source: Researcher's analysis

The data obtained were processed and analyzed in several stages: (1) Participants' verbal data were transcribed; (2) the narrative transcript of the interview was coded in relation to meta-perspectives and direct perspectives of husband and wife related to three topics, namely passion, commitment, and closeness; (3) this coding will be reread to see if there are elements of dominant-submissive and affiliation-disaffiliation in their relationship; (4) after coding the relationship dimension in stage 3 is complete, the researcher will enter it into the content dimension vs relationship dimension matrix such as table 2 by giving notes and comments on interesting things such as similarities, differences, comparisons and contradictions on what the participants say related to the topic of arousal, commitment, and closeness when sexual dysfunction arises due to chronic kidney disease.

Table 2. Matrix of content dimensions vs relationship dimensions

Content Dimension		**Relationships Dimension**	
		Dominant-submissive	**Affiliation-Disaffiliation**
Passion (emotional, spiritual, intellectual, sexual or sensual power)	Meta-perspective (Patient's Stimulus)		
	Direct perspective		

	(Spouse's Response)
Commitment (decision to stay together)	Meta-perspective (Patient's Stimulus)
	Direct perspective (Spouse's Response)
Proximity (feelings to want to give love, warmth, comfort and togetherness)	Meta-perspective (Patient's Stimulus)
	Direct perspective (Spouse's Response)

Source: Researcher's analysis

(5) the researcher did the same thing as stages 1-4 in the ten pairs of participants; (6) At this stage the researcher will look at the pattern of the findings in the ten pairs of participants then analyze the overall pattern theoretically based on the relationships framing theory.

Results

Proximity

The patient's stimulus when he was first sentenced to undergo hemodialysis was rejecting reality, fear of death, and feeling helpless, to which his partner responded by providing warmth, comfort, and togetherness. This can be seen as follows.

1. Patients refused the verdict on hemodialysis therapy

Two out of ten participants (patients P6, P9) refused a doctor's verdict saying they had to undergo hemodialysis, as stated below.

"I reject this reality when the doctor said I had to undergo hemodialysis because my body was swollen and I couldn't urinate [...] there was a feeling of fear" (patient P6/Mr. M)

"I looked for a second opinion from another doctor, maybe there was an alternative treatment aside from dialysis." (patient P9/Mr. N)

The stimulus of the two participant patients who tended to be negative by not being able to accept the doctor's verdict for undergoing hemodialysis did not mean that their partner also responded negatively. Their partners actually try to encourage themselves and the patients as spouses to accept reality and find solutions, as can be seen as follows.

"Your condition is not as bad as what the doctor said, you must be optimistic that you can recover. Only God has power over our life and death. " (partner P6/Mrs. M)

"We are trying together to find other alternatives […] before deciding to dialysis." (partner P9/Mrs. N)

2. Patients are afraid to die

Three out of ten participant patients (patients P7, P4, P8) said the doctor's decision to undergo hemodialysis made them think that their disease was so severe that there was a feeling of fear of death as in the statement below.

“Dialysis is a terrible word; I am afraid to die while undergoing hemodialysis. Many of my friends died during dialysis. " (patient P7/Mrs. P)

"I am very shocked by the verdict that I have to dialysis, in my mind dialysis means I have no hope of life." (patient P4/Mr. S)

"The doctor's statement put me down, because I have a friend who also underwent one dialysis and he died." (patient P8/Mr. B)

The stimulus of the three participant patients who were afraid of the low life expectancy based on the experiences of their friends with the same fate, was not responded negatively by their partners. Their partners are actually very supportive emotionally to patients, as the following statement shows.

"If Allah wants you to be healed, you will definitely be healed. Don't look at your friend's condition, because someone's immune system is different. " (pair P8 /Mrs. B). The same thing was also stated by pair P4/Mrs. S and partner P7/Mr. P towards their partners, which in essence they really hope the patient has the motivation to live longer.

3. Patients feel no longer useful/helpless in life

Two of the participant patients felt that their lives were no longer useful for their spouses and children, this is reflected in their narrative below.

"I feel tired, I don't want to do dialysis anymore, […] it's useless to live like this." (patient P4/Mr. S)

“There is a feeling of being neglected at the office because I often get permission to go home early due to fatigue, weakness. But I have to work to pay for my children's school fees (patient P5/Mr. A)

The stimulus of these two participant patients who tend to be negative is more because they are the backbone of the family, and their wives are housewives who do not work. However, their partners’ response is caring for patients’ health recovery. It can be seen as following.

“The most important thing is my husband's health, and I will make savings to finance children's schooling and for our daily needs.” (partner P5/Mrs. A)

From the description of data about proximity between patients and their partners above, it can be seen in table 3.

Passion

The patient's stimulation related to his inability to fulfill sexual desire for his partner is divided into three, namely feeling sad because his sexual activity cannot be like before, accepting his condition, and carrying out his sexual desire because of nature. The response to this stimulus varies depending on the sex of the partners, it can be seen as follows.

1. Patients feel sad/sorry for his/her partner because it is not what it used to be

Four of ten participant patients (P1, P10, P6, P7) felt sad and sorry for their partners because they could not have sexual intercourse as before, it can be seen from their narrative as follows.

"I feel it is useless, it is of no use, both in matters of relations with my wife and in my life as a man." (patient P1/Mr. W)

"I am sad because I can not provide physical and mental support to my wife." (patient P10/ Mr. G)

"Sometimes I feel sorry for my wife, I try to do it but I can't get an erection." (patient P6/Mr. M)

"I often apologize to my husband because I can't be like before [...] can no longer satisfy my husband's desire." (patient P7/Mrs. P)

The stimuli of patients P1, P10, and P6 were very disappointed because they could not get an erection so that as men they were unable to provide sexual need fulfillment for their wives. In contrast to patients P1, P10, and P6, the response of their partners (their wives) emphasized that the most important thing is not the sexual need fulfillment but the health conditions of patients P1, P10, and P6 which are the main ones. This can be seen from the P6 partner who said, "I am already very grateful to see my husband healthy, although I don't get a sexual need fulfillment it doesn't matter." The partner P1 (Mrs. W) also stated, "For women, it does not matter not receiving the sexual need fulfillment, because women are stronger to hold back this desire than men." Meanwhile for patient P7/Mrs. P feels guilty because she can no longer satisfy her husband's desires. Her partner P7/Mr. P responded by not asking to be served too often, only occasionally by seeing his wife's condition. The response of the partners was different based on the sex of the partner. Female partners do not make the fulfillment of sexual needs as the main thing, for them the patient's health is much more important. Meanwhile, for

the male partner, he still makes the fulfillment of sexual needs as something that needs to be fulfilled, but he still considers the patient's health.

2. Patient can accept his sexual condition

The stimulus of patient P2/Mr. H and the response's his partner is the same by accepting the P2/Mr. H's condition. This can be seen from their statement below.

"When my health condition is good, I still often do it like a normal person. For me this is a necessity, so I still do it, even many times. But still look at my health condition first. " (patient P2/Mr. H)

"Still having sexual intercourse but look at his health condition. I can accept this situation. " (partner P2/Mrs. H)

"Sometimes I motivate him by telling the experience of a friend who has undergone hemodialysis for three years but was still able to impregnate his wife, now his child is 1 year old […] Yes, this is only for motivating my husband." (Partner P2/Mrs. H).

Their utterances show that the patient and his partner accept the condition of a patient who is no longer able to full fill sexual needs as before. However, the patient is still trying to be able to fullfill this sexual need both for himself and for his partner, especially the partner also provides the motivation by saying that people who undergo dialysis can still impregnate their partner.

3. Patient fulfill sexual desire as a nature

The stimulus of patient (P3/Mrs. E) is feeling responsible for her husband's sexual fulfillment and the response of partner (P3/Mr. E) is in line with the patient's stimuli that the husband's sexual needs ought to fulfill none the less it should be considering the patient's condition. It can be seen below.

"Yes [...] I still fulfill my obligations towards my husband by serving my husband's sexual desires because this is my nature as a wife. But it depends on my condition too." (patient P3/Mrs. E)

Statement of patient P3/Mrs. E above shows that she still adheres to the concept of a traditional wife who still serves the husband's biological needs even though it depends on her health condition. This emphasizes that patient P3/Mrs. E respects full to her husband. This is also supported by her partner's (P3/Mr. E) response as follows.

"Alhamdulillah, we can still have sexual intercourse but the intensity is much less. We reduce the frequency [...] of course this can't be like before. We will consider the patient's health condition first before doing it [...] I also understand it [...] We limit the frequency. It can't be if not at all. But Alhamdulillah we can still do it. The key is to accept this condition sincerely. " (partner P3/Mr. E)

From the description of data about passion between patients and their partners above, it can be seen in table 3.

Commitment

Two of ten patients want to disengage their relationship with their partners because of their pain and guilt of not being able to provide sexual satisfaction for their partners. Meanwhile, the other eight patients never said they wanted to be separated from their partners. There is even one partner who actually said that she was very afraid of losing a patient figure. As can be seen below.

1. Patients want to disengage their relationships with their partners

The stimulus of two of ten patients who want to disengage their relationship with their partners can be seen as follow.

“I always apologize to my wife because I can't provide a financial and emotional support and can't fulfill my wife's sexual needs […] I implore and allow my wife to divorce me […] I feel like a useless man […] I am sincere if my wife will marry someone else." (patient P6/Mr. M)

" I said to my husband that sorry, I can't serve you; I am in so much pain. If you wish, I allow you to marry a woman who can satisfy your sexual desire because I am no longer able to satisfy you." (patient, P7/Mrs. P)

Those stimuli are responded by their partners by ignoring the patients’ saying, the partners still continue and maintaining their relationship, this is reflected as below.

“I ignore my wife's request to find another woman who can satisfy me. Because I still love my wife [...] but I sometimes get annoyed with my wife's strange requests.” (partner, P7/Mr. P)

“I do not take importance to my biological needs, so why should I look for other men [...] I am more focused on healing my husband rather than busy looking for other men.” (partner, P6/Mrs. M)

2. Patients want to continue the relationship with their partners

Eight out of ten patients still want to continue their relationship with their partner. In here, both patients and their partners try to keep feelings for each other. They know each other well. Patients do not demand to fulfill their biological desires if partners are tired and partners also

do not demand fulfillment of their sexual needs if the patient's condition is not possible. It can be seen from their narrative as follows.

"Nothing is different from our relationship [...] only when I start thinking about having sex with my wife while I know I can't do it well, I tend to turn my attention to other things like feeding my cattle." (Patient P9/Mr. N)

"We behave as usual [...] still pay attention to each other even though there is a sexual decline problem from one of us." (Partner P9/Mrs. N)

"My wife and I keep in touch as usual. It's just that now we understand more about the partner's condition. If I see my wife is tired of taking care of me then I will not show my anxiety with the problem of my decreased sex desire." (Patient P10/Mr. G)

"I emphasized to my husband that whether we are happy or unhappy, we live together. Don't you have the feeling our relationship will end just because of sexual problems." (Partner P10/Mrs. G)

Their utterances show that the stimulus of patients and the response of their partners have a same feeling about their relationships even there is a sexual problem from the patients. From the description of data about commitment between patients and their partners above, it can be seen in table 3.

Discussion

From the description of the utterance of the pairs of participants regarding their stimuli and responses to the three topics of content dimensions namely passion, proximity and commitment, it shows that their relationship dimension is classified as affiliation (see table3).

Table 3 Stimulus response related to proximity, passion and commitment between patients and their partners

Content Dimension:	**Stimulus/meta-perspective (patient)**	**Response/direct perspective (partner)**	**Relationship Dimension**	
			Affiliation-Disaffiliation	**Dominant-Submissive**
Proximity: Expressing feelings about the severity of the disease	• Unwilling and rejecting • Feeling hopeless in life • Fear of death	• Encourage to remain optimistic in life	Affiliate: • Provide encouragement and support	-
Passion: Expressing fulfillment of sexual needs	• Feeling useless • Accepting the decrease of sexual desire • Accepting as nature and an obligation	• Accept reality and remain optimistic • Paying attention to the patient's health	Affiliate: • Provide empathy and motivation support • Reduce the frequency of	-

			fulfillment of sexual needs	
Commitment: Prefer to disengage or maintain the relationship	• Asking for divorce • Paying attention to each other	• Ignoring patients' request for divorce her/him • Paying attention to each other	Affiliate: • Provide love support • Provide understanding feeling	-

Source: Researcher's analysis

This affiliation can be seen even though the patients provides a negative stimulus, the partners always provide a supportive and motivating response. However, the affiliation given by the partners can take different forms, it is based on the following.

First, the context of the problem being framed. When the context of the problem framed is about the patient's health problem, it will create the partner's feelings of sympathy and empathy towards the patient's condition. This partner's intense feeling of sympathy and empathy for the patient will propel the situation into affiliation. This will be different if what is framed is a negative problem such as the context of an affair or polygamy, of course, the stimulus and response will also be different.

Second, relational context. When the relational context discussed is marital relations, the relationship tends to be more affiliated than friendship. This is more because the marriage relationship has a high commitment, specially built in a long process than friendship relationships.

Third, the sincerity of the participants in accepting the conditions. The patient's stimulus who sincerely accepts his condition will be responded positively by his partner by providing support and understanding for the patient. So that there are positive stimuli and responses between the two. This really supports the healing process for the patient, as seen from the pair of participants 2 which is more likely to be affiliated. This finding confirms the statement of Wilson, Hayes, Gregg, and Zettle (2002) that by looking at the dimensions of the relationship by using relationship framing theory is able to describe psychotherapy in the family that can encourage the patient's enthusiasm for life.

Fourth, the sensitivity of the response is related to the empathy that the partner has. It is seen that the partner gives high empathy when the patient is afraid of death, feels useless and imperfect because he cannot meet the sexual needs of his partner. Negative stimulus when responded positively by a partner who has high empathy will lead to a condition of affiliation. This is contrary to the statement of Hayes, Fox, Gifford, Wilson, Holmes, and Healy (2002)

that positive stimuli will be responded to positively by the recipient and will confirm the relationship between them in a better and positive direction as well.

Fifth, values, religion, and spirituality. Values, religion, and spirituality that a person has will influence the stimulus and the response of others which leads to a condition of affiliation. It can be seen that the patient has strong religious and spiritual values to respect her husband while still serving her husband's biological needs as her nature. Her husband also responded to this by asking her to keep his biological needs serviced even though he still considered the patient's condition at that time. There are other patients and their partners who are grateful for their condition and make their relationship led to an affiliation. This confirms the statement of Holmes, Hayes, and Gregg (2002) that stimuli and responses are strongly influenced by values, religion, spirituality, and transcendence.

Conclusion

The description above can be concluded that in the context of health problems in a marital relationship, the three topics of content dimension namely passion, proximity, and commitment between chronic kidney disease patients and their partners can frame the dimensions of the relationship between them by looking at the stimuli and responses each other related to those three topics. The results show that the stimuli and responses between these partners in the context of health problems in a marital relationship are different because there are four factors that influence it, namely (1) the context of the problem that is framed; (2) relational context; (3) sincerity of the participants in accepting the conditions; (4) partner sensitivity regarding empathy; and (5) values, religion and spiritual which both patients and their partners have.

Acknowledgement

My deepest appreciation to Dina Maharani for collecting data for this study.

Disclosure statement

No potential conflict of interest was reported by the author.

4 Framing the Relationship of Chronic Kidney Disease Patients Underwent Hemodialysis with Their Partners on Sexual Dysfunction

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