

Coping Strategy Parents Who Have Teens Experiencing Schizophrenia In General Hospitals Area Sayang Cianjur Year 2018

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Abstract: The existence of teenagers that experienced schizophrenia in family, not only have an impact on physical, but psychic, and social. Not a little parents who was stressed out with the condition of the children were having mental disorder. The ability strategy coping proper enables parents can overcome stress in arranging the youth with schizophrenia. This study aims to dig strategy coping parents of teenager schizophrenia in the district general hospital sayang kabupaten cianjur. The research is research descriptive analytic by adopting mix method. The sample this is parents of teenagers schizophrenia a number of 132 respondents and 6 participants chosen were interviewed related coping family. Analysis undertaken is univariate to quantitative data and content analysis for data qualitative. Strategy coping parents of teenagers schizophrenia Clinics psychiatric RSUD sayang Cianjur more tend to use strategy coping that focuses on emotion (52,8 %). The results of content analysis showed that strategy coping parents of teenagers schizophrenia besides use strategy coping that focuses on emotion parents are adopting that leads to primal therapy and spiritual. Nurse can help parents increase strategy coping that focuses on solving a problem and that puts forward value religion and culture, especially culture sunda origin cianjur.

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I. Introduction

Schizophrenia is a disorder and symptoms are characterized by the existence of a distortion of reality, severe personality disorganization, as well as the inability of individuals to interact with daily life, from the results of the latest analysis conducted by The World Health Organization (WHO, 2013) indicates there are around 450 million people suffer from neuropsikiatri disorder, including schizophrenia. Schizophrenia is a psychotic disorder settled which include disturbance on behavior, emotions, and perception (Sadock, Sadock and Ruiz, 2017).

Along with an immediate trip time most important part in coping with the burden in caring for a child with schizophrenia is parents do a variety of ways to overcome the problems they face with the strategy of developing a variety of strategies coping. With a strategy that both parents will be able to identify the problem, accept the fact (Wiens & Daniluk, 2017). Parents need to create a life balance, must be able to face the challenges that are being faced as well as the demands in caring for a child with schizophrenia, parents must rise and not dissolved in grief. When having problems we recommend that parents not landfilled, melaiikan dibicarakan how mengatasi that problem. & Wiens (Daniluk, 2017; Suryani, 2013).

Coping strategies that can effectively use parents in the face of stress by planning problem solving, positive judgment, distancing, self-control, seeking social support and accept responsibility (Prasa, 2012). When the strategy of constructive coping, parents may be better able to provide support to patients of schizophrenia. Positive coping strategy increases the durability and long-term well-being (Suryani, 2015). Conversely, negative coping strategy usually yields only a redirection is beneficial in the short term. For example, the use of drugs and alcohol may provide temporary relief from the difficult emotions, but reliance on this strategy can lead to dependence and substance abuse. Develop positive coping is very important in maintaining the welfare or long-term durability (Suryani, 2013)

Based on data found that parents who have teenagers who experience schizophrenia, face a stigma in the community and experience the incompetence in treating schizophrenic teenager. Service to parents who have teens schizophrenia have not given optimally (Suryani, 2013). While the number of schizophrenic teenager growing every year (Risdiknas, 2013). Impact teenagers who experience schizophrenia against parents, not only

physical, but psychological, social, and not a few parents who feel stressed with the condition of children misbehaving.

The ability of the right strategy coping allows parents can overcome the stress due to the care of adolescents with schizophrenia. How strategy coping used parents will certainly be mementukan whether parents are able to face the challenges in the care of teens who experience schizophrenia. Besides cultural differences between Western and Eastern world will give an overview about the different retrieval strategy coping. Based on the above phenomenon researchers want to dig "strategy coping parents whose children are experiencing schizophrenia in general hospitals Area Sayang Cianjur.

II. Material And Methods

In any research definitely choose the method. The design of this research using a combination of methods (Mixed Methods). The research method is a combination of research methods that combine or merge between quantitative methods and qualitative methods for use jointly a research activities, so that the retrieved data is more comprehensive, valid and objective reliability (Sugiyono, 2014; Creswell, 2014). While the design method used in Mixed Methods this is the concurrent triangulation Design in which a mix of qualitative and quantitative in a balanced way.

Study Design : Mixed Methods

Study Location : Clinics psychiatric RSUD sayang Cianjur Of West Java, Indonesia.

Study Duration August: March 2018.

Sample size : In quantitative research using non probability sampling technique with a number of 132 respondents. While in Qualitative Research, Participants are some of the respondents were taken with the approach of the sampling with the number of snowball 6 people on the research qualitative.

Inclusion criteria: Quantitative

1. Parents who are willing to be respondents/participants.
2. Parents who are able to read and write.
3. Parents who are able to communicate with the language (or Indonesia).
4. Parents who have older children with schizophrenia, with age range 15-19 years.
5. Parents who saw her son into Clinics psychiatric of General Hospital Area Sayang Cianjur.

Exclusion criteria: Quantitative

1. Parents who have schizophrenia but are experiencing physical pain.

Inclusion criteria: Qualitative

Criteria participants used the same one used in the quantitative research are able to communicate in the language of Indonesia who brought his son to Clinics psychiatric of schizophrenia and is the original Sundanese Cianjur. Parents who have been taking care of her children more than 1 year. Participants are older people who take care of intense adolescent schizophrenia for 24 hours (mother/father)

Procedure methodology

The Procedure data collection are steps done researchers to get a bunch of the data needed to analyzed. Procedure data collection in this research can be seen in table 3.2 as below:

Table 3. 2 Data Collection Procedure

No.	Quantitative Research	Qualitative Research
1	Take care of the research permit from campus	Take care of the research permit from campus
2	Do a preliminary study or preliminary data retrieval	Do a preliminary study or preliminary data retrieval
3	Demographic data collection respondents	Demographic data collection the participants/informants
4		Make interview guidelines
5	Adjust the pertanyaan Language with the language when the respondent confusion	Adjust the pertanyaan Language with language in partisipana confusion
6	Do informed consent by respondent	Fostering good relations and mutual trust with the informant
7	Fill out the attributes of research on the evaluation sheet	Do informed consent by irforman
8	Perform measurements about strategy coping	Make a deal for the interview process
9		Documenting the results of the interview

Statistical analysis

Quantitative data analysis done with the univariate approach to systematically describe the factual and accurate data regarding the facts as well as the relationships between phenomena investigated while the qualitative approach for analysis content with the following stages Pengunitan scheme (unitizing), Penyamplingan (sampling), the encoding/Recording (recording/coding), Pereduksian (reduction) or simplification of data (reducing), retrieval of summary (inferring), Exposure answer questions research (naratting).

III. Result

a. An Overview Of Strategies Parents Coping

Table 4.1 table of frequency distribution Strategy Coping Parents who experience Schizophrenia

	Variable	n (123)	% (100)
1	Coping strategy focusing on the problem (PFC)	58	47.2
2	Coping strategy focuses on Emotions (EFC)	65	52.8
	Total	123	100

Based on table 4.1 can be explained that most parents use the coping strategy focuses on the problem that is 47.2% of 123 elderly people. While most of the other respondents as much as 52.8% use strategy focuses on emotions.

b. Strategy Overview Coping Elderly Parents Who Have Teens Schizophrenia Focuses On The Problem.

Table 4.2 table of frequency distribution strategy for older people who Have Schizophrenia focuses on Teen Issues

	Variable	n (123)	% (100)
1	<i>Planful Problem Solving</i>		
	Weak	68	55,3
	Strong	55	44,7
2	<i>Confrontative Coping</i>		
	Weak	51	42,3
	Strong	71	57,7
3	<i>Seeking Social Support</i>		
	Weak	70	56,9
	Strong	53	43,1

Based on table 4.2 can be explained that the majority of parents using strategies *Planful Problem Solving* are weak, they are also mostly use *Confrontative* coping and *Seeking Social Support*.

c. An Overview Of The Strategies That Have Parents Coping Teen SkizofreniaBerfokus On Emotion

Table 4.3 frequency distribution Table strategy coping parents who Have Teens Schizophrenia that focuses on emotions

	Variable	n (123)	% (100)
1	<i>Positive Reappraisal</i>		
	Weak	57	46,3
	Strong	66	53,7
2	<i>Accepting Responsibility</i>		
	Weak	63	51,2
	Strong	60	48,8
3	<i>Self controlling</i>		
	Weak	55	47,7
	Strong	68	55,3
4	<i>Distancing</i>		
	Weak	50	40,7
	Strong	73	59,3
5	<i>Escape Avoidance</i>		
	Weak	56	45,5
	Strong	67	54,5

Based on table 4.3 can be explained that most parents use the strategy of *Positive Reappraisal* is weak and most of the other respondents have strong coping strategies in *self controlling, accepting responsibility, distancing, escape avoidance*.

Qualitative

a. Fortitude and toughness

The results of the in-depth interviews against the six participants, obtained pernyataan-a significant statement that support led to the sub theme of fortitude and Toughness that is being stoic, resistant to babble and focuses on health of the child. Nearly all participants (five participants) says the Stoic and receive all as a test. As for the statement that led to the stoicism with *berasabar* and never to God Almighty are:

Gimana mau already resigned to his destiny as it panginten, the mother should be able to get through it that mother son psychiatric (P1).

Other participants also supported the statement by revealing that the abandonment by the State:

Be patient, take it for what it is, what is given, be given God's son like that that may have been destiny (P5)

Participants said the resistant babble person/their neighbors already knew that before their neighbors kalua was good but sometimes behind discuss. All the participants interpret about must focus for the healing of their child care lack of desperation. Problem-solving ability in individuals include the ability to search for information, analyzing the situation aimed at identifying problems to produce an alternative that will be used on individuals, consider the alternative which will used, consider an alternative to good use in order to anticipate the possibility of the worst, choose and apply according to the purpose in each individual, this is a factor that influences strategy coping. From the results of the analysis can be drawn the conclusion of grit and toughness of the parents children teens experiencing schizophrenia, supported by three therefore it doggedly, resistant to babble people, the focus for the healing of children.

b. Using the approach of emotions

Research findings from the results of the in-depth interviews against the three participants there are revelatory statements which has been said by participants with regard to the statement of the two participants are:

When it's sad really, the first thing done crying da mau gimana again, both resigned, ikhlas to Alloh swt (P2)

Other participants also support and give a statement that leads to a primal therapy activities, namely:

Sometimes the mother do it screaming "sekuatnya yam au gimana lagi (P5)

How to strengthen themselves parents in caring for a child with schizophrenia was supported by way of meaning that is by way of expressing the heart with weeping will be able to reduce stress/sense of distress at hand. Crying is a natural response done man. Feel better after crying for eliminating chemicals that are formed when the stress. tears contain ACTH (Adrenocorticotrophic Hormone) or hormone stimulators of hormone of the corticosteroid, which is known to increase in stress, with crying it will reduce the impact of stress arising from the care of children with schizophrenia.

According to t Lam, Vingerhoets, and Bylsma (2018) in his work menjelaskan with the crying can someone help let go of the emotions that are landfilled. Cry also serves to reduce stress, pressure, and relieve the burden of the mind. The longer we hold back the emotions, the more likely we are to loose control. From the results of the analysis can be drawn conclusion approach emotions is one of the themes strategies parents children teens experiencing schizophrenia, supported by one meaning that is by expressing the heart.

he findings of the research investigation the results of in-depth interviews against the participants there is a statement that states that if the participants feel depressed scream melakukakan sometimes everything possible to reduce the sense of distress .How to strengthen themselves in the care of p5 with schizophrenia was supported by way of meaning that is by way of expressing the heart with weeping will be able to reduce stress / sense of distressed facing , it can approach the primal therapy .Primal therapy is a treatment aimed at curing the patients who were in a state of emotion or sense the trauma of the past .Primal therapy is a therapy that encourages patient seroang shout toward the end of therapy sessions (janov in williams and edgar , 2018) .Based on the research results t lam , vingerhoets , and bylsma (2018) crying about therapy provides additional on the results of his research that with tears has been accompanied with shouts will give a decrease in pressure emotion specialized.

Shouting therapy involves the use of all your energy to get emotional channels. Basically means that a person is born with all the necessities. When these basic needs are not met, then it will hurt. When the pain was quite large, made an impression in the brain, the pain will usually tend to be arrested. Through therapy screamed, the pain it will be released (Janov in Williams and Edgar, 2018).From the results of analysis of themes can be drawn the conclusion by using the approach of emotions with tears accompanied Primal therapy do (Scream Therapy) are the ways older people and emotions bubbling up proven effective reduce the burden of the elderly pikira feel.

c. Family support is crucial for the care of adolescents with schizophrenia .

The results of the in-depth interviews of the five participants, get a significant statement toward the need for family support for the care of adolescents with schizophrenia. Almost all participants (five participants) says it have the support of the family. As for the statement of the participants is

that makes the mother there is strong support from families, and lone mother kalua mah will not be strong through this (P1)

other mengungkapkan statement support that will strengthen is as follows

the father of my Kids mom is very helpful on when caring for children (P4)

Get family support or corroborated by family is the most important part that makes a strong participant in the mejalani series of treatments and the treatment of her children that will last a long time and it is unknown when his son will be cured.

Closer to Allah SWT is the next way to overcome a sense of distress because in fact all would've become the various fate and destiny that must be traveled. This support includes support information and emotional fulfillment on the individual provided by the parents, other family members, relatives, friends, and surrounding neighborhoods. Social support is the presence of other people's involvement in resolving the problem. Individual cooperative action and seek support from others, because social resources provide real assistance, emotional support and help information (Wardaningsih, Rochmawati and Sutarjo, 2016)

Each individual has a close friend who is emotionally, knowledge, support and attention which is a factor that influences strategy coping on individuals in coping with stress, behavioral therapy, social epidemiologi (Eaton, Davis, Hammond, Condon, and McGee, 2011). From the results of the analysis can be drawn the conclusion of significant paritisan statement brings out the role of the family in supporting parents who Have Teens Skizofreniasangat is important during this phase of caring for the child.

d. Use spiritual approach during the teenage years taking care of schizophrenia .

Based on the results of interviews with six participants deeply obtained significant statements that lead to spirituality that show by all participants in the face of a child with schizophrenia. Because all participants believe that giving healing and healing is the way Allah SWT. Each individual has certain beliefs that the hope and effort in conducting strategy coping on any condition. So the assessment regarding the positive belief is a source of strategy coping. Adapaun statement a significant statement that is

To relieve stress like worship to Allah swt. pray, pray when it's mom likes to be quiet so nobody minds. Submit semuanya to Allah swt (P6)

As for the other participants ' statements that lead to spiritual coping use are:

Recite the Koran, pray panginten sebisa-bisanya, tadarus al-quran or read the letter sebisa-bisanya (P1).

prayer, Koran, prayer and worship is a solawat being a reflection of the cultural origin of the Sundanese people of cianjur in the run of his life in the face of a perceived nurturing. A sense of self that bersar had submitted gave rise to social skills that make religious attitude terbentu harmony in tune with life that is living. Social skills is an important factor in the strategy because it is essentially human coping is social creatures, so individuals need to socialize. Social skills is a way to resolve the issue with another person, also with a good social skills allows the individual a good relationship and cooperation with other individuals, and in General give you control behavior to the individual over the social interaction with other individuals.

Culture obtained from parents and taught hereditary in the face of nurturing is the culture of patient and strengthen the worship to Allah SWT. All participants are always taught about religious values that will give fruit at the end. That all the things that exist in this world is his nature pana and everyone has a path of each. All participating organizations have a culture of ngaos (the Koran) with good ditatanan family and ditatanan community. Islamic culture that pushes people into strong point and wait in mejalani life although any load weighing her life must be based on religion. All rely to God the Creator who has rights over all his creation.

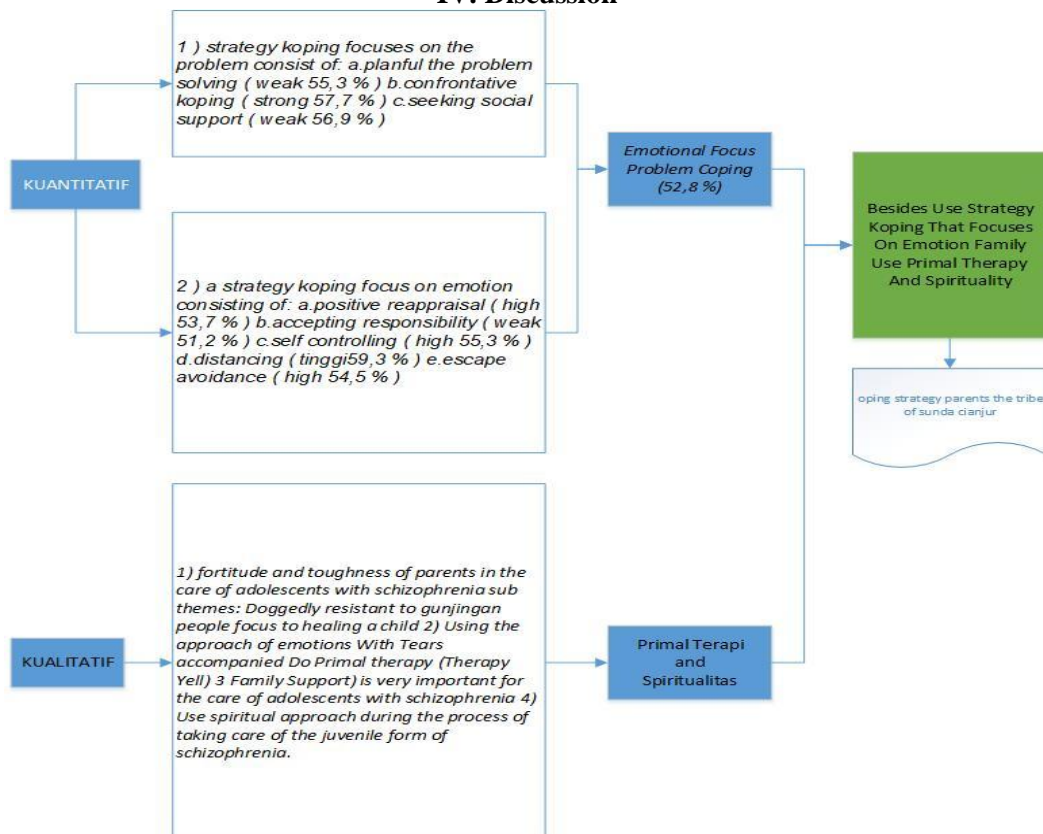
Lazarus and Folkman (2013) says that the State of stress experienced by a person would give rise to effects that disadvantage either physiologically or psychologically. The individual will not let these negative effects continue to occur, he would do an action to resolve it. Actions taken the individual named strategy coping. Coping strategies are often influenced by cultural background, experience in dealing with the problem, environmental factors, personality, self concept, social factors and others is very influential on the individual's ability in resolving the problem.

Spiritual covers all aspects of the human person and constitutes a means of living. In holistic health care perspective, soul, body, and spirit/spirit are interconnected and interacting with very dynamic way in the whole "human person". Then it is extremely difficult and impressed contrived when we try to separate the third dimension. The third dimension of the relationship will produce a pattern of thought in line with daily

interactions in life. If positive, the mindset, then it will produce a good thought, and vice versa (Young in Rachmalia, 2016). Spiritual wellbeing includes a sense of peace in ourselves, a sense of compassion towards fellow, gratitude, appreciating the similarities and differences, wisdom, generosity, humor, self-transcendent ability and capacity for unconditional love. Spiritual health or welfare is a sense of harmony of mutual closeness between ourselves with other people, nature, the environment, and with life. Spiritual health are manifested with the feeling of being in public life, aims and fulfilling "(Rachmalia, Kozier in 2018).

The above thing in line with the results of the research of the Goddess (2017) that States the strategy most used coping by caregiver in the care of the person of schizophrenia is positive, i.e. coping strategy spiritual. From the results of the analysis of significant statements of the participants supported by theory on research results and thus the conclusion that can be drawn using the spiritual approach during the process of caring for older teens who experience Schizophrenia is a strategy that apply to older people to reduce the burden that is perceived in this phase of treatment is so laborious and prolonged.

IV. Discussion



The results of the qualitative research produces that strategies used parents who have teens skizofrenia adalah by way of bubbling up the emotions with tears, coupled actualized through patience and surrender to the Almighty. Surrender or abandonment in the Sundanese culture does not mean surrender but interpreted as a form of surrender themselves will be the destiny of each person who has. On the sadarnya of each participant are aware that all that is felt today is a form of the test which is a mandate that must be lived and be grateful.

The results of the analysis of quantitative data stating that more parents coping strategies tend to use strategies that focus to the coping emotion is emphasized through the results of the analysis of the data is done through the kualitatif that a strategy person who coping focusing on the emotion is emphasized with the approach of emotions as well as do pendekatan primal therapy conducted by parents backgrounds of sunda. But the approach strategy coping parents who focus on emotion not absolute because of the results of the analysis of quantitative data, there is a difference of only 5% with a strategy that focuses on the issues of coping, reflect of parents actually use both the strategy. The qualitative results of supported on the theme of fortitude and resilience of parents in the care of the juvenile form of schizophrenia there is a sub themes are resistant to babble people, explaining that older people no longer think of stigma in society about older teens who experience the disorder. Sub theme focus to cure children of parents who have described the strategy of focusing on the problem of coping at hand i.e. children who experience schizophrenia. The respondent's statement about

the focus to the child's health, it will give a positive effect for parents in the face of a child with schizophrenia. Emotional response from parents is as a form of strategy-focused emotion coping, the use of coping focusing on problems and emotions will give impact on the adaptive coping, as a strategy to achieve an effective, then the coping strategy required the use of both (Retnowati, Sriati and Rogram, 2012).

When combined with quantitative results qualitative that besides using the coping strategy that focuses on emotions family also uses the primal therapy and spirituality. This explains that the measuring instrument of Lazarus and Folkman could not be directly used to measure the coping in a family in Indonesia. Another aspect that has not been covered as a spiritual aspect. It is due to the difference of cultural backgrounds and different religions. Need for adjustment when wanting a deeper excavation of the information. Measuring instrument of coping strategy developed by Folkman and Lazarus already raw however is need for adjustment to the value of cultural or religious values each person/masyarakat in accordance with the cultural or religious beliefs

V. Conclusion

Based on the results of the analysis of the mix between quantitative data methods and qualitative data it can be concluded that the strategy of coping parents who have teens experiencing schizophrenia use both strategies coping by percentage higher emotional a little bit of the problem solving. In addition, parents are using approaches that lead to the primal therapy and spirituality.

Nurses should be more planful coping strategy that strengthens problem solving and seeking social support so that the coping used it more balanced and adaptive coping on parents who use the coping strategy focusing on the problem. The use of a measurement tool developed by Folkman and Lazarus cannot be used directly but must be adapted to the culture and values of the applicable in society spiritual Indonesia especially for tribal Sundanese. Nurses can help older people improve the coping strategy puts the values of religion and culture, particularly the culture of Sundanese origin Cianjur

References

- [1]. 't Lam, C., Vingerhoets, A., & Bylsma, L. (2018). Tears in therapy: A pilot study about experiences and perceptions of therapist and client crying. *European Journal of Psychotherapy & Counselling*, 20(2), 199-219.
- [2]. Addington, J., Cadenhead, K. S., Cannon, T. D., Cornblatt, B., McGlashan, T. H., Perkins, D. O., & Heinssen, R. (2007). North American Prodrome Longitudinal Study: a collaborative multisite approach to prodromal schizophrenia research. *Schizophrenia bulletin*, 33(3), 665-672.
- [3]. Afyanti, Yati & Rachmawati, Imami Nur. (2014). *Metodologi Penelitian. Kualitatif Dalam Riset Keperawatan*. Jakarta: Rajawali Press
- [4]. Ahyar. (2010). *Konsep Diri dan Mekanisme Coping*. Yogyakarta: Pustaka Pelajar.
- [5]. Amelia, D. R., & Anwar, Z. (2013). Relaps pada pasien skizofrenia. *Jurnal Ilmiah Psikologi Terapan*, 1(1), 53-65.
- [6]. Awad, A.G. and Voruganti, L.N.P. (2008). The Burden of Schizophrenia on Caregivers: A Review. *Pharmacoeconomics*
- [7]. Balastikova, V., Blatny, M., & Kohoutek, T. (2004). Aspects of self-concept as determinants of selection of coping strategies in adolescents. *Ceskoslovenska Psychologie*, 48(5), 410-415.
- [8]. Baqutayan, S. M. S. (2015). Stress and coping mechanisms: A historical overview. *Mediterranean Journal of Social Sciences*, 6(2 S1), 479.
- [9]. Bartlett, J. (2014). Childhood-onset schizophrenia: what do we really know?. *Health Psychology and Behavioral Medicine: an Open Access Journal*, 2(1), 735-747.
- [10]. Bettis, A. H., Forehand, R., McKee, L., Dunbar, J. P., Watson, K. H., & Compas, B. E. (2016). Testing specificity: Associations of stress and coping with symptoms of anxiety and depression in youth. *Journal of child and family studies*, 25(3), 949-958.
- [11]. Brunet-Gouet, E., & Decety, J. (2006). Social brain dysfunctions in schizophrenia: a review of neuroimaging studies. *Psychiatry Research: Neuroimaging*, 148(2), 75-92.
- [12]. Caqueo-Urizar, A., & Gutiérrez-Maldonado, J. (2006). Burden of care in families of patients with schizophrenia. *Quality of Life Research*, 15(4), 719-724.
- [13]. Carr, D., & Umberson, D. (2013). The social psychology of stress, health, and coping. In *Handbook of social psychology* (pp. 465-487). Springer, Dordrecht.
- [14]. Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual review of psychology*, 61, 679-704.
- [15]. Carver, C.S., Scheir, M.F., & Wientraub, J.K.(1989). Assessing Coping Strategies: A Theoretically Based Approach. *Journal of Personality and Social Psychology*, Vol. 56, No. 2, 267 – 283.
- [16]. Creswell, J. (2014). *Research Design Pendekatan Kualitatif, Kuantitatif, dan Mixed*. Yogyakarta: Pustaka pelajar
- [17]. Dahlan, Sopyudin., (2011). *Statistik Untuk Kedokteran dan Kesehatan Edisi 5*. Jakarta, Salemba Medika.
- [18]. Das, S., Punnoose, V. P., Doval, N., & Nair, V. Y. (2018). Spirituality, religiousness and coping in patients with schizophrenia: A cross sectional study in a tertiary care hospital. *Psychiatry research*, 265, 238-243.
- [19]. Davies, Martin (2000). *The Blackwell encyclopedia of social work*. Wiley-Blackwell. p. 245. ISBN 978-0-631-21451-9.
- [20]. Dewi, E. P., Arum Pratiwi, S. K., & Dewi, E. (2016). *Pengalaman Keluarga Dalam Merawat Pasien Skizofrenia Tak Terorganisir Di Rumah Sakit Jiwa Daerah Surakarta* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- [21]. Dewi, G. K. (2018). *Pengalaman Caregiver dalam Merawat Klien Skizofrenia di Kota Sungai Penuh*. *Jurnal Endurance*, 3(1), 200-212.
- [22]. Eaton, P. M., Davis, B. L., Hammond, P. V., Condon, E. H., & McGee, Z. T. (2011). Coping strategies of family members of hospitalized psychiatric patients. *Nursing research and practice*, 2011.
- [23]. Elvira, Sylvia D dan Hadisukanto, Gitayanti. 2010. *Buku Ajar Psikiatri*. Jakarta:Badan Penerbit Fakultas Kedokteran Universitas Indonesia.
- [24]. Evans, G. W., & Kim, P. (2013). Childhood poverty, chronic stress, self- regulation, and coping. *Child development perspectives*, 7(1), 43-48.
- [25]. Folkman, S. (2013). Stress: appraisal and coping. In *Encyclopedia of behavioral medicine* (pp. 1913-1915). Springer New York.

- [26]. Fox, J. J., & Bartholomae, S. (2000). Families and individuals coping with financial stress. *Families and change coping with stressful events and transitions*, 250-271.
- [27]. Friedman, M. M., Bowden, V. R., & Jones, E. (2003). *Family nursing: Research, theory, & practice* (Vol. 16). Upper Saddle River, NJ: Prentice Hall.
- [28]. Friedman, M.M. 1998. *Keperawatan Keluarga Teori dan Praktik*. Edisi 3.
- [29]. Grandón, P., Jenaro, C., & Lemos, S. (2008). Primary caregivers of schizophrenia outpatients: Burden and predictor variables. *Psychiatry research*, 158(3), 335-343.
- [30]. Hamid, A. Y. S. (2008). *Asuhan Keperawatan Kesehatan Jiwa Bunga Rampai*. EGC.
- [31]. Hendrayana.(2013).“Setiap Tahun, Penderita Gangguan Jiwa di Indonesia Terus Meningkat” <http://www.unpad.ac.id/profil/dr-suryani-skp-mhsc-setiap-tahun-penderita-gangguan-jiwa-di-indonesia-terus-meningkat/>, 04 April 2018.
- [32]. Hidayat, A.A..(2014). *Metode penelitian keperawatan dan teknis analisis data*. Jakarta : Salemba Medika.
- [33]. Hirsch, Steven R dan Daniel R. Weinberger .(2003).• ^ *Schizophrenia*. Wiley-Blackwell; 2003. ISBN 9780632063888. p. 21.
- [34]. Hockenberry, M. J., & Ward, K. (2013). *Study Guide for Wong's Essentials of Pediatric Nursing-E-Book*. Elsevier Health Sciences.
- [35]. Irbah, S. (2016). Identifikasi Penyebab Skizofrenia: Studi Kasus di Kabupaten Trenggalek. *Prosiding Konferensi Nasional Peneliti Muda Psikologi Indonesia*, 1(1), 9-17.
- [36]. Klages, D., Usher, K., & Jackson, D. (2017). ‘Canaries in the mine’. *Parents of adult children with schizophrenia: An integrative review of the literature*. *International journal of mental health nursing*, 26(1), 5-19.
- [37]. Koenig, H., Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health*. Oup Usa.
- [38]. Krägeloh, C. U., Chai, P. P. M., Shepherd, D., & Billington, R. (2012). How religious coping is used relative to other coping strategies depends on the individual’s level of religiosity and spirituality. *Journal of religion and health*, 51(4), 1137-1151.
- [39]. Kross, E., & Ayduk, O. (2017). Self-distancing: Theory, research, and current directions. In *Advances in experimental social psychology* (Vol. 55, pp. 81-136). Academic Press.
- [40]. Kumperscak, Hojka. (2011). *Childhood and Adolescent Schizophrenia and Other Early-Onset Psychoses*. 10.5772/25990.
- [41]. Kurniawan, Y., & Sulistyarni, I. (2017). Komunitas Sehat (Sehat Jiwa dan Hati) Sebagai Intervensi Kesehatan Mental Berbasis Masyarakat. *INSAN Jurnal Psikologi dan Kesehatan Mental*, 1(2), 112-124.
- [42]. London, D. C. P. (2009). Jim van Os, Shitij Kapur. *Lancet*, 374, 635-645.
- [43]. Marroquín, B., Tennen, H., & Stanton, A. L. (2017). Coping, Emotion Regulation, and Well-Being: Intrapersonal and Interpersonal Processes. In *The Happy Mind: Cognitive Contributions to Well-Being* (pp. 253-274). Springer, Cham.
- [44]. Maryam, S. (2017). Strategi Coping: Teori Dan Sumberdayanya. *Jurnal Konseling Andi Matappa*, 1(2), 101-107.
- [45]. McCorkindale, S., Fleming, M. P., & Martin, C. R. (2017). Perceptions of learning disability nurses and support staff towards people with a diagnosis of schizophrenia. *Journal of psychiatric and mental health nursing*, 24(5), 282-292.
- [46]. Notoatmodjo,S.(2010). *Metodologi Penelitian Kesehatan*.Jakarta:Rineka Cipta
- [47]. Novitayani, S. (2017). PENYEBAB SKIZOFRENIA PADA PASIEN RAWAT JALAN DI ACEH. *Idea Nursing Journal*, 8(3).
- [48]. Nurdiani, N. (2014). Teknik Sampling Snowball dalam Penelitian Lapangan. *Architecture Department, Faculty of Engineering. Jurnal ComTech Vol. 5*
- [49]. Pelea, M. (2017). Coping strategies of families with low socio-economic status raising children with physical disabilities in Mafeteng Lesotho (Doctoral dissertation, University of Pretoria).
- [50]. Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of behavioral medicine*, 25(6), 551-603.
- [51]. Polit, D.F., & Beck, C.T. (2012). *Nursing research: Generating and assessing evidence for nursing practice*. (9thed). Philadelphia, PA : Lippincott Williams & Wilkins
- [52]. Polit,D.F., & Hungler, B.P (1999), *Nursing Research : Prinsipes and Methods* (6thed), J.B Lippincott Co
- [53]. Pompeo, D. A., Carvalho, A. D., Olive, A. M., Souza, M. D. G. G., & Galera, S. A. F. (2016). Strategies for coping with family members of patients with mental disorders. *Revista latino-americana de enfermagem*, 24.
- [54]. Posted By: Ajanta Sen Published: Monday, December 5, 2016, 15:32 [IST]
- [55]. Prahoro, Y. M., & Rakyat, K. H. U. P. (2010). Aplikasi Teori Tindakan Komunikasi Habermas dalam Eksistensi Kepercayaan terhadap Tuhan Yang Maha Esa: Kasus Masyarakat Cigugur, Kuningan-Jawa Barat. *Acta diurna* | Vol, 6(2).
- [56]. Pratama, R. (2017). Hubungan Beban dengan Coping Keluarga Merawat Pasien Skizofrenia di Poli RS Jiwa Prof. Dr. M. ILDREM Medan.
- [57]. Rabinowitz, A. (2015). Coping with Cognitive Decline. *Editor’s Corner*, 29(2), 21.
- [58]. Rachmalia, R. (2016). PENDEKATAN SPIRITUAL DENGAN MEKANISME COPING MAHASISWA YANG MENGIKUTI MENTORING DI BANDA ACEH. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, 1(1).
- [59]. Rahman, A. A., Sarbini, S., Tarsono, T., Fitriah, E. A., & Mulyana, A. (2018). Studi Eksploratif Mengenai Karakteristik dan Faktor Pembentuk Identitas Etnik Sunda. *Jurnal Psikologi Islam dan Budaya*, 1(1), 1-8.
- [60]. Ranna, P. (2015). What is mental illness ? *American Psychiatric Association*. Retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>.
- [61]. Rasmun, S. K., & Kep, M. (2004). *Stres, Coping dan Adaptasi: Teori dan Pohon Masalah Keperawatan*. Jakarta: Sagung Seto
- [62]. Remschmidt, H. (Ed.). (2001). *Schizophrenia in children and adolescents*. Cambridge University Press.
- [63]. Retnowati, R. (2012). STRATEGI COPING KELUARGA DALAM MERAWATAN ANGGOTA KELUARGA PENDERITA SKIZOFRENIA. *Students e-Journal*, 1(1), 31.
- [64]. Riyanto, Agus (2011). *Aplikasi Metodologi Penelitian Kesehatan*. Nuha. Medika. Yogyakarta.
- [65]. Runyon, R. P., & Haber, A. (1984). *Psychology of adjustment*. Illinois: The Dorsey.
- [66]. Rutter, M. (2015). Resilience: concepts, findings, and clinical implications. *Rutter’s Child and Adolescent Psychiatry*, 341-351.
- [67]. Ruzibiza, C., Grattan, R. E., Eder, R., & Linscott, R. J. (2018). Components of schizophrenia liability are not uniformly associated with stress sensitivity, resilience, and coping. *Psychiatry research*, 260, 10-16.
- [68]. Sadock, B.J., dan Sadock, V.A.,(2007). *Kaplan & Sadock’s Synopsis of Psychiatry:Behavioral Sciences/Clinical Psychiatry*, 10th Edition.Philadelphia:Lippincott Williams & Wilkins
- [69]. Sen,Ajanata.(2016).Facts About Schizophrenia In Kids <https://www.boldsky.com/pregnancy-parenting/kids/2016/schizophrenia-in-children-108603.html>
- [70]. Stuart, G. W. (2013). *Prinsip dan Praktik Keperawatan Kesehatan Jiwa* (Ed.
- [71]. Stuart, G. W. (2016). *Prinsip dan Praktik Keperawatan Kesehatan Jiwa* Stuart.
- [72]. Stuart, G. W.(2013). *Principles and practice of psychiatric nursing*. ISBN: 978-0-323-09114-5 Copyright © 2013 by Mosby, an imprint of Elsevier Inc.

- [73]. Sudarsana, I. K. (2017). PERANAN ORANG TUA DALAM PENANAMAN BUDI PEKERTI PADA ANAK. In PROSIDING SEMINAR NASIONAL ANAK USIA DINI (SEMADI) 2 (pp. 157-160).
- [74]. Sugiyono.(2014). Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif Dan R & D.Bandung: Alfabeta.
- [75]. Suryani, S., Komariah, M., & Karlin, W. (2014). Persepsi Keluarga terhadap Skizofrenia. *Jurnal Keperawatan Padjadjaran*, 2(2).
- [76]. Suryani, Suryani, Komariah, Maria dan Karlina, Wiwi. (2014). Persepsi Keluarga Terhadap Skizofrenia Di Rumah Sakit X. *Journal Keperawatan Padjadjaran*. 2.
- [77]. Suryani, Suryani. (2013). Mengenal gejala dan penyebab gangguan jiwa.Abstrak.
- [78]. Suryani, Suryani. (2015). Caring for a Family member With Schizophrenia: The Experience of Family Carers in Indonesia. *Malaysia Journal of Psychiatry*. 24.
- [79]. Susilo WH, Aima MH, Suprpti F.(2014). Biostatistika lanjut dan aplikasi riset,Jakarta: CV. Transfor Info Media.
- [80]. Sutan, R., Al-Saidi, N. A., Latiff, Z. A., & Ibrahim, H. M. (2017). Coping Strategies among Parents of Children with Acute Lymphoblastic Leukemia. *Health*, 9(07), 987.
- [81]. Wahl, P., Bruland, D., Bauer, U., Okan, O., & Lenz, A. (2017). What are the family needs when a parent has mental health problems? Evidence from a systematic literature review. *Journal of Child and Adolescent Psychiatric Nursing*, 30(1), 54-66
- [82]. Wanti, Y., Widiandi, E., & Fitria, N. (2016). Gambaran Strategi Coping Keluarga dalam Merawat Anggota Keluarga yang Menderita Gangguan Jiwa Bera. *Jurnal Keperawatan Padjadjaran*, 4(1).
- [83]. Wardaningsih, S., Rochmawati, E., & Sutarjo, P. (2016). Gambaran Strategi Coping Keluarga dalam Merawat Pasien Skizofrenia di Wilayah Kecamatan Kasihan Bantul. *Mutiara Medika: Jurnal Kedokteran dan Kesehatan*, 10(1), 55-61.
- [84]. Wasserman, S., Weisman, A., & Suro, G. (2013). Nonreligious coping and religious coping as predictors of expressed emotion in relatives of patients with schizophrenia. *Mental health, religion & culture*, 16(1), 16-30.
- [85]. Waty, S. (2018). ANALISIS FAKTOR YANG BERHUBUNGAN DENGAN STRATEGI COPING PADA PASIEN SKIZOFRENIA DI KOTA SUNGAI PENUH TAHUN 2017. *Indonesian Journal for Health Sciences*, 2(1), 26-45.
- [86]. Weiten, W., Dunn, D. S., & Hammer, E. Y. (2014). *Psychology applied to modern life: Adjustment in the 21st century*. Cengage Learning.
- [87]. Who.2018. Adolescent health http://www.who.int/topics/adolescent_health/en/,17 April 2018
- [88]. Wiens, S. E., & Daniluk, J. C. (2017). Loss and change: The challenges of mothering an adult child with schizophrenia. *International Journal of Healthcare*, 3(1), 26.
- [89]. Williams, B., Jalilianhasanpour, R., Matin, N., Fricchione, G. L., Sepulcre, J., Keshavan, M. S., ...& Perez, D. L. (2018). Individual differences in corticolimbic structural profiles linked to insecure attachment and coping styles in motor functional neurological disorders. *Journal of Psychiatric Research*, 102, 230-237.
- [90]. Williams, P., & Edgar, B. (2018). The Primal Is the Political: Psychotherapy, Engagement, and Narcissism in the 1970s. *American Quarterly*, 70(1), 79-100.
- [91]. Wimmer, R. D., & Dominick, J. R. (2013). *Mass media research*. Cengage learning.
- [92]. Yang Hae-Chung, P.B.(2008). Stress and Quality of Life in Breast Cancer Recurrence: Mediation of Coping?. Diterima dari: <http://www.ncbi.nlm.gov/pmc/ articles/PMC2486834>. Diakses pada tanggal: 17 Juni 2015.

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