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The effect of *rasa rumangsa* (self-awareness and empathy) on the subjective burden of families caring for individuals with schizophrenia: Social support as a mediator

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Abstract: Families caring for schizophrenic individuals experience pressure due to their associated roles and responsibilities, a situation known as subjective burden. Cultural values influence decision-making related to caretaking behavior, including that based on the Javanese value of *rasa rumangsa* as an adaptive coping mechanism in caregiving contexts. Social support is a factor that helps to reduce the subjective burden of families taking care of schizophrenic individuals. This study examines social support as a mediator in the role of *rasa rumangsa* in relation to such subjective burden. The quantitative research used surveys for the data collection method, with 112 carer families of schizophrenic individuals chosen for the study by purposive sampling. The questionnaires used were 1) the *Rasa Rumangsa* Scale; 2) the Interpersonal Support Evaluation List (ISEL); and 3) the Zarit Burden Interview (ZBI). The hypothesis was tested using Jamovi version 2.6.13 with the medmod module, following Model 4 of Hayes' simple mediation framework. The results indicate that social support fully mediates the relationship between *rasa rumangsa* and the subjective burden of families caring for individuals with schizophrenia (indirect effect: $\beta = -.1137, p < .05, 95\% \text{ CI} = -.2186, -.0105$). The implication of studying *rasa rumangsa* as a cultural coping mechanism can be an alternative way of explaining its relationship with the subjective burden of such families. In addition, the findings could also be used to develop mental health programs to improve social support, which will ultimately reduce the subjective burden.

Keywords: mediation; *rasa rumangsa*; schizophrenia; Sobel test; social support; subjective burden

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Introduction

Schizophrenia is a form of psychotic disorder. Isaacs (2005) describes it as a group of symptoms or psychotic reactions that influence various aspects of mental functioning such as thinking and communication, accepting and interpreting reality, experiencing emotions, and displaying socially unacceptable behaviors. Uhlhaas and Mishara (2006) refer to hallucination symptoms as a unique symptom found in schizophrenic individuals. Therefore, individuals with schizophrenia become irrational in thinking, blunt in affect, speak irregularly, and exhibit inconsistent behavior. Such conditions require caregivers, including the family.

Caregiver families include any individual providing informal treatments and caretaking activities for sick family members, helping them to live their lives (Awad & Voruganti, 2008). The experience of taking care of a schizophrenic family member generates subjective psychological reactions, including cognitive (negative perception, pessimism, and loss); emotional (shame, guilt, sadness, feeling pressured, suffering); social (avoidance and withdrawal); and physiological (deteriorating health), together with financial problems. Such conditions are referred to as subjective burden (Zarit et al., 1980).

Families living with and taking care of schizophrenic individuals feel pressure due to the roles and responsibilities involved in being a family. Four situations in families with schizophrenic individuals are 1) feeling responsible, 2) functionally performing their role, 3) facing many challenges, and 4) living under pressure (C. Huang et al., 2021). Pressure is a subjective burden for the family (Kate et al., 2013; Srivastava, 2005). Therefore, families who care for, accompany, and support individuals with schizophrenia often suffer subjective burdens (Zauszniewski et al., 2010).

Such burden experienced by families becomes an unpleasant experience as a consequence of the care provided. The condition can trigger high stress

levels, making it difficult for families to continue providing care (Fontaine, 2003). Their distress, characterized by emotional attitudes and high emotional expression, increases the risk of relapse in those suffering from schizophrenia (Amaresha & Venkatasubramanian, 2012; Leng et al., 2019), and Zhang et al. (2024) also state that the quality of life of caregivers is linked to the stress of providing care. The physical, psychological, and social strains of caregiving can harm the general well-being of those who offer it (Hu et al., 2025). Furthermore, psychological conditions such as anxiety and despair may result from the burden (Wardani & Kurniawan, 2024).

The burden experienced by families caring for individuals with schizophrenia has been shown to correlate with several variables. Prominent factors include coping strategies (encompassing family emotions and attitudes) and social support (Chou, 2000; Di Lorenzo et al., 2021; Hunt, 2003; Parija et al., 2016; Rafiyah & Sutharangsee, 2011). Other factors related to subjective burden include family characteristics, such as gender, education, knowledge, and socioeconomic status (Aini & Paskarini, 2022; Navidian et al., 2012; Pabebang et al., 2022), as well as the severity of the schizophrenia condition (B. Kim et al., 2021).

The subjective burden experienced by such families encourages them to seek coping mechanisms. According to Hogan and John-Langba (2016) family coping mechanisms include their individual process of accepting, controlling emotions, and managing themselves, as well as providing support. Families that use coping mechanisms that focus on problems (problem-focused coping) tend to experience lower burdens compared to those that use ones that focus on emotions (emotion-focused coping) (Ghane et al., 2016; Mora-Castañeda et al., 2023).

In psychology studies, coping mechanisms are often studied through the perspective of Western theories, such as the coping theory of Folkman (2013), which divides the mechanisms into two

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main categories: problem-focused coping and emotion-focused coping. Although this theory is widely used, the approach does not always reflect the diversity of cultures, including that of Indonesia. Therefore, it is essential to develop research that explores coping mechanisms based on local cultural values, such as Javanese culture, to reflect more closely the reality of society.

Cultural values influence an individual's decision-making in caretaking behavior (Chou, 2000). For example, a collectivist culture in countries that emphasize warm interpersonal relations encourages individuals to control any harmful behavior when taking care of those suffering from schizophrenia. U. Kim et al. (2006) confirm that harmonious social relations dominate Asian societies. Warmth and harmony are values that families need when taking care of schizophrenic individuals, as they have a positive impact on lowering the level of relapse.

Compared to more individualistic Western coping mechanisms, Javanese culture-based ones offer a more holistic approach. Previous research has shown that in more collectivistic societies, such as Indonesia, social support plays a more significant role in coping with stress than individual strategies, as emphasized in Western theories (Triandis, 1996). Therefore, more in-depth research on how Javanese culture-based coping mechanisms can be integrated into psychological practice is essential.

Although Indonesia has a variety of cultures with distinctive values, this study focuses explicitly on Javanese culture. The diversity of other cultures is not ignored, but Javanese culture has a broad influence on history, social systems, and national policies in Indonesia (Magnis-Suseno, 2003). In addition, the culture is often used as a reference in various aspects of Indonesian society, in politics, education, and social systems. By understanding coping mechanisms based on Javanese culture, this study aims to provide broader contextual insights

into psychological strategies that are relevant to Indonesian society.

Javanese culture has a unique value system for dealing with life's pressures. One of its main concepts is *rasa rumangsa*. While not a conventional form of problem-focused coping, it offers culturally-embedded strategies that can facilitate adaptive behaviors in caregiving as they emphasize self-awareness and empathy as the main strategies for overcoming problems. Such an attitude helps individuals make caregiving decisions for individuals with schizophrenia, including seeking social support for them. This shows that the coping mechanism in Javanese culture is individual and collective (Geertz, 1973). Javanese values primarily influence cultures in Indonesia and act as a principle in people's behavior, including how families behave when caring for members with schizophrenia. Such values are a guideline for thinking positively, leading to coping behavior. The *rasa rumangsa* value is one among many Javanese values that mould individuals' characteristic behavior (Endraswara, 2013).

Rasa rumangsa is a self-understanding process, starting from physically recognizing oneself and leading to a more profound internal comprehension, making individuals able to behave according to the surrounding situation; to maintain respectable interpersonal relationships; and to live harmoniously and peacefully in society (Peristianto et al., 2025). It has become the foundation for the everyday life of Javanese people (Daryanto, 1999; Endraswara, 2013, 2018), influencing the behavior of families when taking care of schizophrenic individuals, and enabling them to display positive emotions, accept situations, and remain conscientious.

Endraswara (2018) explains *rasa rumangsa* as a self-reminder process that encourages individuals to remain cautious. Peristianto et al. (2023) state that the experience of being a caregiver of a

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schizophrenic family member triggers *rasa rumangsa*, helping people to manage their emotions in the face of schizophrenic behavior. *Rasa rumangsa* can also be a problem-focused coping strategy, guiding families toward seeking formal and informal social support. Such coping involves understanding the problem, making plans, seeking assistance, and obtaining support from friends or the surrounding community (Kate et al., 2013). Hu et al. (2025) further emphasize that adequate social support, both formal and informal, can improve caregivers' well-being.

Rasa rumangsa is not merely a cultural philosophy, but can be conceptualized as a psychological construct composed of three inter-related aspects: cognition, emotion, and behavior (Peristiano et al., 2025). Cognitively, it involves a heightened awareness of one's position, responsibilities, and the impact of one's actions on others. Emotionally, it is characterized by humility, empathy, and gratitude, while behaviorally, it manifests itself in prosocial actions and restraint guided by inner reflection. The construct functions as an adaptive coping mechanism that regulates how individuals, especially caregivers, interpret and respond to life stressors. Unlike other coping strategies that rely heavily on individual problem-solving or emotional release, *rasa rumangsa* engages both internal processing and external harmony in a collectivistic manner.

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Families who adopt a problem-focused coping approach can better understand their challenges by gathering information from various sources, seeking practical assistance, and involving others in their problem-solving strategies. This coping mechanism encourages them to seek and join support groups or communities in a collaborative step to help them overcome difficulties in caring for individuals with schizophrenia. Moreover, social support plays an essential role in reducing the subjective burden experienced by families (Frasia et al., 2018; M.-F. Huang et al., 2015).

Social support is a factor that helps reduce the subjective burden of families caring for individuals with schizophrenia (Rodakowski et al., 2012). Those who receive adequate social support from family members and health services tend to have more effective coping mechanisms and experience a lower burden (Frasia et al., 2018; M.-F. Huang et al., 2015). Social support consists of two parties, the provider and the recipient, who exchange and offer assistance to one another (DiMatteo, 2004; Moritsugu et al., 2019; Taylor et al., 2006).

The lack of a direct impact of *rasa rumangsa* on subjective burden can be attributed to its function as an interpersonal and indirect coping approach. Instead of directly reducing emotional distress, it encourages values such as humility and social connectedness, leading individuals to actively build and rely on supportive social relationships. This aligns with Folkman's stress and coping theory (2013), which proposes that problem-focused coping may not reduce distress unless coupled with adequate external resources such as social support. Therefore, the effect of *rasa rumangsa* becomes significant only when mediated by contextual factors such as perceived support.

The social support that carer families need includes financial and medication help; information about schizophrenia disorders; and social recognition (Chen et al., 2019). Families taking care of schizophrenic members need to spend money on medication, so obtaining financial support will lower their financial burden. Similarly, with information support, providing information or education on treatment for schizophrenia sufferers will be very beneficial. The involvement of the social environment is also essential in supporting caretaking families, helping them not to feel alone and to receive the necessary recognition.

Ong et al. (2018) explain that social support is a mediator between resilience and the burden experienced by caregivers of elderly individuals. Resilience is an individual's capacity to adapt

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34 positively when encountering difficult situations (American Psychological Association, n.d.). Caregivers who can adapt are more likely to use problem-focused coping mechanisms to seek and obtain social support, which enhances caregivers' ability to face challenges more effectively, thus reducing their burden.

17 Social support provides emotional and practical resources that help caregivers manage stress, enhance psychological flexibility, and reduce perceived burdens during the caregiving experience. Therefore, it acts as a mediator in the psychological adjustment response to the subjective burden of families caring for individuals with schizophrenia. This aligns with Xu et al. (2020), who demonstrate how the treatment of those with schizophrenia is influenced by perceived social support, which reduces the strain on families.

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2 Rather than being a general buffer against distress, social support plays a specific mediating role in the context of *rasa rumangsa*. The internalization of *rasa rumangsa* promotes attitudes of openness, humility, and responsibility, which lead families to seek help actively, exchange caregiving information, and accept emotional reinforcement. Therefore, social support emerges as a natural outcome of *rasa rumangsa*, bridging inner reflection and external stress reduction.

48 To control the actions of people with schizophrenia and eventually reduce stress during caregiving, families are urged to implement adaptive coping skills, as explained above. Family stress can be alleviated by using *rasa rumangsa* as a coping mechanism. People's behavior toward others, especially those who have schizophrenia, is based on this cultural ideal. *Rasa rumangsa* is a calculated attempt to address the complex and demanding circumstances that Javanese families face when providing care for members with schizophrenia. Its presence can enhance the search for and provision of formal and informal social

support resources, offering both information and practical solutions for schizophrenia care.

This study introduces a novel approach by empirically testing *rasa rumangsa* as a psychological construct rooted in Javanese culture within a mediation framework. In comparison, previous research has examined caregiving burden (Frasia et al., 2018; M.-F. Huang et al., 2015) or social support independently (Chen et al., 2019; Rodakowski et al., 2012), or within Western coping paradigms (Kate et al., 2013; Ong et al., 2018). This study uniquely positions *rasa rumangsa* as a culturally indigenous coping strategy and tests its effect through a statistical model in the context of families caring for individuals with schizophrenia. Such contextual and theoretical integration has not been previously explored, making this investigation original and timely. The study aims to examine social support as a mediator in the role of *rasa rumangsa* related to the subjective burden of families caring for individuals with schizophrenia. The hypothesis proposed is "The role of *rasa rumangsa* in the subjective burden of families caring for individuals with schizophrenia is mediated by social support."

Methods

Research Design

Quantitative research methods using surveys were employed to test the influence of *rasa rumangsa* on the subjective burden variable through social support as a mediator variable.

Participants

The research participants were chosen using the purposive sampling method, based on criteria obtained from Puskesmas (local primary health centers in Indonesia) in Sleman and Gunung Kidul regency, Yayasan Nawakamal Mitra Semesta, and Pondok Pemulihan Sahabat Yogyakarta. The criteria were that participants should be at least 18 years old and a caretaking family member of a

schizophrenic individual in the Special Region of Yogyakarta, from Sleman, Bantul, Gunung Kidul, Kulonprogo Regency, or Yogyakarta. The participants were 112 family members who were caring for individuals with schizophrenia, with the distribution of demographic data shown in Table 1. The research was approved by the Research Ethics Committee of the Faculty of Psychology, Universitas Gadjah Mada Yogyakarta, Indonesia, No. 8610/UN1/FPSi.1.3/SD/PM.01.04/2023.

Research Model

Figure 1 illustrates the mediation model tested in this study, which is grounded in the stress and coping theory of Folkman (2013), which proposes that coping strategies used by individuals are influenced by social and environmental contexts, which ultimately shape psychological responses. This framework supports the role of *rasa rumangsa* in activating social support, which in turn affects the subjective burden experienced.

Rasa Rumangsa

The *Rasa rumangsa* Scale developed by Peristiano et al. (2025) comprises 30 items across three aspects: cognitive (e.g., awareness of position); emotional (e.g., empathy and sincerity); and behavioral (e.g., acting respectfully), with a Cronbach's alpha score of .934. An example of an item on the *Rasa rumangsa* Scale is "Every day, I check my behavior to see if it hurts other people. The scale uses a four-point Likert-type response

format: Strongly Agree, Agree, Disagree, and Strongly Disagree. This study shows that the scale has a construct reliability value of .978.

Social Support

The Social Support Scale (ISEL) developed by Cohen et al. (1985) comprises 28 items covering four aspects: esteem, tangible, belonging, and appraisal support, with Cronbach's alpha scores of .824 – .881. An example of an item on the scale is "When I feel lonely, there are people I can talk to." ISEL also employs a four-point Likert-type Scale: Strongly Agree, Agree, Disagree, and Strongly Disagree. In this study, it has a construct reliability value of .797.

Subjective Burden

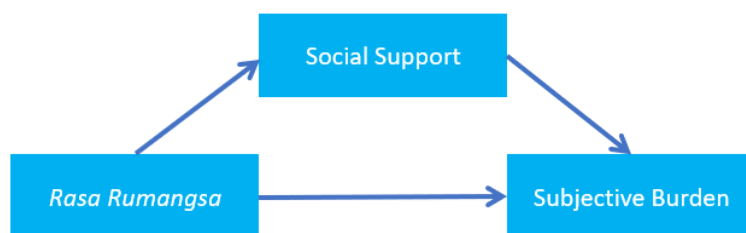
The Subjective Burden Scale (ZBI) of Zarit et al. (1980) comprises 22 items focusing on physical, emotional, and social aspects of caregiving strain, with a Cronbach's alpha score of .837. An example of an item on the scale is "Do you feel that your family wants you to take care of him or her?" ZBI uses a five-point Likert-type Scale: Never, Rarely, Sometimes, Quite Often, and Nearly Always. In this study, it has a construct reliability value of .892.

Instruments

Data were collected using three Likert-model scales: 1) the *Rasa rumangsa* Scale, 2) the Social Support Scale (ISEL), and 3) the Subjective Burden Scale (Zarit Burden Interview or ZBI).

Figure 1

Mediation Model



The effect of *rasa rumangsa* (self-awareness and empathy) on the subjective burden**Table 1***Participant Demographics (N = 112)*

Participant Characteristic	Category	Frequency	Percentage (%)
Gender	Male	35	31.25
	Female	77	68.75
Origin	Bantul	5	4.46
	Yogyakarta	7	6.25
	Kulonprogo	2	1.79
	Sleman	55	49.11
	Gunung Kidul	43	38.39
Work	Laborer	19	16.96
	Housewife	31	27.68
	Employee	6	5.36
	Trader	6	5.36
	Planter	1	.89
	Social Worker	1	.89
	Retired	3	2.68
	Village Government Worker	1	.89
	Farmer	19	16.96
	Government Employee	2	1.79
	Private Employee	6	5.36
	Self-employed	12	10.71
	Unemployed	5	4.46
Participant Age (years)	20-24	2	1.79
	30-34	4	3.57
	35-39	10	8.93
	40-44	16	14.29
	45-49	17	15.18
	50-54	23	20.54
	55-59	18	16.07
	60-64	10	8.93
	65-69	6	5.36
	70-74	2	1.79
>75	4	3.57	
Participant's Last Education	Elementary School	22	19.64
	Junior High School	18	16.07
	Senior High School	57	50.89
	Vocational Program School	2	1.79
	Bachelor	9	8.04
	Master	1	.89
	Not Finished School	2	1.79
	No School	1	.89
Age of Individual with Schizophrenia (years)	14-19	6	5.36
	20-24	4	3.57
	25-29	5	4.46
	30-34	13	11.61
	35-39	12	10.71
	40-44	14	12.50
	45-49	12	10.71
	50-54	11	9.82
	55-59	12	10.71
	60-64	9	8.04
	65-69	4	3.57
	70-74	6	5.36
	>75	4	3.57
Length of Care for Individuals with Schizophrenia (years)	<1	3	2.68
	1-5	62	55.36
	6-10	36	32.14
	11-15	4	3.57
	16-20	4	3.57
	21-25	1	.89
	>25	2	1.79
Total		112	100

Data Analysis

The data distribution was assessed using a one-sample Kolmogorov-Smirnov test, which provided insights into the normality of the dataset.

The hypothesis was tested through regression-based mediation analysis using Jamovi version 2.6.13 with the medmod module, following Model 4 of Hayes' simple mediation framework (2018). Direct and indirect effects were estimated using bootstrap resampling (5000), with mediation effects considered significant if the 95% confidence interval did not include zero (Theodora et al., 2023). Social support acts as a mediator in the role of *rasa rumangsa* in the subjective burden of families caring for individuals with schizophrenia if the significance of the indirect effect is less than .05.

Results

The data distribution was tested using the one-sample Kolmogorov-Smirnov test; a significance value of .103 was achieved, which is greater than .050. Therefore, the data distribution for all the variables (*rasa rumangsa*, social support, and subjective burden) was assumed to be normal, allowing parametric statistics to test the relationships between them.

Table 2 shows that social support is negatively correlated with subjective burden ($r = -.288; p < .05$) and positively correlated with *rasa rumangsa* ($r = .288; p < .05$). However, no significant relationship was found between *rasa rumangsa* and subjective burden ($r = -.115; p > 0.05$), implying that *rasa rumangsa* alone may not be sufficient to reduce subjective burden unless mediated through other psychological or social variables, such as perceived support.

Mediation analysis examined whether social support mediated the relationship between *rasa rumangsa* and the subjective burden experienced by family caregivers. The findings revealed that *rasa rumangsa* significantly predicted higher levels of

perceived social support (path a: $\beta = .2318, p < .05$, 95% CI = .0889, .3748). Furthermore, social support showed a significant negative association with subjective burden (path b: $\beta = -.4903, p < .05$, 95% CI = -.8167, -.1638).

The direct effect of *rasa rumangsa* on subjective burden (path c') was not statistically significant ($\beta = -.0501, p > .05$, 95% CI: -.3131, .2130). Similarly, the overall effect of *rasa rumangsa* on subjective burden (path c) did not reach statistical significance ($\beta = -.1637, p > .05$, 95% CI = -.4264, .0989). However, the analysis revealed a statistically significant indirect effect of *rasa rumangsa* on subjective burden through social support (indirect effect: $\beta = -.1137, p < .05$, 95% CI = -.2186, -.0105). Since the confidence interval did not include zero, social support partially mediates the effect of *rasa rumangsa* on caregivers' perceived burden. These results support the hypothesis that social support mediates the relationship between *rasa rumangsa* and subjective burden among caregiving families (Table 3 and Figure 2).

The study participants can be classified into three groups based on the hypothetical mean of each variable: low, medium, and high. Table 4 shows their distribution based on the categorized score ranges for the three main variables: *rasa rumangsa*, social support, and subjective burden. The majority of participants, 54.46%, scored in the high category for *rasa rumangsa*, while 44.64% fell within the medium range, with only 0.90% categorized as low. Regarding social support, none of the participants was classified as low. The vast majority, 92.86%, fell within the medium category, with 7.14% in the high category. In contrast, for subjective burden, the most significant percentage of participants, 65.19%, fell in the low category, indicating that most family caregivers reported relatively low levels of burden. A smaller proportion, 33.03%, were categorized as having medium burden levels, while only 1.78% experienced high levels.

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These categorizations suggest that most caregivers in the sample possessed high levels of *rasa rumangsa* and perceived medium to high

social support, which may contribute to the relatively low levels of subjective burden experienced by most participants.

Table 2
Relationship between the Research Variables

No.	Variable	Mean	SD	1	2	3
1	<i>Rasa rumangsa</i>	97.17	9.03	1		
2	Social Support	76.59	7.66	.288*	1	
3	Subjective Burden	25.73	15.22	-.288*	-.115	1

Note: N = 112. SD = standard deviation. * $p < .05$

Table 3
Results of the Mediation Test

	Pathway	Coeff	SE	LLCI	ULCI	<i>p</i>
				95% CI		
RR → SS	a	.2318	.0729	.0889	.3748	.001
SS → SB	b	-.4903	.1665	-.8167	-.1638	.003
RR → SB	c	-.1637	.1340	-.4264	.0989	.222
Direct	c'	-.0501	.1342	-.3131	.2130	.709
Indirect	ab	-.1137	.0526	-.2186	-.0105	.031

Note: * $p < .05$. RR = *Rasa Rumangsa*, SS = Social Support, SB = Subjective Burden

Figure 2
Hypothesis Test Results

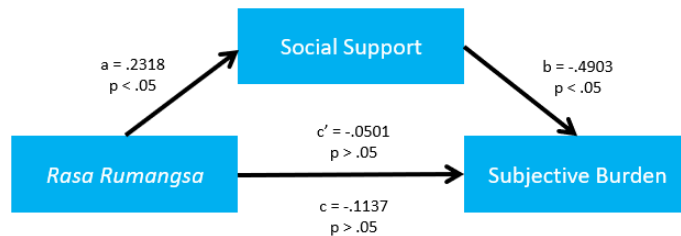


Table 4
Categorization of Participants based on Variables

Variable	Category	Range Score	N	Percentage (%)
<i>Rasa rumangsa</i>	Low	X < 55	1	.90
	Medium	55 ≤ X < 95	50	44.64
	High	95 ≤ X	61	54.46
Social Support	Low	X < 51.33	0	0
	Medium	51.33 ≤ X < 88.67	104	92.86
	High	88.67 ≤ X	8	7.14
Subjective Burden	Low	X < 29.33	73	65.19
	Medium	29.33 ≤ X < 58.67	37	33.03
	High	58.67 ≤ X	2	1.78
Total			112	100

Discussion

2 Social support can mediate the role of *rasa rumangsa* in the subjective burden of families caring for individuals with schizophrenia (indirect effect: $\beta = -.1137, p < .05, 95\% \text{ CI} = -.2186, -.0105$). The findings indicate that it acts as a significant mediator, and these findings describe full mediation, where the effect of *rasa rumangsa* on subjective burden only occurs indirectly through the perception of family social support. This means the *rasa rumangsa* can reduce subjective burden through social support, increasing the support and reducing the burden. The higher the level of *rasa rumangsa*, the greater the social support within the family. Furthermore, the higher the social support, the lower the subjective burden experienced by families caring for individuals with schizophrenia.

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In line with Javanese cultural values in Indonesia, *rasa rumangsa* is a guiding principle for families caring for schizophrenic members (Peristiano et al., 2023). It helps families understand the situation, manage their emotions, and position themselves while providing care, thus serving as a coping mechanism for the heavy stressors they endure. *Rasa rumangsa* is a process of deep self-awareness that leads individuals to behave in a way that allows them to position themselves appropriately, maintain good relationships, and foster social harmony, peace, and well-being (Peristiano et al., 2025). Families who internalize it tend to be strong in empathy, self-awareness, and respect, and have the ability to feel what individuals with schizophrenia experience, rather than prioritizing their interests. *Rasa rumangsa* consists of three aspects: cognition, emotion, and behavior.

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Cognitively, it enables families to understand and recognize the caregiving situation they face. As a result, they take the initiative to find solutions to difficult situations based on their caregiving experience, such as seeking information and practical guidance on schizophrenia care. The main

form of adaptive coping is problem-focused, which means understanding, making plans, and seeking help from friends or the closest environment (Kate et al., 2013).

The emotional aspect is manifested in the family's expression of gratitude, sincerity, and resilience in responding to the behavior of members with schizophrenia. Families, as caregivers, are expected to provide care, companionship, and guidance to family members diagnosed with schizophrenia to help them function in daily life, and must remain strong and resilient in facing these challenges. In this way, the family will be able to manage the emotions and stress that arise as a result of caring, thereby increasing its ability to adapt to challenging situations (Poegoeh & Hamidah, 2016). Furthermore, families become more at ease in accepting and providing help or support from other families who also care for individuals with schizophrenia. In addition to enhancing self-understanding and acceptance of the situation, *rasa rumangsa* also fosters both the seeking and providing of social support among families in the same situation.

Regarding the behavioral aspect, families act according to their role as caregivers by seeking medical assistance and practical support in managing the symptoms exhibited by schizophrenia sufferers. They also engage in discussions with medical professionals or fellow caregivers, which is an essential step in making decisions regarding care. This indicates that every manifestation of *rasa rumangsa* provides families with an increase in social support throughout the caregiving process.

While *rasa rumangsa* was not found to directly reduce subjective burden, it significantly enhanced perceptions of social support, which in turn helped lower the burden experienced. The results emphasize the importance of social support as a psychological mechanism through which cultural values influence the caregiving experience. The

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non-significant direct effect of *rasa rumangsa* on subjective burden suggests that this culturally grounded coping strategy does not operate by immediately reducing internal psychological stress. Instead, it works through relational and collective pathways, fostering interpersonal humility, social sensitivity, and receptiveness to assistance. Rather than alleviating the burden through direct emotional or cognitive regulation, *rasa rumangsa* encourages individuals to engage in prosocial behaviors and build support networks that indirectly reduce psychological strain.

Compared to Western models of coping, such as the dual-process framework by Folkman (2013), which distinguishes between problem-focused and emotion-focused strategies, *rasa rumangsa* emphasizes neither personal control over emotion nor cognitive restructuring. Instead, it reflects a collectivistic worldview that promotes social harmony, shared responsibility, and role awareness in interpersonal settings (U. Kim et al., 2006; Triandis, 1996). Its effectiveness as a coping strategy emerges not from internal self-management, but from the facilitation of supportive social interactions rooted in cultural norms.

The findings encourage critical reflection on the scope and mechanism of *rasa rumangsa* as a coping strategy. While it does not directly reduce subjective burden, this should not be interpreted as a limitation of its theoretical value. Instead, it suggests that *rasa rumangsa* may function optimally in socially-embedded stress contexts, such as family caregiving, where social identity, collective obligation, and relational expectations are deeply intertwined. Its reliance on social pathways, such as the activation of social support, may be a defining feature of how *rasa rumangsa* operates, not a weakness. The culturally-embedded coping mechanism may not be universally applicable to all psychological issues, especially those that require direct emotional

regulation (e.g., anxiety, rumination, trauma). Instead, it may be most beneficial in contexts that rely heavily on interpersonal dynamics and cultural cohesion.

The finding that *rasa rumangsa* requires a mediating variable, social support, to reduce subjective burden has important implications for the broader discourse on coping strategies. It suggests that it is not a direct or self-contained coping mechanism, but instead operates effectively within a socially embedded context. In this regard, *rasa rumangsa* is not intended to replace established coping frameworks in Western psychology, such as emotion-focused or problem-focused coping (Folkman, 2013), but rather to enrich them by offering a culturally-grounded, collectivist perspective (U. Kim et al., 2006; Triandis, 1996). This expands the scope of cross-cultural psychology by demonstrating that effective coping may not always rely on internal self-regulation, but can also emerge from interpersonal awareness, humility, and communal responsibility.

Hu et al. (2025) highlight that adequate social support, both formal and informal, can improve the psychological and physical well-being of caregivers. Therefore, such support is considered a protective factor that enhances caregivers' ability to face challenges during their caregiving experience (Khusaifan & El Keshky, 2017). Furthermore, research by Xian and Xu (2020) found that social support in the form of informational, emotional, and material assistance helps alleviate both the physical and mental burden of caregivers. Support from family, friends, and other significant individuals enables caregivers to better cope with caregiving-related stress. Yang et al. (2019) add that community services reduce stress and improve caregivers' well-being. Conversely, negative interactions with the social environment, such as excessive criticism or unrealistic demands, can increase the burden and worsen caregivers' physical and mental health.

3 In the study by Mora-Castañeda et al. (2023) social support is implicitly involved through caregivers' participation in community care service activities. Increasing social engagement and informal support can help reduce caregivers' burden. Ong et al. (2018) explain that social support is one of the potential protective factors against the burden experienced by caregivers of older adults, particularly in Asian societies.

14 Furthermore, Ong et al. (2018) found that social support mediated resilience and the burden of caregivers caring for older people. Resilience, as an individual's capacity to adapt to difficult situations, leads families to seek social support as a form of problem-focused coping (C. Huang et al., 2021), further emphasizing that social support plays a role in problem-focused coping strategies by encouraging solution-seeking through social interactions and obtaining assistance, thereby reducing caregiver burden. Therefore, social support can further strengthen families' ability to face challenges, ultimately reducing the burden of the caregiving experience.

59 23 Support provided by social services is significant for the psychological well-being of families providing care for schizophrenic members. Amalia and Rahmatika (2020) highlight that social support can improve the psychological well-being of caregivers, who often face emotional and physical challenges. When social support is high, families tend to experience lower burdens, as the support can help reduce stress and increase the ability to overcome challenges or pressures. Social support is essential in caregiving, especially in Indonesian society, where family values and such support are highly valued. Through it, such as consulting with a doctor about problems, talking with other individuals, including families caring for schizophrenia sufferers, and talking with other individuals about their feelings, the subjective burden can be reduced.

16 The negative correlation between social support and subjective burden confirmed the

study of Gusdiansyah and Mailita (2021), mainly in the form of information support on medical treatment for schizophrenic individuals. Families who are exposed to health information indirectly give support to other caretaking families, which leads to a reduction in the severity of schizophrenia. This will help lower emotional and financial stress, which is also a sign of decreasing family burden. The social support that families receive as caregivers should function as a preventive strategy to reduce stress and the negative consequences of treating schizophrenic individuals.

Social support is an activity that supports and provides help for families with members who are suffering (Subandi & Utami, 2006). It plays a significant role in influencing their experiences (Rafiyah & Sutharangsee, 2011). Hidayati (2011) states that the availability of social support for families in crisis can improve psychological well-being and the quality of their lives. In other words, quality of life and psychological well-being are indicators that families can handle the pressure well and do not feel burdened.

The role of social support in alleviating the burden of carer families is echoed in the study of Peng et al. (2022) who state that such support is needed not only by the schizophrenic individuals, but also by their caretaking family, in order to reduce the symptoms of a psychotic break in those suffering. Fear and worry are emotions felt by families as part of the burden they experience while caring for (Bahari et al., 2017). The presence of social support can help reduce the subjective burden experienced by the families.

Yu et al. (2020) emphasize that strong social support is a sign of decreasing social stigma, which can lessen the burden of the family playing a caring role. Such a reduction is closely related to the acceptance of the social environment, making families feel respected and appropriately accepted, thus reducing their emotional burden. Self-worth plays a role in self-evaluation by enabling self-

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adjustment, while belonging helps an individual commit to the caregiving experience.

The experience of taking care of schizophrenic individuals has been described as a burden for caretaking families (Peristiano et al., 2022; Sureskiarti et al., 2019). When they engage in a deep self-reflection process that allows them to understand, introspect, and empathize with the experiences of those with schizophrenia, this becomes an integral part of their *rasa rumangsa*. It is an adaptive coping strategy that helps families manage schizophrenia sufferers and reinforce positive connections in their surroundings by allowing them to ask for and receive official and informal practical support. Since outside assistance relieves them of their caring duties, this circumstance lessens the stress or strain on the family (Raj et al., 2016). Moreover, *rasa rumangsa* is a cultural value that should naturally be passed down to new generations. However, in practice, cultural transmission is not always consistent or complete. In the face of rapid social change, globalization, and modernization, traditional values such as *rasa rumangsa* may become fragmented or marginalized. Therefore, the development of *rasa rumangsa*-based interventions should not be seen as an artificial reconstruction of culture, but as an effort to revitalize, reframe, and apply existing cultural wisdom systematically in contemporary psychosocial contexts. Such interventions can serve as educational and reflective tools to reinforce family and community resilience while bridging cultural values with the practical demands of modern mental health services.

As a Javanese cultural coping mechanism, *rasa rumangsa* can be used as an intervention framework to improve social support, which will ultimately reduce the subjective burden on families that care for members with schizophrenia. These results support the proposed theoretical model and emphasize the cultural relevance of *rasa rumangsa* in shaping coping behaviors.

In terms of limitations, the study focuses on families caring for individuals with schizophrenia in a clinical context; access to participants was limited by health policy agencies and the availability of families who met the inclusion criteria. Therefore, a limitation of the study is that it focused on a small sample size of schizophrenia patients. Future research could explore its applicability to broader populations with larger sample sizes and general populations.

Future studies should also examine whether *rasa rumangsa* influences other psychological outcomes, such as depressive symptoms, resilience, or psychological well-being and assess whether similar mediating mechanisms exist in different contexts. Further investigation into how *rasa rumangsa* interacts with other cultural or situational variables could help refine its theoretical boundaries and clarify its unique position among coping strategies in collectivist societies.

Conclusion

Rasa rumangsa is an adaptive coping mechanism that enhances the search for and perception of available social support. As a result, the subjective strain or stress that families endure when providing care can be reduced. The study contributes to the growing body of culturally-informed psychological research by demonstrating that *rasa rumangsa*, a culturally-rooted Javanese coping value, is based on a coping mechanism that relies on relational dynamics and culturally-embedded social pathways. The findings emphasize the mediating role of social support and highlight that the impact of *rasa rumangsa* operates primarily through relational mechanisms rather than intrapersonal relief. It is a coping mechanism that families use to demonstrate deep cultural identity, self-awareness and empathy. It enables families to continuously understand, self-reflect, and empathize with individuals with schizo-

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phrenia, while focusing on finding solutions for schizophrenia care. The findings reinforce the value of integrating culturally relevant constructs into caregiving and mental health frameworks, particularly within collectivist societies such as Indonesia. Recommendations for practitioners and policymakers include promoting *rasa rumangsa* as

a Javanese cultural coping strategy to strengthen social support and reduce subjective burden. In addition, the findings could also be used to develop mental health programs to improve social support, which in turn will reduce the perceived burden experienced by families providing care to individuals with schizophrenia.[]

Acknowledgments

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Author Contribution Statement

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Sheilla Varadhila Peristiano: Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing. **M. A. Subandi:** Conceptualization; Data Curation; Formal Analysis; Methodology; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing. **Muhana Sofiaty Utami:** Conceptualization; Data Curation; Formal Analysis; Methodology; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing.

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