

**BUKTI KORESPONDENSI
ARTIKEL JURNAL INTERNASIONAL BEREPUTASI**

Judul Artikel : 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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Email korespondensi : subandi@ugm.ac.id

No.	Perihal	Tanggal
1.	Bukti konfirmasi submit artikel	25 Desember 2024
2.	Bukti konfirmasi review dan hasil review pertama	10 Mei 2025
3.	Responses to reviewers (file)	10 Mei 2025
4.	Bukti konfirmasi review dan hasil review kedua	11 Mei 2025
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8.	Korespondensi lanjutan untuk kelengkapan dokumen	25 Mei 2025
9.	Responses to reviewers (file)	26 Mei 2025
10.	Korespondensi 2 arah untuk kelengkapan dokumen	27 Mei 2025
11.	Responses to reviewers (file)	28 Mei 2025
12.	Decision acceptance and payment	29 Mei 2025
13.	Text improvement, text editing, informasi publikasi	29 Mei 2025

**1. Bukti konfirmasi submit artikel
(25 Desember 2024)**

Psikohumaniora: Jurnal Penelitian Psikologi

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25099 / Peristianto et al. / The effect of *rasa rumangsa* (self-awareness and empathy) on the subjective burden of families caring for i Library

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Comments for the Editor	sheilla_93	-	0	<input type="checkbox"/>
	2024-12-25 10:49 AM			

Comments for the Editor

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Participants [Edit](#)

- Dear, Sir or Madam Sheilla Varadhila Peristianto (sheilla_93)

Messages

Note	From
Dear	
Prof. Dr., Baidi Bukhori, M.Si	2024-12-25
Editor-in-Chief	10:49 AM
Psikohumaniora: Jurnal Penelitian Psikologi	
Faculty of Psychology and Health, Universitas Islam Negeri Walisongo,	
Semarang, Indonesia	

I am pleased to submit an original research article entitled "**The effect of *rasa rumangsa* on the subjective burden of families caring for individuals with schizophrenia: Social support as a mediator**" for consideration for publication in Psikohumaniora: Jurnal Penelitian Psikologi. This research was conducted with my supervisor, Prof. Drs. Subandi., M.A., Ph.D and Dra. Muhana Sofiati Utami, M.S., Ph.D. This article raises the fundamental values of Javanese culture in Indonesia, which guide behavior and influence a person's psychology. In this manuscript, we show that the *rasa rumangsa* is a character factor that can be used as a basis for individuals to behave towards other individuals, including individuals with schizophrenia. The *rasa rumangsa* is an effort to manage oneself in families with Javanese culture when caring for individuals with schizophrenia. Beside that, social support is a factor that influences the

Note

From

reduction of the subjective burden on families caring for individuals with schizophrenia. Social support for families caring for individuals with schizophrenia is a mediating factor in the family's subjective burden. This manuscript is worthy of being published by Psikohumaniora: Jurnal Penelitian Psikologi because it discusses the Javanese Culture, which is necessary for a basic understanding of human psychology, including identity values and social behavior. *Rasa rumangsa* is a concept that has been constructed as a psychological measuring tool and then linked with other variables to become a simple model of subjective family burden in the context of clinical psychology, families caring for schizophrenic individuals. The *rasa rumangsa* is an original invention of Javanese culture, which has become an adaptive coping strategy. Reducing the family's subjective burden becomes a broader picture of mental health. This manuscript has yet to be published and is not under consideration for publication elsewhere. We have no conflict of interest to disclose. We request that you consider accepting our manuscript. If you feel this manuscript is appropriate for your journal, we suggest the following reviewers.

I appreciate your consideration.
Sincerely,
Sheilla Varadhila Peristianto

**2. Bukti konfirmasi review dan hasil review pertama
(10 Mei 2025)**

Notifications

×undefined

[PJPP] Editor Decision

2025-05-10 11:15 AM

Sheilla Varadhila Peristiano, Subandi, Muhana Sofiati Utami:

We have reached a decision regarding your submission to *Psikohumaniora: Jurnal Penelitian Psikologi*, "The effect of rasa rumangsa on the subjective burden of families caring for individuals with schizophrenia: Social support as a mediator".

Our decision is: Revisions Required

Note to the Author:

End of the Introduction Section:

Please ensure that the final part of the introduction explicitly presents the *novelty* of the study. Clearly articulate what distinguishes this research from previous studies and highlight its scientific contribution to the relevant field.

Discussion Section:

Before discussing the limitations of the study, please include a discussion of the *implications* of the research findings. These implications may include theoretical, practical, or policy-related contributions that are relevant to the results of this study.

Best regards,

Baidi Bukhori

Editor in Chief

Psikohumaniora: Jurnal Penelitian Psikologi

Faculty of Psychology and Health

UIN Walisongo

Email: psikohumaniora@walisongo.co.id

to Submit

Our decision is: Revisions Required

Note to the Author:

End of the Introduction Section:

Please ensure that the final part of the introduction explicitly presents the *novelty* of the study. Clearly articulate what distinguishes this research from previous studies and highlight its scientific contribution to the relevant field.

[P]PP]]

:15 AM

[P]PP]]

:43 AM

[P]PP]]

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[P]PP]]

Discussion Section:

Before discussing the limitations of the study, please include a discussion of the *implications* of the research findings. These implications may include theoretical, practical, or policy-related contributions that are relevant to the results of this study.

:16 PM

3. Responses to reviewers (file)
(10 Mei 2025)

End of the Introduction Section

To control the actions of people with schizophrenia and eventually lessen stress during caregiving, families are urged to implement adaptive coping skills, as explained above. Family stress can be reduced 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 have when providing care for people with schizophrenia.

Discussion Section

This is an adaptive coping strategy that helps families manage people with schizophrenia 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).

As a limitation, the study's focus was 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 criteria for participation.

**4. Bukti konfirmasi review dan hasil review kedua
(11 Mei 2025)**

Psikohu

Back to Submis

Notifica

[PJPP]

[PJPP]

[PJPP]

[PJPP]

Review

Revisi

Abstract

1. Include quantitative data: The research results should be supported with key numerical data such as significance values, correlation/regression coefficients, or the average scores of the main variables. This helps readers understand the strength of the findings.
2. Add implications: The abstract should conclude with the theoretical and practical implications of the study so that readers can see the contribution of the research.

Introduction

1. Explain the urgency of the research: Clearly describe the background of the problem and why this research is important to be conducted now, including the empirical context or current phenomena that underlie the study.
2. Highlight the novelty: Before stating the research objectives, explicitly present the novelty of the study— what makes it different from previous research?
3. State the objectives and hypotheses: The research objectives and hypotheses should be clearly written at the end of the introduction, considering the study uses a quantitative approach.
4. Strengthen the theoretical discussion on "rasa rumangsa":

Since this is a concept that is still unfamiliar in the field of psychology, it is important to include more references beyond just Endraswara.

Clarify how the definition of "rasa rumangsa" was formulated. Based on which theory? What was the conceptualization process?

1. Clarify the measurement of the "rasa rumangsa" variable:

Explain how the scale was developed, and what criteria were used for categorization (low, moderate, high).

Briefly describe the score ranges for each category.

Provide at least one example item from the "rasa rumangsa" scale to give a concrete illustration.

1. Clarify the measurement of the "rasa rumangsa" variable:

Explain how the scale was developed, and what criteria were used for categorization (low, moderate, high).

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Discussion

Notifications

xundefined

[PJPP] Editor Decision

2025-05-11 10:43 AM

Sheilla Varadhila Peristiano, Subandi, Muhana Sofianti Utami:

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Our decision is: Revisions Required

Manuscript Revision Notes

Abstract

1. Include quantitative data: The research results should be supported with key numerical data such as significance values, correlation/regression coefficients, or the average scores of the main variables. This helps readers understand the strength of the findings.
2. Add implications: The abstract should conclude with the theoretical and practical implications of the study so that readers can see the contribution of the research.

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Explain how the scale was developed, and what criteria were used for categorization (low, moderate, high).

Briefly describe the score ranges for each category.

Provide at least one example item from the “rasa rumangsa” scale to give a concrete illustration.

Discussion

1. Begin with hypothesis testing: Start the discussion section by stating which hypotheses were supported and which were not.
2. Analyze unsupported hypotheses: If any hypotheses were not supported, discuss critically and in depth why this may have occurred. Use theories or previous studies to support the arguments.

3. Implications of the findings: Before addressing the study's limitations, include a paragraph explaining the implications of the findings—for theory, practice, and future research directions.

Please revise the article based on the notes I have provided and the feedback from the two reviewers.

Best regards,
Baidi Bukhori

Editor in Chief
Psikohumaniora: Jurnal Penelitian Psikologi
Faculty of Psychology and Health
UIN Walisongo
Email: psikohumaniora@walisongo.co.id

Psikohumaniora: Jurnal Penelitian Psikologi Program Studi Psikologi Fakultas Psikologi dan Kesehatan Universitas Islam Negeri (UIN) Walisongo

5. Responses to reviewers (file)
(19 Mei 2025)

Abstract

The analysis technique used is the mediation path analysis technique. Results showed that social support could mediate the role of a *rasa rumangsa* on the subjective burden of families caring for individuals with schizophrenia ($t = -2.046$; $p < .05$).

The implication of studying *rasa rumangsa* as a cultural coping mechanism can be used as an intervention framework to improve social support, which will ultimately lessen the subjective burden on families that care for people with schizophrenia.

Introduction

Leng *et al.* (2019) and Zhang *et al.* (2024) additionally state that the quality of life of caregivers is correlated with the stress of providing care. The physical, psychological, and social strains of caregiving harm the general well-being of those who provide it (Hu *et al.*, 2025). Furthermore, psychological conditions like anxiety and despair may result from this burden (Wardani & Kurniawan, 2024).

In psychology studies, coping mechanisms are often studied through the perspective of Western theories, such as the coping theory of Lazarus and Folkman (1984), which divides these mechanisms into two main categories, namely problem-focused coping and emotion-focused coping. Although this theory is widely used, this approach does not always reflect the diversity of cultures, including Indonesia. Therefore, it is essential to develop research that explores coping mechanisms based on local cultural values, such as Javanese culture, to be more in line with the reality of society.

Javanese culture has a unique value system in dealing with life pressures. One of the main concepts in Javanese culture is *rasa rumangsa*, a unique form of problem-focused coping because it emphasizes self-awareness and empathy as the main strategies for overcoming problems. The existence of this attitude makes 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).

Compared to more individualistic Western coping mechanisms, *rasa rumangsa* is a coping strategy, but Javanese culture-based coping mechanisms 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. This is not to ignore the diversity of other cultures, but because Javanese culture has a broad influence on history, social systems, and national policies in Indonesia (Suseno, 2001). In addition, Javanese culture is often used as a reference in various aspects of Indonesian society, both in politics, education, and social systems. By understanding the coping mechanisms based on Javanese culture, this study can provide more contextual insights into psychological strategies that are relevant to Indonesian society more broadly.

People can act in ways that suit their requirements and social connections. This increased awareness also makes it easier for their surroundings to encourage them, boosting academic motivation.

Similarly, Asensio-Martínez *et al.* (2023) discovered that social support substantially mediates the link between academic stress and health among male university students.

To control the actions of people with schizophrenia and eventually lessen stress during caregiving, families are urged to implement adaptive coping skills, as explained above. Family stress can be reduced 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 have when providing care for people with schizophrenia.

Discussion

Social support can mediate the role of *rasa rumangsa* on the subjective burden of families caring for individuals with schizophrenia ($t = -2.046$; $p < .05$). This means the *rasa rumangsa* can reduce subjective burden through social support. *Rasa rumangsa* increases social support and decreases subjective burden.

This is an adaptive coping strategy that helps families manage people with schizophrenia 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).

As a Javanese cultural coping mechanism, *rasa rumangsa* can be used as an intervention framework to improve social support, which will ultimately lessen the subjective burden on families that care for people with schizophrenia.

As a limitation, the study's focus was 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 criteria for participation.

**6. Korespondensi 2 arah untuk kelengkapan dokumen
(20 Mei 2025)**

If you want to improve the flow of the research, then I would suggest the following steps:

Model Fit Test

Model Modification

Mediation Hypothesis Testing

Invariance Testing (If invariance is found), then

Group Difference Testing on the Invariant Model

The image shows a screenshot of a research paper with a comment thread on the right side. The paper text is as follows:

Javanese culture has a unique value system in dealing with life pressures. One of the main concepts in Javanese culture is *rasa rumangsa*, a unique form of problem-focused coping because it emphasizes self-awareness and empathy as the main strategies for overcoming problems. The existence of this attitude makes 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).

Cultural values influence an individual's decision-making in caretaking behavior (Chou, 2000). For example, collectivist culture in countries emphasizing warm interpersonal relations encourages individuals to control harmful behavior while taking care of schizophrenic individuals. Kim *et al.* (2010) confirmed that harmonious social relations dominate Asian societies. Warmth and harmony are values that families need in taking care of schizophrenic individuals, which have a positive impact on lowering the level of relapse.

Compared to more individualistic Western coping mechanisms, *rasa rumangsa* is a coping strategy, but Javanese culture-based coping mechanisms 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. This is not to ignore the diversity of other cultures, but because Javanese culture has a broad influence on history, social systems, and national policies in Indonesia (Suseno, 2001). In addition, Javanese culture is often used as a reference in various aspects of Indonesian society, both in politics, education, and social systems. By understanding the coping mechanisms based on Javanese culture, this study can provide more contextual insights into psychological strategies that are relevant to Indonesian society more broadly.

Javanese values primarily influence cultures in Indonesia and become a principle in people's behavior, including how family members behave in taking care of schizophrenic individuals. Javanese values become a guideline for thinking positively, leading to coping behavior. The *rasa rumangsa* value...

The comment thread on the right side contains three comments:

- Comment 1:** Penulis: Peneliti perlu menjelaskan mengapa rasa rumangsa tidak bisa secara langsung memprediksi subjective burden? Apakah ada kerangka teori tertentu yang digunakan untuk memposisikan keterkaitan rasa rumangsa dengan variabel lain?
- Comment 2:** Penulis: Mungkin tidak perlu terlalu banyak menjelaskan bahwa dukungan sosial memang dapat terbukti sebagai mediator dalam beberapa kondisi, peneliti perlu fokus membangun argumentasi mengapa dukungan sosial sekiranya dapat memeditasi hubungan antara rasa rumangsa dengan subjective burden.
- Comment 3:** Penulis: Kalimat ini seperti berpotensi menarakan

7. Responses to reviewers (file)
(23 Mei 2025)

Although the analysis results show that the model is not fully fit (RMSEA = .119; CFI = .893), the researcher did not modify the model further. This is because the model is built based on a previously established theoretical framework, and any changes to the model structure without a substantial theoretical basis risk producing a model that overfits this data. In addition, this study aims to test a theoretical model, not to explore the best statistical model. Next, the *rasa rumangsa* variable is a newly constructed construct, so no model has previously tested this construct.

The measurement model tested in this study did not fully meet the criteria for a good model fit. The Chi-square value of 130.881 with a probability level of .000 ($\leq .05$) indicates a significant discrepancy between the observed data and the hypothesized model, suggesting a lack of overall fit. This is further supported by the RMSEA value of .119, which exceeds the acceptable threshold of .08, indicating poor fit. Other indices, such as AGFI (.739) and RMR (.859), also fall below the recommended standards, reinforcing that the model, in its current form, does not adequately represent the empirical data.

Nevertheless, although not meeting ideal criteria, several fit indices fall within the marginal fit range. These include CFI (.893), TLI (.862), NFI (.840), and GFI (.829). While slightly below the commonly accepted cutoff of .90, these values suggest that the model may still have structural potential, especially with targeted modifications. It implies that the constructs measured, such as social support, *rasa rumangsa*, or subjective burden, may be approaching adequate representation but require further refinement.

In addition to model fit, the measurement model's convergent validity and construct reliability were evaluated using the Average Variance Extracted (AVE) and Composite Reliability (CR) values. Based on the results, the *Rasa Rumangsa* (RR) construct showed excellent convergent validity, with an AVE value of .804, exceeding the recommended threshold of .50 (Hair et al., 2010). Furthermore, its CR value of .925 indicates high internal consistency reliability.

The Social Support (SS) and Subjective Burden (SB) constructs also demonstrated adequate convergent validity, with AVE values of .534 and .56, respectively, both above the minimum recommended cutoff of .50. Similarly, their CR values of .851 (SS) and .86 (SB) also surpass the recommended threshold of .70, suggesting that the items within each construct are consistently measuring the same underlying concept.

These results indicate that all three constructs possess acceptable convergent validity and composite reliability. This strengthens the interpretation that the measurement indicators for *rasa rumangsa*, *social support*, and *subjective burden* are statistically sound and capable of representing the latent variables with internal consistency.

Although the overall measurement model did not adequately fit the data, analyzing direct relationships between constructs revealed several important and statistically meaningful findings.

The results of the path analysis showed that *rasa rumangsa* did not have a significant direct effect on subjective burden ($\beta = -.040$; $p > .05$). However, *rasa rumangsa* indirectly affected subjective burden through the mediation of social support ($\beta = -0.089$), with the results of the Sobel test showing significance ($z = -2.046$, $p < .05$). In addition, *rasa rumangsa* significantly increased the perception of social support ($\beta = .109$, $p < .05$), and social support significantly decreased subjective burden ($\beta = -.817$, $p < .05$). Therefore, the total effect of *rasa rumangsa* on subjective burden was adverse ($\beta = -.129$), although the direct path was insignificant.

These findings indicate that social support acts as a significant mediator, and this model describes full mediation, where the effect of *rasa rumangsa* on subjective burden only occurs indirectly through the perception of family social support.

The following analysis was conducted as a further exploration beyond the main structural model to see the pattern of relationships between variables based on demographic characteristics such as age, gender, and length of care. These variables were not included in the SEM model as covariates, but were used to understand the context further.

The multigroup invariance test of *rasa rumangsa* based on gender was conducted to evaluate the equivalence of the measurement model between male and female groups. The analysis followed a stepwise procedure through configural, metric, scalar, and strict invariance testing. The results indicated that the *rasa rumangsa* model only achieved configural invariance. The configural model demonstrated a CFI of .808, RMSEA of .117, and SRMR of .083. Although the RMSEA exceeded the ideal threshold (< 0.08), the model was still acceptable as a baseline comparison due to the absence of parameter constraints across groups. These findings suggest that the factor structure is similar across groups, but there is no equivalence at the parameter level. Therefore, direct comparisons of latent means between groups are not considered valid.

**8. Korespondensi lanjutan untuk kelengkapan dokumen
(25 Mei 2025)**

Round 1

Round 1 Submission

Notifications

[PJPP]

[PJPP]

[PJPP]

[PJPP]

Review

Revisions

Editor's Notes to the Author:

The previous paragraph has appropriately introduced the concept of *rasa rumangsa* originating from Javanese culture. It would be more effective if the subsequent paragraph focuses more explicitly on *rasa rumangsa* as a psychological construct.

If the influence of culture on coping is to be explained, it is preferable to clarify the rationale for focusing on Javanese culture **before** introducing the construct of *rasa rumangsa*.

The researcher needs to explain why *rasa rumangsa* cannot directly predict subjective burden. Is there a specific theoretical framework being used to position the relationship between *rasa rumangsa* and other variables?

It may not be necessary to elaborate too much on the general role of social support as a mediator under various conditions. Instead, the researcher should focus on constructing a strong argument as to **why** social support is expected to mediate the relationship between *rasa rumangsa* and subjective burden in this specific context.

Please add a clear statement of the *novelty* or the originality of the study at the end of the INTRODUCTION section, just before the research objectives. Explicitly explain what makes this study different or new compared to previous studies. This novelty **must** be supported by relevant previous research findings and accompanied by appropriate references.

The sentence "*The mediation path model is based on Sarwono (2010), which refers to Kerlinger (2004)*" may lead readers to believe that the mediation model was developed by Sarwono and derived from Kerlinger, although both authors might only be discussing SEM models. Typically, the development of an SEM model is grounded in a specific theoretical framework, which should be clearly stated by the researcher.

In explaining the measurement tools, it would be beneficial to provide more detail—for example, by specifying how many dimensions/aspects each instrument contains and presenting validity evidence from previous

1:15 AM

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Round 1

Round 1 Submission

Notifications

[PJPP]

[PJPP]

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[PJPP]

Review

Revisions

If the model does not meet the required fit indices, can the analysis results—especially those concerning the relationships among variables—still be trusted? Or should the conclusion be that “the theoretical model tested in this study is not applicable to this sample”?

Relying on the argument that *rasa rumangsa* is a new construct may weaken its position within the model. It suggests that the researcher lacks strong confidence in the theoretical significance of *rasa rumangsa*. However, if the instrument measuring *rasa rumangsa* has demonstrated good psychometric properties, this position should be defended.

The argument that the model was not modified because it was based on a specific theoretical framework is not convincing if the theoretical framework itself has not been clearly articulated in the background section.

The term *measurement model* typically refers to the factor structure in measurement analysis. In the SEM context, the correct term might be *structural model*.

Given the model fit indices, the researcher may need to consider modifying the model or alternatively, shifting from SEM analysis to mediation analysis using raw data. Switching from SEM to mediation analysis does not reduce the essential finding that *rasa rumangsa* may reduce subjective burden through social support.

Why is the direct relationship not significant? This should be emphasized in the discussion. Is it possible that *rasa rumangsa*, as a coping strategy, cannot directly reduce subjective burden? How does this compare to other coping strategies commonly discussed in Western literature?

How do the findings limit the role of *rasa rumangsa* as a coping strategy in addressing psychological problems? Is its indirect effect unique to subjective burden, or might it also apply to other psychological issues? In short, how exactly does *rasa rumangsa* “work” as a coping strategy? Why does it require a mediating variable in reducing psychological problems?

In the discussion section, the researcher should focus on explaining why *rasa rumangsa* effectively reduces subjective burden through social support and does not have a direct effect on subjective burden.

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3:16 PM

Search

Upload File

Notifications

×undefined

[PJPP] Editor Decision

2025-05-25 02:56 PM

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The researcher needs to explain why *rasa rumangsa* cannot directly predict subjective burden. Is there a specific theoretical framework being used to position the relationship between *rasa rumangsa* and other variables?

It may not be necessary to elaborate too much on the general role of social support as a mediator under various conditions. Instead, the researcher should focus on constructing a strong argument as to **why** social support is expected to mediate the relationship between *rasa rumangsa* and subjective burden in this specific context.

Please add a clear statement of the *novelty* or the originality of the study at the end of the INTRODUCTION section, just before the research objectives. Explicitly explain what makes this study different or new compared to previous studies. This novelty **must** be supported by relevant previous research findings and accompanied by appropriate references.

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In explaining the measurement tools, it would be beneficial to provide more detail—for example, by specifying how many dimensions/aspects each instrument contains and presenting validity evidence from previous research. If possible, also report the reliability testing results from the current study.

If CFA (Confirmatory Factor Analysis) is used to establish the validity of a measure, it typically refers to the construct's factorial or structural validity. The justification for claiming that the instrument has good structure should be based on the model fit of the measurement model. On the other hand, convergent validity generally refers to the correlation of scores between similar constructs measured by different instruments.

The researcher mentions conducting CFA and calculating construct reliability but does not report the model fit indices for each measurement tool. This should be reconsidered.

If the model does not meet the required fit indices, can the analysis results—especially those concerning the relationships among variables—still be trusted? Or should the conclusion be that “the theoretical model tested in this study is not applicable to this sample”?

Relying on the argument that *rasa rumangsa* is a new construct may weaken its position within the model. It suggests that the researcher lacks strong confidence in the theoretical significance of *rasa rumangsa*. However, if the instrument measuring *rasa rumangsa* has demonstrated good psychometric properties, this position should be defended.

The argument that the model was not modified because it was based on a specific theoretical framework is not convincing if the theoretical framework itself has not been clearly articulated in the background section.

The term *measurement model* typically refers to the factor structure in measurement analysis. In the SEM context, the correct term might be *structural model*.

Given the model fit indices, the researcher may need to consider modifying the model or alternatively, shifting from SEM analysis to mediation analysis using raw data. Switching from SEM to mediation analysis does not reduce the essential finding that *rasa rumangsa* may reduce subjective burden through social support.

Why is the direct relationship not significant? This should be emphasized in the discussion. Is it possible that *rasa rumangsa*, as a coping strategy, cannot directly reduce subjective burden? How does this compare to other coping strategies commonly discussed in Western literature?

How do the findings limit the role of *rasa rumangsa* as a coping strategy in addressing psychological problems? Is its indirect effect unique to subjective burden, or might it also apply to other psychological issues? In short, how exactly does *rasa rumangsa* “work” as a coping strategy? Why does it require a mediating variable in reducing psychological problems?

In the discussion section, the researcher should focus on explaining why *rasa rumangsa* effectively reduces subjective burden **through** social support, and why it does **not** have a direct effect on subjective burden.

Please pay attention to this sentence:

"When associated with the family's age, families who are the same age as the individuals with schizophrenia, specifically those aged 60 years and older, tend to experience less burden. Social support reduces subjective burden in both family groups, with a more significant effect in the elderly group. Among elderly families, rasa rumangsa is more significant in strengthening social support, ultimately reducing subjective burden."

These statements are not supported by the data presented in the results section, yet they appear in the discussion.

What exactly do the findings tell us—especially the fact that *rasa rumangsa* requires a mediator in reducing subjective burden—and how do they contribute to the discourse on coping strategies? Can *rasa rumangsa* be considered an alternative or complement to coping strategies known in Western literature?

There is something puzzling about developing *rasa rumangsa*—a culturally embedded coping mechanism—into an intervention. If *rasa rumangsa* is truly a cultural value, it would presumably

be passed down from one generation to the next. In that case, is an intervention really necessary?

At the end of the Discussion section, please add an explanation regarding the implications of the study, before the part that discusses the study limitations.

This limitation also seems contradictory to the earlier statement that the instrument has demonstrated good validity. If this limitation is retained, readers may ultimately question the credibility of the study's findings, especially if the data collection instrument is portrayed as unreliable.

These editorial notes are attached for the author's consideration

Best regards,
Baidi Bukhori

Editor in Chief
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9. Responses to reviewers (file)
(26 Mei 2025)

Introduction

Cultural values influence an individual's decision-making in caretaking behavior (Chou, 2000). For example, collectivist culture in countries emphasizing warm interpersonal relations encourages individuals to control harmful behavior while taking care of schizophrenic individuals. Kim *et al.* (2010) confirmed that harmonious social relations dominate Asian societies. Warmth and harmony are values that families need in taking care of schizophrenic individuals, which have a positive impact on lowering the level of relapse.

Compared to more individualistic Western coping mechanisms, *rasa rumangsa* is a coping strategy, but Javanese culture-based coping mechanisms 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. This is not to ignore the diversity of other cultures, but because Javanese culture has a broad influence on history, social systems, and national policies in Indonesia (Suseno, 2001). In addition, Javanese culture is often used as a reference in various aspects of Indonesian society, both in politics, education, and social systems. By understanding the coping mechanisms based on Javanese culture, this study can provide more contextual.

Rasa rumangsa is not merely a cultural philosophy but can be conceptualized as a psychological construct composed of three interrelated aspects: cognition, emotion, and behavior (Peristianto *et al.*, 2025a). 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. Behaviorally, it manifests in prosocial actions and restraint guided by inner reflection. This 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.

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, *rasa rumangsa* encourages values like humility and social connectedness, leading individuals to build and rely on supportive social relationships actively. This aligns with Lazarus and Folkman's stress and coping theory (1984), where problem-focused coping may not reduce distress unless coupled with adequate external resources such as social support. Thus, the effect of *rasa rumangsa* becomes significant only when mediated by contextual factors like perceived support.

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. 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, prior research has examined caregiving burden or social support independently, or within Western coping paradigms. This study uniquely positions *rasa rumangsa* as a culturally indigenous coping strategy and tests its effect through a structured statistical model in the context of families caring for individuals with schizophrenia

Method

The structural model in this research is based on the stress and coping theory by Lazarus and Folkman (1984), which suggests that coping strategies used by individuals are influenced by social and environmental contexts, ultimately shaping psychological responses. This framework supports the role of *rasa rumangsa* in activating social support, which in turn affects the subjective burden experienced.

Reliability was assessed using Construct Reliability (CR), which evaluates the internal consistency of the indicators (Ghozali & Fuad, 2014). Test results in this study show that the *Rasa Rumangsa* Scale has a construct reliability value of 0.978, which is very good. It means good on the Social Support Scale with a construct reliability value 0.797. Next, the Subjective Burden Scale has a construct reliability value of 0.892, which is very good.

While the Confirmatory Factor Analysis CFA supports the structural validity of each scale, convergent validity—defined as the degree to which a construct correlates with other theoretically similar constructs—was not directly assessed in this study. Therefore, the results primarily reflect internal structure validation rather than cross-construct convergence.

The model fit of each measurement tool was evaluated using CFA. For the *Rasa Rumangsa* Scale, model fit indices showed RMSEA = .078 and RMR = .025, indicating good fit, while other indices (CFI = .801, TLI = .785, GFI = .777) reflected marginal fit. The Social Support Scale (ISEL) demonstrated a second-order CFA model with RMSEA = .079 and RMR = .050, also meeting acceptable thresholds, although CFI and TLI were below ideal cutoffs (CFI = .756; TLI = .731). Hu and Bentler (1999) state that RMSEA values ≤ 0.08 and RMR ≤ 0.05 are acceptable model fit indicators. For the Subjective Burden Scale (ZBI), previous studies in Indonesia (Rachmat, 2009) have reported good reliability and structural validity based on Rasch modeling and classical test theory. However, specific CFA results were not always provided. The three instruments demonstrate sufficient psychometric properties for this study's structural modeling and hypothesis testing.

Result

This means that the *rasa rumangsa* does not significantly influence the perception of subjective burden on individuals in this study. However, the *rasa rumangsa* positively affects social support ($\beta = .109$; $p < .05$). This shows that the higher a person's sense of home, the higher the perception of social support they receive, which indicates a positive and statistically significant relationship.

These results support the hypothesis that social support mediates the relationship between *rasa rumangsa* and subjective burden among caregiving families.

Although the analysis results show that the model is not fully fit (RMSEA = .119; CFI = .893; TLI = .862), the researcher did not modify the model further. This is because the model is built based on a previously established theoretical framework, and any changes to the model structure without a substantial theoretical basis risk producing a model that overfits this data. In addition, this study aims to test a theoretical model, not to explore the best statistical model. Nevertheless, the measurement constructs demonstrated acceptable reliability and internal consistency. Next, Significant indirect effects and theoretical consistency suggest that the relationships among variables remain meaningful. Therefore, the findings provide initial empirical support, especially for a newly proposed construct like *rasa rumangsa*.

In addition to model fit, the measurement model's convergent validity and construct reliability were evaluated using the Average Variance Extracted (AVE) and Composite Reliability (CR) values. Based on the results, the *Rasa Rumangsa* (RR) construct showed excellent convergent validity, with an AVE value of .804, exceeding the recommended threshold of .50 (Hair et al., 2010). Furthermore, its CR value of .925 indicates high internal consistency reliability.

The Social Support (SS) and Subjective Burden (SB) constructs also demonstrated adequate convergent validity, with AVE values of .534 and .560, respectively, both above the minimum recommended cutoff of .50. Similarly, their CR values of .851 (SS) and .860 (SB) also surpass

the recommended threshold of .70, suggesting that the items within each construct are consistently measuring the same underlying concept.

These results indicate that all three constructs possess acceptable convergent validity and composite reliability. This strengthens the interpretation that the measurement indicators for *rasa rumangsa*, *social support*, and *subjective burden* are statistically sound and capable of representing the latent variables with internal consistency. Although the overall structural model did not adequately fit the data, analyzing direct relationships between constructs revealed several significant and statistically meaningful findings.

The following analysis was conducted as a further exploration beyond the main structural model to see the pattern of relationships between variables based on demographic characteristics such as age, gender, and length of care. These variables were not included in the SEM model as covariates, but were used to understand the context further.

The multigroup invariance test based on gender indicated configural invariance (CFI = .808; RMSEA = .117; SRMR = .083), but failed to reach metric, scalar, and strict invariance levels.

Discussion

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

The 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, *rasa rumangsa* 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 Lazarus and Folkman (1984), 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 (Triandis, 1996; Kim, Yang, & Hwang, 2010). Its effectiveness as a coping strategy emerges not from internal self-management but from facilitating supportive social interactions rooted in cultural norms.

These findings also invite 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 activating social support, may be a defining feature of how it operates, not a weakness.

Therefore, the presence of a mediator like social support is not a methodological flaw but rather an integral part of how *rasa rumangsa* functions in practice. This 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.

Limitation

As a limitation, the study's focus was 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 criteria for participation. The structural model tested using SEM, which did not achieve an ideal model fit. However, the measurement instruments used in this study demonstrated adequate factorial validity and construct reliability, as supported by CFA results

and high CR values. Therefore, this limitation refers more to the complexity of the structural relationships between constructs, rather than to the quality of the instruments. Future studies are encouraged to replicate and refine the model with larger samples or alternative modeling approaches.

**10. Korespondensi 2 arah untuk kelengkapan dokumen
(27 Mei 2025)**

Introduction

1. The researcher needs to explain why *rasa rumangsa* cannot directly predict subjective burden. Is there a particular theoretical framework used to position the relationship between *rasa rumangsa* and other variables?
2. It may not be necessary to elaborate extensively that social support has been proven to act as a mediator under certain conditions. Instead, the researcher should focus on building the argument as to why social support is likely to mediate the relationship between *rasa rumangsa* and subjective burden.

Method

1. Perhaps the explanation of the measurement instruments could be more detailed, for instance by clarifying how many dimensions/aspects each instrument consists of, and how validity information is supported by previous studies. If possible, the results of the reliability testing in this study should also be reported.
2. If CFA analysis is used to demonstrate the validity of the instruments, it generally refers to factor structure validity or internal structure validity. Moreover, the basis for stating that an instrument has a good factor structure is the measurement model fit indices being tested. Meanwhile, the concept of convergent validity is more related to the correlation of the instrument's scores with other instruments measuring similar constructs.
3. The researcher mentions conducting CFA and calculating construct reliability, but does not report the model fit of each instrument. This might need to be reconsidered.
4. If the model does not meet the criteria for model fit, can the results of the analysis—particularly regarding the relationships among variables—be trusted? Or does the researcher intend to conclude that “the theoretical model being tested cannot be applied to this research sample”?

Discussion

1. Why is it not directly significant? This needs to be emphasized in the discussion. Is it indeed the case that *rasa rumangsa* as a coping strategy cannot directly reduce subjective burden? How does this compare with other coping strategies introduced in Western literature?
2. How do these findings limit the position of *rasa rumangsa* as a coping strategy in addressing various psychological problems? Is its inability to work directly only applicable to subjective burden, or might it also apply to other psychological issues? Thus, the question arises: how does *rasa rumangsa* actually “work” as a coping strategy? Why, as a coping strategy, does it require a mediating variable to reduce psychological problems?
3. In the discussion section, the researcher needs to focus on explaining the findings regarding why *rasa rumangsa* is effective in reducing subjective burden through social support, and why *rasa rumangsa* cannot directly reduce subjective burden.

Limitation

This limitation is somewhat contradictory to what the researcher stated in the instrument section, which tends to indicate that the measurement tool has good validity. If this is still regarded as a limitation, readers may ultimately question the findings of the study, since the data collection instrument itself cannot be fully justified.

Social Support	Pearson Correlation	0.462	1	-0.593
	Sig. (2-tailed)	0.030		0.004
	N	22	22	22
Subjective Burden	Pearson Correlation	-0.227	-0.593**	1
	Sig. (2-tailed)	0.309	0.004	
	N	22	22	22

Table 10 shows that in families with male caregivers, *rasa rumangsa* is not correlated with social support ($r = 0.334$; $p > 0.05$), and social support is not associated with the subjective burden ($r = 0.105$; $p > 0.05$). Conversely, in families with female caregivers, *rasa rumangsa* increases social support ($r = 0.283$; $p < 0.05$), and social support reduces subjective burden ($r = 0.439$; $p < 0.05$).

Table 10. Correlation between the variables *rasa rumangsa*, social support, and subjective burden on male and female families

Gender Family			Rasa Rumangsa	Social Support	Subjective Burden
Male	Rasa Rumangsa	Pearson Correlation	1	0.334	-0.061
		Sig. (2-tailed)		0.050	0.730
		N	35	35	35
	Social Support	Pearson Correlation	0.334	1	-0.105
		Sig. (2-tailed)	0.050		0.547
		N	35	35	35
Subjective Burden		Pearson Correlation	-0.061	-0.105	1
		Sig. (2-tailed)	0.730	0.547	
		N	35	35	35
Female	Rasa Rumangsa	Pearson Correlation	1	0.283*	-0.123
		Sig. (2-tailed)		0.013	0.288
		N	77	77	77
	Social Support	Pearson Correlation	0.283*	1	-0.439**
		Sig. (2-tailed)	0.013		<0.001
		N	77	77	77
Subjective Burden		Pearson Correlation	-0.123	-0.439**	1
		Sig. (2-tailed)	0.288	<0.001	
		N	77	77	77

Table 11 shows that in individuals with schizophrenia aged 40 to 59 years, *rasa rumangsa* increases social support ($r = 0.347$; $p < 0.05$), and social support reduces subjective burden ($r = 0.287$; $p < 0.05$). In individuals with schizophrenia aged 60 years and older, *rasa rumangsa* increases social

...
👍

Jika ingin merigguji model, apakah berlaku pada semua kategori usia, jenis kelamin, lama pengasuhan, dll. maka gunakan Invariansi. Lakukan secara berjenjang, pada level Configural, Metric, Scalar, Strict invariance. Jika terbukti ada invariansi, maka bisa dilakukan uji lanjutan, seperti uji beda. Bukan pakai korelasi

Reply

...
👍

Jika ingin memperbaiki alur penelitiannya, maka saya sarankan seperti ini:

- Uji Ketepatan Model
- Modifikasi Model
- Uji hipotesis Mediasi
- Uji Invariansi (Jika ditemukan invariansi), maka...
- Uji beda antar kelompok yang invariansi

Reply

11. Responses to reviewers (file)
(28 Mei 2025)

Introduction

Cultural values influence an individual's decision-making in caretaking behavior (Chou, 2000). For example, collectivist culture in countries emphasizing warm interpersonal relations encourages individuals to control harmful behavior while taking care of schizophrenic individuals. Kim *et al.* (2010) confirmed that harmonious social relations dominate Asian societies. Warmth and harmony are values that families need in taking care of schizophrenic individuals, which have a positive impact on lowering the level of relapse.

Compared to more individualistic Western coping mechanisms, *rasa rumangsa* is a coping strategy, but Javanese culture-based coping mechanisms 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. This is not to ignore the diversity of other cultures, but because Javanese culture has a broad influence on history, social systems, and national policies in Indonesia (Suseno, 2001). In addition, Javanese culture is often used as a reference in various aspects of Indonesian society, both in politics, education, and social systems. By understanding the coping mechanisms based on Javanese culture, this study can provide more contextual insights into psychological strategies that are relevant to Indonesian society more broadly.

Rasa rumangsa is not merely a cultural philosophy but can be conceptualized as a psychological construct composed of three interrelated aspects: cognition, emotion, and behavior (Peristianto *et al.*, 2025a). 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. Behaviorally, it manifests in prosocial actions and restraint guided by inner reflection. This 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.

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, *rasa rumangsa* encourages values like humility and social connectedness, leading individuals to build and rely on supportive social relationships actively. This aligns with Lazarus and Folkman's stress and coping theory (1984), where problem-focused coping may not reduce distress unless coupled with adequate external resources such as social support. Thus, the effect of *rasa rumangsa* becomes significant only when mediated by contextual factors like perceived support.

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. 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, prior research has examined caregiving burden or social support independently, or within Western coping paradigms. This study uniquely positions *rasa rumangsa* as a culturally indigenous coping strategy and tests its effect through a structured statistical model in the context of families caring for individuals with schizophrenia.

Method

The structural model in this research is based on the stress and coping theory by Lazarus and Folkman (1984), which suggests that coping strategies used by individuals are influenced by social and environmental contexts, ultimately shaping psychological responses. This framework supports the role of *rasa rumangsa* in activating social support, which in turn affects the subjective burden experienced.

Reliability was assessed using Construct Reliability (CR), which evaluates the internal consistency of the indicators (Ghozali & Fuad, 2014). Test results in this study show that the *Rasa Rumangsa* Scale has a construct reliability value of 0.978, which is very good. It means good on the Social Support Scale with a construct reliability value 0.797. Next, the Subjective Burden Scale has a construct reliability value of 0.892, which is very good.

While the Confirmatory Factor Analysis CFA supports the structural validity of each scale, convergent validity, defined as the degree to which a construct correlates with other theoretically similar constructs, was not directly assessed in this study. Therefore, the results primarily reflect internal structure validation rather than cross-construct convergence.

The model fit of each measurement tool was evaluated using CFA. For the *Rasa Rumangsa* Scale, model fit indices showed RMSEA = .078 and RMR = .025, indicating good fit, while other indices (CFI = .801, TLI = .785, GFI = .777) reflected marginal fit. The Social Support Scale (ISEL) demonstrated a second-order CFA model with RMSEA = .079 and RMR = .050, also meeting acceptable thresholds, although CFI and TLI were below ideal cutoffs (CFI = .756; TLI = .731). Hu and Bentler (1999) state that RMSEA values ≤ 0.08 and RMR ≤ 0.05 are acceptable model fit indicators. For the Subjective Burden Scale (ZBI), previous studies in Indonesia (Rachmat, 2009) have reported good reliability and structural validity based on Rasch modeling and classical test theory. However, specific CFA results were not always provided. The three instruments demonstrate sufficient psychometric properties for this study's structural modeling and hypothesis testing.

Discussion

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

The 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, *rasa rumangsa* 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 Lazarus and Folkman (1984), 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 (Triandis, 1996; Kim, Yang, & Hwang, 2010). Its effectiveness as a coping strategy emerges not from internal self-management but from facilitating supportive social interactions rooted in cultural norms.

These findings also invite 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 activating social support, may be a defining feature of how it operates, not a weakness.

Therefore, the presence of a mediator like social support is not a methodological flaw but rather an integral part of how *rasa rumangsa* functions in practice. This 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. Future studies should 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 can help refine its theoretical boundaries and clarify its unique position among coping strategies in collectivist societies. As a Javanese cultural coping mechanism, *rasa rumangsa* can be used as an intervention framework to improve social support, which will ultimately lessen the subjective burden on families that care for people with schizophrenia. Moreover, the notion that *rasa rumangsa* is a cultural value that should naturally be passed down across generations is valid. However, in practice, cultural transmission is not always consistent or complete. In the face of rapid social change, globalization, and modernization, traditional values like *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.

Limitation

The structural model was tested using SEM, which did not achieve an ideal model fit. However, the measurement instruments used in this study demonstrated adequate factorial validity and construct reliability, as supported by CFA results and high CR values. Therefore, this limitation refers more to the complexity of the structural relationships between constructs, rather than to the quality of the instruments. Future studies are encouraged to replicate and refine the model with larger samples or alternative modeling approaches. Likewise, the invariance results offer early indications of gender consistency in the conceptual structure of *rasa rumangsa*, though further validation is needed with larger and more balanced samples.

**12. Decision acceptance and payment
(29 Mei 2025)**

Notifications

×undefined

[PJPP] Editor Decision

2025-05-29 08:16 PM

Sheilla Varadhila Peristiano, Subandi, Muhana Sofiati Utami:

We have reached a decision regarding your submission to *Psikohumaniora: Jurnal Penelitian Psikologi*, "The effect of rasa rumangsa on the subjective burden of families caring for individuals with schizophrenia: Social support as a mediator".

Our decision is to: Accept Submission

Best regards,
Baidi Bukhori

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Psikohumaniora: Jurnal Penelitian Psikologi Program Studi Psikologi Fakultas Psikologi dan Kesehatan Universitas Islam Negeri (UIN) Walisongo

**13. Text improvement, text editing, informasi publikasi
(29 Mei 2025)**



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

Sheilla Varadhila Peristianto ,¹ M. A. Subandi ,^{1*} Muhana Sofiati Utami ¹

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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 adaptive coping mechanism in caregiving contexts. Social support is a factor which 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: $\beta = -.1137, p < .05, 95\% CI = -.2186, -.0105$). 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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*Corresponding Author:

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

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

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.

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

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.

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.

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.

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



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.

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	95% CI		p	
			LLCI	ULCI		
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

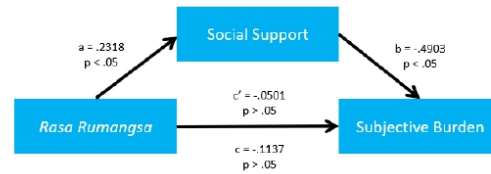


Table 4
Categorization of Participants based on Variables

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

Discussion

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.

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.

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

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.

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.

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.

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.

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-

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 (Rajet 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-

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.[]

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Author Contribution Statement

Sheilla Varadhila Peristianto: 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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