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READ THE REALITY OF FAMILY RESILIENCE IN FACING PANDEMICS COVID-19 IN INDONESIA

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Abstract:

Two months of co-epidemic 19 hit Indonesia, triggering the occurrence of individual and family psychological vulnerabilities. This study aims to describe the picture of family resilience including sociopsychological resilience, economic resilience, and health resilience that occurs in the course of a 2-month outbreak and coping efforts undertaken. Data was dug out to non-positive provides 19 positive families through direct but limited interviews, observations, and more on analysis of discussions, complaints from several families in social media formed long before covidation19. Data analysis follows the framework of Miles & Huberman (1992), from data reduction, presentation, and conclusion drawing. The results of the study illustrate that sociopsychological resilience experiences a struggle for self-conflict because it conflicts with the idea of being able to maintain economic and health.

Keywords: COVID-19, socio-psychological

I. Introduction

Stress becomes a real reality felt by the people of Indonesia when facing the co-19 epidemic (Prabha, 2020). The aspects of social life, economy, and health that have changed sporadically have triggered the vulnerability of the psychological atmosphere of individuals (Van Bavel et al., 2020). Anxiety, stress, and even psychosomatic epidemic occurring in tandem with the conditions (Taylor, 2019). Physical health and mental problems become part of the impact experienced by the Indonesian community at large. Social vulnerability which is characterized by declining productivity and livelihoods is a new phenomenon that is experienced personally and socially in society today (Hilmatussa'diah, 2020).

Stepping on 4 weeks for work, study and worship at home results in stock, due to the lack of adequate psychological readiness in Indonesian society. Changes in Javanese culture of cooperation, harmony changed into social distancing and physical distancing which have implications for informal workers in terms of its economy (Abdullah, 2020). Results survey Force National Labor Statistics Agency in 2019 stated that formal

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workers amounted to 55,272,968 people and the status of informal workers aggregate of 74,093,224 people who showed that the risk of stress or other psychological illnesses is higher.

The co-epidemic 19 does not only affect the physical but also psychological (Prabha, 2020). Old age groups are the most vulnerable physically (Nepomuceno, 2020) and for young people, women, and people who have a concern and responsibility towards others vulnerable by psychological post-traumatic stress symptoms (PTS) (Jiang et al., 2020; Wakhid & Hamid, 2010). Physically and psychologically the adult age group is in a flat condition that is not susceptible to contracting and that can adapt to the situation of COVID-workers 19.

Some exposure to the problem when the COVID-19 shows that resilience plays an important role in maintaining family stability. Family resilience is an important point to maintain the positive functioning of the family (Mawarpury & Faisal, 2017). Family resilience is a construct of the family level to reduce negative impacts and promote their adaptive response (Chang et al., 2015; Cowan et al., 1996) of the family system (Walsh, 2002). Family resilience is defined as the coping process effort (Chang et al., 2015) and adaptation that runs dynamically within the family as a functional unit (Kalil, 2003; Walsh, 2016). Family resilience is the ability of the family to respond to life's challenges (Olson & De Frain, 2003), to continue living after being hit by adversity or severe pressure (Osofsky & Osofsky, 2018) and to be key in the development of mentally healthy humans (Cheveland, 2003; Ungar, 2004; Ungar, 2015; Walsh, 2006). Process resilience through the interaction between risk factors and protective factors (Hawley & DeHaan, 1996).

Family resilience is the integration of positive behavioral patterns and functional competencies possessed by each individual in the family and the family unit as a whole (McCubbin, McCubbin & Thompson, 1993) and is in a dynamic process for positive adaptation (Luthar & Cicchetti, 2000). Influence of family resilience to the results for adaptive much more complex than individual resistance (Neo, Chang, & Fung, 2016).

Family resilience is not only influenced by adaptation to their environment but also the capacity of the environment to change and respond better to family needs (Ungar, 2015). Social support (friends, social community) will make it easier to adapt to life's stressful events. Families who can adapt successfully will achieve balance in the family (Neo, Chang & Fung, 2016). This paper describes a picture of the things that happen in the family in adapting positively and surviving in the conditions of coexistence 19 that has been running for 2 months. The discussion is focused on the dynamics of positive adaptation and the ability to respond to the needs of a family of several families by basing on family resilience elements, namely the resilience of socio-psychology, economic resilience, endurance, and physical health.

Previous Family Resilience Study

Historically, the resilience research map was divided into five groups as in the following figure:

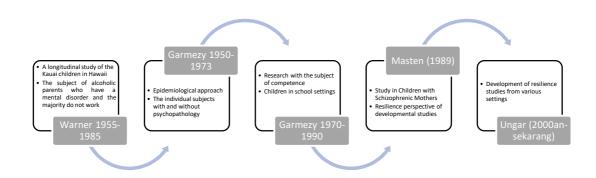


Figure 1. Resilience Study Map (Hendriani, 2018)

Resilience studies begin with the ability to deal with illness or sick families and then develop in broader studies. In the last five years resilience from illness and disease continues to be carried out from year to year (Chew & Haase, 2016; Faqurudheen et al., 2014; Komachi & Kamibeppu, 2018; Roberts et al., 2017; West et al., 2011). Several studies of resilience have also been focused on the issue of pandemics (Cheng, 2004; Forster, 2009; Honigsbaum 2009; Ying-Hui Jin et al., 2020; Prabha, 2020; Wheaton et al., 2012; Wilson et al., 2009; Van Bravel et al., 2020), but leads to physical security and health. This development shows the study of individual resilience to other studies and one of them is the study of family resilience.

The term family resilience arises based on the results of research on stress, coping, and family adaptation (Walsh, 1998; Walsh, 2002; Walsh, 2006; Walsh, 2016). In real terms, the study of family resilience focuses much on coping individuals for the benefits of psychological health (Nikmatul et al., 2018; (Juliane & Liana, 2016; Suzuki et al., 2018). This study focuses on contributing to the functioning of health in the family because of the subjects in people who experience physical pain Research also emphasizes the formation of resilience from the strengths of strong and positive relationships in the family including individual characteristics, patterns of family relationships and interactions in the family (Patterson, 2002; Walsh, 2006; Greef & Human, 2013), and strengthened in protection, vulnerability, adaptation, and family adaptation systems to demonstrate family functioning (Harrist et al., 2019).

Family resilience studies are divided into two things, namely individual resilience as a family member and family resilience. Individual resilience is rooted in the perspective of the development of human life and resilience in facing difficulties or challenges in life (Kalil, 2003), including coping with family financial stress (Stevenson et al., 2020) or disasters that occur (Sadia et al. ., 2020). Family resilience is rooted in a positive perspective and sees the family as a collective unit of several individuals who interact and have their strengths. Family resilience develops by placing the family as a functional unit which is a source for family members to become resilient (Walsh, 2003).

The broad development of resilience studies in families focuses on positive adaptive processes that are accompanied by the ability to rise from painful bad experiences (Bonanno, 2004; Luthar & Cicchetti, 2000; Richardson, 2002; Smith-Osborne, 2007) or stressful or traumatic (Rajaleid & Vågerö, 2019; Yulita et al., 2020)

at first, the concept of resilience developed in the context of psychopathology in ecological perspective, stress and coping (Smith-Osborne, 2007). the durability of individuals that developed in the unit broader analysis includes the family, a group of organizations (Brody & Simmons, 2007; Cohen et al., 2010) or the community (Linda et al., 2013; Sadia et al., 2020).

Youth several studies on the resilience of individuals Showed that family is one important factor that is both protective and risk factors in the formation of resilience (Bonanno, 2004; Casmini & Supardi, 2020; Darimis, 2015; Li et al., 2018; Magid & Boothby, 2013; Wahyudi & Partini, 2017). Family resilience departments from individual resilience in the family system that focuses on relational resilience in the family as a functional unit. The strength of individual resilience in the family becomes very important in building family resilience towards family happiness and well-being.

Exposed from many previous studies, this study differs in that it reveals a dynamic picture of family resilience from three aspects namely socio-psychological, economic, and health of families who are not positively affected by COVID- 19. However, the study becomes a framework for conducting data collection in the field.

II. Research methods

This study manifold citizens and governments that attempt to collect thoughts and behaviors become actualization of someone in the family when the pandemic COVID-19. As a limitation, the data recorded is only 2 months away from the occurrence of the 19th plague. This data was taken from families not affected by positive 19, but from families affected by the outbreak.

Limitations researchers occur in clicking exploratory pass the data for self researcher's psychic distancing or social distancing. Are Some pa Data collected through observation in community activities such as Kartini UIN Sunan Kalijaga and Muhammadiyah Covid Command Center which move together from all ORTOM Muhammadiyah that therein are participating in the activities of the pandemic COVID- 19. Data extracted with interviews directly and read the results of discussions in what's app groups, meetings, as well as some activities webinar.

The data obtained were analyzed by referring to Miles & Huberman (1992) including data reduction, presentation, and concluding. Data reduction by selecting the data - data that is entered in the theme of the efforts undertaken by the family resilience classify, direct, discarding irrelevant data, and organize it.

III. Research Results and Discussion

Data exposure reports refer to the three components of family security, physical, social, and psychological resilience (Sunarti, 2010). Physical endurance is the fulfillment of clothing, housing, education, and health needs. Social resilience when the fulfillment of family needs is oriented to religious values, effective communication within the family, commitment in the role, cooperation, togetherness, and cooperation in solving problems in the family. Psychological resilience if the family can solve non-physical problems, positive emotional

control, and positive self-concept. However, physical security is divided into economic security and health security for adjusting data in the field.

The results and discussion of psychological resilience begin with psychological themes followed by economic, health, and social psychology resilience. Efforts to maximize family retention are unified in terms of four aspects to facilitate reading based on the urgency of the flow of events thought by the family in dealing with COVID-19. The discussion is divided into large topics, namely family dynamics in dealing with co- 19 and efforts that are carried out by families to remain psychological, economic, health, and social-psycho resilient. The discussion per each aspect of resilience is only to make it easier to read the problems experienced. The aspects of family resilience from psychological, economic, health, and psycho-social are all interrelated and cannot be separated from one another.

Family Dynamics in Facing Covid-19

Socio-psychological resilience

It should be noted that psychological traces in dealing with pandemics are likely to have greater effects than medical traces (Cheng, 2004; (Shultz et al., 2008). Psychological description of some WhatsApp groups that researchers have generally found some psychological symptoms in dealing with COVID-19. Psychological unpreparedness shows some behavioral worry, fear that shows itself traumatized.

Recognition of the subject that he felt pressured by having to make a physical-distancing when he met the family. There are social restrictions to meet relatives, because to break the chain of outbreaks COVID-19. The new tradition not to be together, chatting, hugging as a sign of affection between family members undermine the culture that has become a character in the family. Self-isolation at home makes individuals affected by COVID-19 be in a lonely situation, even though they are still with their families.

The necessity to do social-distancing penetrates a sense for Indonesians who uphold the culture of collectivism. Some of the Javanese people who have the principle of life "manganese ora mangan asal ngumpul" (eating not eating as long as together) there are things that seem to disappear. Some individuals find it difficult to accept this situation, which creates psychological conflict for themselves.

Entering the second month, there is a problem that occurs in families to stay at home. Entering the month of Ramadan, social distancing or physical distancing began to fade. The necessity of activities to worship at home, in part violated and returned to perform congregational prayers, tarawih prayers, and "tadarus al-Quran" in the mosque. Psychological conflict occurs, some of them feel that the moment to maximize worship in the month of Ramadan one of them is to prosper the mosque. Pandemic emergency response conditions into a debate that leads to conflicts that occur between family members.

The quality of socio-psychological resilience is disturbed, the strength of the synergy between family members is swayed by debates that are not in principle in the family. The saturation factor in family interaction stimulates mismatch between family members. The strength of the family experiences fragility due to self-defense as the family experiences adaptation constraints.

Rooted in the review of resilience to helplessness, sadness, frustration with the current conditions is very disruptive to the adaptation process in the family. Financial issues (financial strains), the chaos of the activities that have been planned, limitations in social, as well as changes to the plan in a short time and family focus is directed at the needs of the short term than the term goal p gathering is. The family is currently thinking and doing for the sake of the present, and the future is not planned.

The socio-psychological picture above shows a positive adaptation disorder in the family. Adaptation is developing in family members (Bronfenbrenner, 1979) but has not yet been oriented towards rising from the crisis that has fallen on it. Se ideal way, According to Neo, Chang & Fung (2016) the capacity of adaptation of the family members will be key to the creation of balance and success of family resilience. Fundamentals of family cohesion, the belief system adopted by the family, and coping strategies become very supportive aspects of family resilience (Walsh, 2002; Walsh, 1998).

On the other hand, some wealthy families have concerns. Action affiliation, supportive, prosocial which is carried out as religious social organizations such as Muhmmadiyah on a macro scale and the Kartini UIN Sunan Kalijaga movement which researchers had observed was a form of family concern for other families. Prosocial movements are driven by awareness of concern for the fate of inter-family, although the provision of assistance has not been able to evoke the essence of need among other family members in a crisis (Dezecache, 2015).

The other side, the ongoing crisis from the consequences of mass panic and anti-social behavior pandemic COVID-19. Cases of theft, mugging, looting began to spread because of family food shortages. Each family feels disturbed under various kinds of pressure, namely psychological pressure, health, and at the same time the pressure of comfort in life because of the many evil behaviors that occur around the family.

In a situation that makes the family into a panic in a situation of a pandemic COVID- 19, the regulation of emotion, impulse control (resist the temptation, the urge to think long), a sense of optimism, perform causal analysis (considering the cause and effect), empathy for him and do the things reached by individuals in the family. Balance can be done with meditation, prayer, exercise, and chat it online with friends, relatives and loved ones to reduce anxiety.

Economic Resilience

Two weeks to learn, work, and worship in the house are not perceived as a result of the pandemic COVID-19. Passing a day-method following the people who work for private companies, work, or workers who are not very taste ranging economic household instability. As stated by one of the t-shirt factory employees from one of the recitation members in the Whats group, he said, "Ma'am, I got laid off, where I work is no longer operational. My boss said there are no more orders. I have to do this ma'am, please input ".

Enforcement for lockdown and or restriction for Large-scale Social (PSBB) in some regions is felt by almost all the people in the field of employment. The dynamics of economic movements are in a "chaotic" situation. Almost all of the odd jobs workers think about how to support and provide for their families from food needs. Some of the confessions that researchers noted describe their concerns for meeting family needs. Recognition from an online motorcycle taxi ('OJOL') that is felt as a result of this epidemic 19, now can not pull the car, because customers all stay at home. The same confession was stated by the wife whose husband is a

freelance worker who currently does not work because the construction of the house has been stopped for the builders, food stalls, or cafes are closed for restaurant employees and various other jobs that experience the same problem.

Financial stress affects economic difficulties in the family and Affects mental health (Chairani et al., 2019; Stevenson et al., 2020). Economic difficulties due to pandemic COVID- 19 resulting in acts of violence in the community (Hager et al., 2019) during a pandemic lasts (Karlsen, 2016). The adequacy of staple food needs began to crumble, showing the economic difficulties felt by most of the recitation members of the Prayer groups. The closure of the shops by the merchants made some returns to the village, causing a reduction in workers and craftsmen. Unemployment is widely experienced by a variety of jobs that allow conflicts and quarrels including quarrels over inheritance (Cohn, 2010). When the family situation is deteriorating in the economy then family cohesion is needed to improve the welfare and mental endurance of the family (Stevenson et al., 2020).

Socio-Health Endurance

Description of the description of health problems that occur in society is a collection of individual problems that accumulated into a broad problem of society. The problem experienced is enough to drain energy and reduce the body's immune system. Symptoms of shortness of breath, coughing, nausea, and itching indicate that a person is experiencing stress (Jin et al., 2020). Of course, individually maintain that they still have good resilience, which systematically starts from the person in each family.

Activation strategy to maintain the body's immune system is done by consuming a lot of fruit and vegetable food, regular exercise, and 15 minutes of sunbathing. This information, individually derived from TV news, socialization through the WA group, Face book, Instagram, or other social media. Of the several confessions related to personal health, there is a self-conflict that occurs, one side of maintaining the body's immune system, but on the other hand claiming the difficulty of food needs. Conditions to maintain the body's immune system with emotional stability and remain happy when the co-epidemic 19 is disturbed by the economic conditions of the family.

"Panic purchases" also occurred during this COVID-19 crisis. The observations when Researchers shopped at a supermarket and pharmacy in Yogyakarta and had an interview.

"Sir, why do you spend so much? I asked and he answered;" This disinfectant material ma'am, hard to find the ingredients everywhere run out ".

"Sir, why have you finished shopping? I asked and he answered;" Yes, this is just in case because it has been turned from several pharmacies to buy masks, alcohol and some vitamins run out. Up to this, thank God, even though it's only limited to a pack of masks and alcohol.

Current events, reminiscent of events when the bird flu occurs in Hong Kong and there are cases of panic purchases of food, disinfectants, and antiviral drugs oseltamivir (Tamiflu) (Cheng, 2004). Riots, food looting also occurred in the Chinese city of Guangzhou and a shortage of medicines caused by panic buying and stockpiling of pharmaceutical supplies (Wilson, Lannarone & Wang, 2009). The community experiences increasingly complex emotional pressures as they go through the COVID-19 pandemic which is quite a long time. The diversity of educational backgrounds, social and cultural conditions, and the pressure of life needs make families react differently to psychosocial stressors such as threats or actual events and stress due to a pandemic. Forms of the reaction include fear, ignorance of fatalism (Honigsbaum, 2009; Wheaton et al., 2012).

Some families neglect and hit the risk and fail to get involved to maintain health stability. Triggered to meet basic needs, the recommendations of social distancing or physical distancing are ignored. Different for families who experience and the families of neighbors who experience, the fear and anxiety themselves have increased.

For some individuals, it appears that they are not ready to deal with the co- pandemic 19. Economic, social, cultural, and political factors influence the resolution of COVID pandemic 19 (Forster, 2009). However, the unpreparedness of the family to face the COVID-19 pandemic must Werner prepared, globally Occurs Because of this crisis. Considering the readiness of positive family adaptation, openness to the problem, and the achievement of positive adaptation is needed despite facing obstacles in undergoing a pandemic COVID-19 (Prabha, 2020). Individuals who are less open to interference especially some say taboo to raise it to others, then family resilience will be disrupted. If consistent efforts to achieve resilience are not on the attainment of positive adaptation in the face of COVID-19 and maybe even worse, hopes of resilience are difficult to achieve.

Regardless of the level of trauma, the family is the core of all healing because of the effects of mass trauma throughout the community, generation, and time can be reduced through proper handling in the family. Socialization for managing risk, reducing conflicts, family, watching communication, increasing cooperation, strengthening social assistance-emotional between family members. (Van Bavel et al., 2020) is the key to success in the family's effort to go through a long enough journey to deal with co-workers 19. T ribs major dimensions of sustainable development family to face the challenge can be optimized items, namely the belief system that includes spirituality values and passion for rose, patterns of relationships, and how to communicate in the family (Walsh, 2002).

IV. Conclusion

The study of family resilience contributes to a systematic understanding of positive adaptation and family strength in dealing with the various difficulties that occur due to the co-19 epidemic. The dynamics of adaptation in families vary greatly depending on the vulnerability of the situation they experience. Family groups with informal sector workers are the most vulnerable to the occurrence of family resilience barriers, so economic, psychological and health resilience needs to be supported by family strength. Likewise in adolescents who occupy psychological vulnerabilities.

Reference

- Abdullah, M. Q. (2020). Corona: Expectacy dan ancaman dalam buku Coronalogy: Varian Analisis & Konstruksi Opini, [Expectacy and threats in the book Coronalogy: Variants of Analysis & Construction of Opinion] (1st ed.). IAIN Parepare Nusantara Press.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimate the capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. https://doi.org/DOI: 10.1037/0003-066X.59.1.20.
- Brody, A., & Simmons, L. A. (2007). Family resiliency during childhood cancer: The father's perspective. J. Pediatr Oncol Nurs, 24(3), 152–165. https://doi.org/DOI: 10.1177/1043454206298844.
- 4. Bronfenbrenner, U. (1979). The ecology of human development. Harvard University Press.
- Casmini, C., & Supardi, S. (2020). Family resilience: Preventive solution of Javanese youth klithih behavior. *The Qualitative Report*, 25(4), 947–961. <u>https://nsuworks.nova.edu/tqr</u>
- Chairani, R., Hamid, A. Y. S., Sahar, J., & Budhi, Elly N. T. E. (2019). Strengthening resilience in families of street adolescents with embedding spiritual values. *Enfermería Clínica*, 29(2), 600–605. <u>https://doi.org/10.1016/j.enfcli.2019.06.009</u>
- Chang, W. C., Neo, A., & Fung, D. (2015). In Search of Family Resilience. *Psychology*, 6, 1594–1607. http://dx.doi.org/10.4236/psych.2015.613157
- Cheng, C. (2004). To be paranoid is the standard? Panic responses to SARS out-break in the Hong Kong Special Administrative Region. *Asian Prespective*, 28, 67–98.
- 9. Cheveland, R. R. (2003). A Qualitative Approach to the study of Resilience in Our Elders. Unpablished Research Paper. The Graduate School University of Wisconsin-Stout.
- Cohen, O., Slonim, I., Finzi, R., & Leichtentritt, R. D. (2010). Family resilience: Israeli mothers' perspectives. *The American Journal of Family Therapy*, 30(2), 173–187. https://doi.org/10.1080/019261802753573876
- Cowan, P. A., Cowan, C. P., & Schulz, M. S. (1996). Thinking about Risk and Resilience in Families. In E. M. Hetherington, & E. A. Blechman (Eds.), Stress, Coping, and Resilience in Children and Families (pp. 1-38). Mahwah, NJ: Erlbaum. [9].
- 12. Dezecache, G. (2015). Human collective reactions to threat WIREs. *Cognitive Science*, *6*, 209–219. https://doi.org/doi: 10.1002/wcs.1344
- 13. Forster, P. (2009). *The political economy of avian influenza in Indonesia*. STEPS Working Paper 17, Brighton: STEPS Centre. <u>https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/7507</u>
- Hager, A., Krakowski, K., & Max Schaub. (2019). Ethnic riots and prosocial behavior: Evidence from Kyrgzstan. *American Political Science Review*, 113(4), 1029–1044. https://doi.org/DOI: https://doi.org/10.1017/S000305541900042X
- Harrist, A. W., Henry, C. S., & Morris, A. S. (2019). Family resilience: The power of rituals and routines in family adaptive systems. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), APA handbooks in psychology®. APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan. American Psychological Association. https://doi.org/10.1037/0000099-013
- 16. Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and

family perspectives. Family Process, 35, 283–298. https://doi.org/10.1111/j.1545-5300.1996.00283.x

- Hendriani, W. (2018). *Resiliensi Psikologis: Sebuah Pengantar* [Psychological Resilience: An Introduction]. Prenadamedia Group.
- Hilmatussa'diah, H. (2020). Mengenal Makna Bela Negara di Masa Pandemi Virus Corona [Know the Meaning of Defending the Country in the Corona Virus Pandemic Period] (April 14, 2020). Available at SSRN: https://ssrn.com/abstract=3575683 or http://dx.doi.org/10.2139/ssrn.3575683
- Honigsbaum, M. (2009). *Living with Enza: The forgotten story of Britain and the greatflu pandemic of 1918*. Macmillan.
- Jiang, H.-J., Nan, J., Zhi-yue Lv, & Yang, J. (2020). Psychological impacts of the COVID-19 epidemic on Chinese people: Exposure, post traumatic stress symptom, and emotion regulation. *Asian Pacific Journal of Tropical Medicine*, 13, 1–8. https://doi.org/DOI: 10.4103/1995-7645.281614
- Jin, Y.-H., Cai, L., Cheng, Z.-S., Cheng, H., Deng, T., Fan, Y.-P., Fang, C., Di Huang, Huang, L.-Q., Huang, Q., Han, Y., Bo Hu, B., Hu, F., Li, B.-H., Li, Y.-R., Ke Liang, Lin, L.-K., Lou, L.-S., Jing Ma, ... Wang, X.-H. (2020). A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019nCoV) infected pneumonia (standard version). *Military Medical Research, Springer Link*, 7(4), 1–23. https://doi.org/10.1186/s40779-020-00246-8.
- 22. Juliane, U., & Liana, L. (2016). Resilience, stress, presenteeism and ability to work in military of the army. *Journal of Nursing UFPE*, *10*(12), 4701–4704.
- 23. Kalil, A. (2003). *Family resilience and good child outcomes: A review of the literature*. Center for Social Research and Evaluation, Ministry of Social Development, Te Manatu Whakahiato Ora.
- 24. Karlsen, A. (2016). A story of Pigs and Bats. Comparative case study of pandemics as transboundary crisis in Norway and Western Africa. UiT Norges arktiske universitet, UiT The Arctic University of Norway; Master Thesis in Societal Safety-Specialization in Safety and Preredness in High North. https://hdl.handle.net/10037/9672
- Li, Y., Wang, K., Yin, Y., Li, Y., & Li, S. (2018). Relationships between family resilience, breast cancer survivors' individual resilience, and caregiver burden: A cross-sectional study. *International Journal of Nursing Studies*, 88, 79–84. <u>https://doi.org/10.1016/j.ijnurstu.2018.08.011</u>
- Linda, C., Adam, M. C., Theron, & Macalane, J. M. (2013). Toward an African definition of resilience: A rural South African Community's view of resilient basotho youth. *Journal of Black Psychology*, *39*(1), 63–87. <u>https://doi.org/10.1177/009579841245467</u>.
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12(4), 857–885. https://doi.org/DOI: https://doi.org/10.1017/S0954579400004156
- Magid, B., & Boothby, N. (2013). Promoting resilience in children or war. In C. Fernando & M. Ferrari (Eds.), Handbook of resilience in children of war (p. 39-49). APA PsycNet, American Psychological Association. https://doi.org/10.1007/978-1-4614-6375-7
- 29. Mawarpury, M., & Faisal, N. N. (2017). Mawarpury, M., Faisal, N.N., (2017). Family resilience factors in conflict region. *Jurnal Psikologi Islam*, *4*(1), 119–125.
- 30. McCubbin, H. I., McCubbin, M. A., & Thompson, A. I. (1993). Recilience in families: The role of family schema and appraisal in family adaptation to crises (pp.153-177). In T.H. Brubaker (ed.), Family relations:

Challenges for the future. Newbury Park CA: Sage Publications.

- 31. Miles, M. B., & Huberman, A. M. (1992). *Analisis Data Kualitatif* [Qualitative Data Analysis]: *Penterjemah Tjetjep Rohendi R*). Universitas Indonesia Press.
- 32. Neo, A. H. C., Chang, W. C., & Fung, D. S. S. (2016). An actor-partner interdependence model on family resilience and subjective wellbeing. *Psychology*, *7*, 889–900. https://doi.org/doi: 10.4236/psych.2016.76091.
- 33. Nepomuceno, M. R. (2020). Vulnerable groups at increased risk of COVID-19 in sub-Saharan Africa: The case of the HIV Population. *OSFPREPRINTS*, 1–4. https://doi.org/DOI: 10.31219/osf.io/uyzjv
- Nikmatul, F., Kusnanto, Nursalam, Minarti, & Asnani. (2018). Structural model of the factors related to the family resilience of stroke patients in Indonesia. *Indian Journal of Public Health Research & Development*, 9(11), 1875–1880. https://doi.org/DOI: 10.5958/0976-5506.2018.01721.7
- 35. Olson, D. H., & De Frain, J. (2003). Marriage and families. McGraw-Hill.
- Osofsky, Joy. D., & Osofsky, H. J. (2018). Challenges in building child and family resilience after disasters. *Journal of Family Social Work*, 21(2), 115–128. <u>https://doi.org/10.1080/10522158.2018.1427644</u>
- 37. Prabha, M. R. (2020). The trauma of being quarantined and its coping stratgies. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(4), 32–35. https://doi.org/DOI: 10.9790/0837-2504033235
- Rajaleid, K., & Vågerö, D. (2019). Stress resilience in young men mediates the effect of childhood trauma on their offspring's birth weight – An analysis of 250,000 families. SSM - Population Health., 8, 100429. https://doi.org/10.1016/j.ssmph.2019.100429
- Richardson, Glenn. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307–321. <u>https://doi.org/10.1002/jclp.10020</u>
- Sadia, H., Srisatidnarakul, B., & Liaw, J.-J. (2020). Jen-Jiuan Liaw. (2020). CExploring the experiences of flood-affected families to develop constructs and themes for family resilience assessment scale. *International Journal of Disaster Risk Reduction*, 46, 101500. <u>https://doi.org/10.1016/j.ijdrr.2020.101500</u>
- 41. Shultz, J. M., Espinel, Z., Flynn, W., Hoffmann, Y., & Cohen, R. E. (2008). *DEEP PREP: All-hazards disaster behavioral health training*. Miami, FL: DEEP Center.
- 42. Smith-Osborne, A. (2007). Life span and resiliency theory: A critical review. *Advance in Social Work*, 8(1), 207–226. https://doi.org/DOI: 10.18060/138
- Stevenson, C., Costa, S., Wakefield, J. R. H., Kellezi, B., & Stack, R. J. (2020). Family identification facilitates coping with financial stress: A social identity approach to family financial resilience. *Journal of Economic Psychology*, 78, 102271. <u>https://doi.org/10.1016/j.joep.2020.102271</u>
- 44. Sunarti, E. (2010). Kajian modal sosial, dukungan sosial, dan ketahanan keluarga nelayan di daerah rawan bencana [Study of social capital, social support, and resilience of fishing families in disaster-prone areas]. *Jurnal Ilmu Keluarga Dan Konseling*, 3(2), 93–100. https://doi.org/doi: http://dx.doi.org/10.24156/jikk.2010.3.2.93
- 45. Suzuki, K., Hiratani, M., Mizukoshi, N., Hayashi, T., & Masumilnagaki. (2018). Family resilience elements alleviate the relationship between maternal psychological distress and the severity of children's developmental disorders. *Research in Developmental Disabilities*, 83, 91–98. https://doi.org/10.1016/j.ridd.2018.08.006
- 46. Taylor, S. (2019). *The Psychology of Pandemics: Preparing for the Next Global Outbreak of infectious disease*. Cambridge Scholars Publishing.

- 47. Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, Multiple realities among atrisk children and youth. *Youth & Society*, *35*(3), 341–365. <u>https://doi.org/10.1177/0044118X03257030</u>
- 48. Ungar, M. (2015). Varied patterns of family resilience in challenging contexts. *JMFT Journal of Marital and Family Therapy*, 42(1), 19–31. American Association for Marriage and Family Therapy. https://doi.org/Doi: 10.1111/jmft.12124
- Van Bavel, J. J., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., Crockett, M. J., Crum, A. J., Douglas, K. M., Druckman, J. N. D., Drury, J., Dube, O., Ellemers, N., Finkel, E. J., Fowler, J. H., Gelfand, M., Han, S., Haslam, S. A., Jetten, J., ... Willer, R. (2020). (*In press) Using social and behavioural science to support COVID-19 pandemic response*. Nature Human Behavior. 10.31234/osf.io/y38m9
- 50. Wahyudi, A., & Partini, S. (2017). Factors affecting individual resilience. 173, 21-22.
- 51. Walsh, F. (1998). The Guilford family therapy series. Strengthening family resilience. Guilford Press.
- 52. Walsh, F. (2002). A family resilience framework: Innovative practice applications. Family Relations. *Family Relations*, 51(2), 130–137. <u>https://doi.org/10.1111/j.1545-5300.2003.00001.x</u>
- 53. Walsh, F. (2006). *Strengthening family resilience*. The Guilford Press.
- Walsh, F. (2016). Famili resilience: A developmental systems framework. *European Journal Od Developmental Psychology*, 13(3), 313–324. <u>https://doi.org/10.1080/17405629.2016.1154035</u>
- 55. Wheaton, M. G., Abramowitz, j. S., Berman, N. c., Fabricant, L. E., & Olatunji, 8.0. (2012). Psychological predictors of anxiety in response to the HINI (swine flu) pandemic. *Cognitive Therapy and Research*, 36, 210–218. <u>https://doi.org/doi:10.1007/s10608-011-9353-3</u>
- 56. Wilson, j. M., Iannarone, M., & Wang, C. (2009). Media reporting of the emergence of the 1968 influenza pandemic in Hong Kong: Implications for modern-day situational awareness. *Disaster Medicine & Public, Health Preparedness*, 3 (5uppl 2), 5148–5153. <u>https://doi.org/doi:10.1097/DMP.Ob013e3181abd603</u>
- 57. Yulita, Muhamad, S., Rashid, N. K. A., Hussain, N. E., Akhir, N. H. M., & Ahmat, N. (2020). Resilience as a moderator of government and family support in explaining entrepreneurial interest and readiness among single mothers. *Journal of Business Venturing Insights*, 13, e00157. https://doi.org/10.1016/j.jbvi.2020.e00157