

The relationship between mindfulness and self-acceptance of families who have family members with mental disorders in RSKD Dadi Sul-Sel Province

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ARTICLE INFO	ABSTRACT
<p>Article history:</p> <p>Received Mar 7, 2024 Revised Mar 17, 2024 Accepted Mar 28, 2024</p>	<p>Self-acceptance is a person's ability to accept the strengths and weaknesses of himself and his family members who are diagnosed with mental disorders. Self-acceptance can occur if there is mindfulness or full awareness of a person of the experience being experienced without blaming the condition or judging oneself. The purpose of this study was to determine whether there is a relationship between mindfulness and self-acceptance of families who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province. The type of research used is quantitative with analytical observational methods with a cross sectional study approach. The sampling technique was non-probability sampling with a consecutive sampling approach. Data collection using a questionnaire research instrument. Data analysis using the chi-square test read on the person chi-square and obtained a value of $p = 0.00$ and $\alpha = 0.05$ so that $p < \alpha$ then the alternative hypothesis (H_a) is accepted and hypothesis 0 (H_0) is rejected. This shows that there is a relationship between mindfulness and self-acceptance of families who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, which means that mindfulness can affect a person's self-acceptance.</p>
<p>Keywords:</p> <p>Mental Disorders Mindfulness Self-Acceptance</p>	

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INTRODUCTION

A person's health does not only pay attention to their physical health, but mental health also needs to be considered. According to (WHO, 2022), in 2019, 1 in 8 people in the world or around 970 million people suffered from mental disorders such as anxiety and depression. It is estimated that in 2020 the number of people with anxiety and depression disorders will increase significantly due to the COVID-19 pandemic with an increase of 26% for anxiety and 28% for major depressive disorder in one year. Meanwhile, according to (Kemenkes RI, 2018), more than 19 million people over the age of 15 suffer from emotional disorders, and more than 12 million people suffer from

depression. According to the Health Service Profile (Kesehatan, 2021), the prevalence of households with household members (ART) in South Sulawesi Province who experience schizophrenia or psychosis disorders is 8.85 % and Makassar City is handling people with severe mental disorders (ODGJ), the most reaching 2,460 sufferers with a percentage of 70.06 of the estimated 3,511 people determined.

The decrease in human productivity due to severe mental disorders will cause a cost burden that can burden the government, society, and of course the family. This is in line with the results of research (Niman, 2019), saying that families feel a double burden, where family caregivers feel the burden of caring for families with mental disorders. The family experience of caring for clients diagnosed with mental disorders, found seven themes starting from the psychological burden of caring for clients, seeking information about mental illness problems with professional and non-professional treatment and dealing with client attitudes throughout the time of caring, which can cause fear, anger with client relapse and a sense of disappointment and boredom from the family (Pangandaheng, 2018). The limitations possessed by people with mental disorders (ODGJ) form different acceptance responses in the family that have an impact on the care of ODGJ. Good family acceptance will be able to take good care of schizophrenia patients as well (Daulay, 2017). According to research (Fitriani, 2020) which found a relationship between perceptions and family acceptance of ODGJ in the Atma Husada Mahakam Samarinda Mental Hospital clinic, positive perceptions that families have of ODGJ have a 6.71 times chance of accepting families with a diagnosis of mental illness well compared to families who have negative perceptions. Research (Nasriati, 2017), found data that the majority (60%) of families provide inadequate care to clients with mental disorders. Therefore, it is important for families to eliminate negative views of ODGJ and show proactive support, show acceptance, motivate interaction, show empathy, and provide support and praise for every action taken so that clients keep trying and not giving up. in line with research conducted by (Laksmi & Herdiyanto, 2019), that the encouragement arising from social support, social views, economic status in self, and self-perspective, are factors that influence the acceptance of ODS family members. According to (Tlhowe et al., 2017), families should be involved in the client's treatment from the beginning and families should be guided through the process of acceptance, one of the strengths emphasized by families to limit relapse in mentally ill family members is acceptance through education. Educational information about mental illness helps them to develop a positive attitude and acceptance of their feelings and the condition of their mentally ill family member. Acceptance through education helps them provide their mentally ill family member with the support they need. Other strengths used by family members are involving the mentally ill family member in daily activities and having faith. The importance of family involvement and role because trust and a good attitude provide a spirit of recovery to the patient. In a study (Nurjamil, 2019) entitled the role of family with adherence to taking medication for schizophrenia patients at the Mental Polyclinic of RSAU dr. M. Salamun, the researcher analyzed that patients in severe or mild conditions who are suffering from schizophrenia, that is when patients really need the support of family and others to make them feel loved, cared for and valued. This is also emphasized in research (Dewi, 2021), which states that the support provided by the family can bring positive changes to the ODGJ healing process. Emotional support provided by the family can be given in the form of accepting ODGJ in all situations, considering and treating ODGJ like healthy humans, and being reciprocal to ODGJ. Research (Wanisa et al., 2021) also states that ODGJ patients experience low levels of relapse when there is high family support and vice versa, the relapse of ODGJ patients is high when family support is low. One of the factors that can affect self-acceptance is mindfulness, be it self-acceptance of thoughts and feelings about stress experienced in certain situations, this is in accordance with the results of research (Savitri & Listiyandini, 2017), Mindfulness plays an important positive role in aspects of mental health for psychological well-being such as self-growth, self-acceptance, positive relationships with others and life goals. This is

also emphasized in research (Tambunan & Prasetya, 2022), which says that there is a positive relationship between mindfulness and self-acceptance. In other words, the higher the mindfulness, the higher the self-acceptance, and conversely the lower the mindfulness, the lower the self-acceptance. Therefore, families who have mindfulness will be able to accept their family members who are diagnosed with mental disorders so that they can care for and support them despite the challenges they experience.

Based on the results of interviews from two families of patients at the Dadi Mental Hospital of South Sulawesi Province, the first family said that he was currently taking his son's medicine to be sent out of the area because his son worked outside the city of Makassar, he said he had to send his medicine every month because if he did not take the medicine, his son would relapse and if he relapsed, he was afraid that his son would be expelled from his workplace. He also said that his son had just been accepted at his workplace and he was very happy because although his son had a mental disorder, he could still compete with others even though he was still haunted by fear if his son suddenly flared up. In the second family, when interviewed he said that initially he did not accept it, he thought that his son could not experience mental illness because there were no descendants with mental illness, but after getting education, the family finally realized and accepted his son completely and until now the family continues to assist family members who suffer from mental illness. Also based on the results of observations, the researcher observed that many families came to accompany patients to consult with doctors and get patients medicine. This is considered by the researcher as a form of family self-acceptance of family members who experience mental disorders. A study by (Anggraeni & Pratikto, 2021), found a significant relationship between awareness and self-acceptance of tuberculosis patients. Tuberculosis is a chronic or chronic infectious disease that affects physical health, mental (soul) and social status. The researcher believes that if a study is conducted on mental disorders, the results will most likely be the same as the study, because mental illness requires a long recovery process and if it has entered the chronic stage, the relapse rate is very high. The purpose of this study was to determine the relationship between mindfulness and family acceptance who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province.

RESEARCH METHOD

Because mental disorders are part of a chronic disease that requires a long healing process, family support is needed to determine the success or failure of treatment. To be able to care for and love ODGJ patients certainly requires self-acceptance by the family so that they are able to accept if a member of the family is diagnosed with a mental disorder. Self-acceptance can occur if there is mindfulness or full awareness of one's experience without blaming the condition or judging oneself.

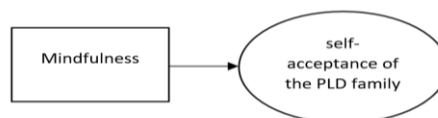


Figure 1. Conceptual framework chart

Description:

- : Independen
- : Dependan
- : Influential

The population in this study were families who had family members with mental disorders in Dadi Mental Hospital, South Sulawesi Province. The number of ODGJ patients in the Dadi Mental Hospital of South Sulawesi Province in the September-November 2022 period amounted to ± 1000 people. While the sample in this study, the sample was taken from the

population of families who had family members with mental disorders in the Dadi Mental Hospital of South Sulawesi Province. Sampling using non-probability sampling techniques with a Consecutive Sampling approach, where sampling selects all individuals encountered in the population who meet the selection criteria within a certain period of time. This sampling technique does not require a formula to determine the sample size so that the researcher pegs the sample size at 100 respondents. The research instrument is a questionnaire consisting of a series of written statements and uses demographic data to collect and obtain information from respondents. The technique of collecting data for this research is by using a questionnaire as primary data and tracking data from the Dadi Hospital of South Sulawesi Province as secondary data. The questionnaire that has been collected is then processed so that it becomes accurate data. The data that has been entered is then analyzed analytically and interpreted using statistical methods using the SPSS for Windows program method.

RESULTS AND DISCUSSIONS

Research Results

Table 1. Frequency distribution of respondents based on age

Age (years)	Frequency (f)	Percentage (%)
≤17 Years	3	3
18-24 Years	14	14
25-44 Years	39	39
45-54 Years	29	29
≥ 55 Years	15	15
Total	100	100

Source: Primary Data (2023)

Based on table 1 shows that from the results of research conducted on 100 family respondents who have family members diagnosed with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the results of the distribution of respondents based on age were mostly in the age range of 25-44 years as many as 39 (39%) respondents and the least were under 17 years of age as many as 3 (3%) respondents.

Table 2. Frequency distribution of respondents based on occupation

Occupation	Frequency (f)	Percentage (%)
Lecturer/Teacher	3	3.0
Self-employed	13	13.0
Entrepreneur	3	3.0
Laborer	4	4.0
Private Employee	17	17.0
Trader	3	3.0
Honoror	2	2.0
CIVIL SERVANT	6	6.0
Not Working	49	49.0
Total	100	100

Source: Primary Data (2023)

Based on table 2 shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the distribution of respondents based on the most work shows that most respondents do not work as many as 49 (49%) respondents and the least have jobs as honorary as many as 2 (2%) respondents.

Table 3. Frequency distribution of respondents based on last education

Last Education	Frequency (f)	Percentage (%)
SD	11	11.0
SMP	10	10.0
SMA	27	27.0

Last Education	Frequency (f)	Percentage (%)
PT	52	52.0
Total	100	100

Source: Primary Data (2023)

Based on table 3 shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the distribution of respondents based on the last education of the majority is college graduates (PT) as many as 52 (52%) respondents and the least has the last education of junior high school as many as 10 (10%) respondents.

Table 4. Frequency distribution of respondents based on the status of respondents' relationship with patients

Relationship Status	Frequency (f)	Percentage (%)
Spouse	14	14
Siblings	38	38
Child	20	20
Parent	28	28
Total	100	100

Source: Primary Data (2023)

Based on the data in table 4, it shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at the Dadi Mental Hospital, South Sulawesi Province, the distribution of respondents based on the status of the most relationships is the status of the patient's siblings as many as 38 (38%) respondents and the least status as the spouse of the patient as many as 14 (14%) respondents.

Table 5. Frequency distribution of respondents based on duration of diagnosis

Duration of Diagnosis	Frequency (f)	Percentage (%)
1-5 Years	56	56
6-10 Years	23	23
11-15 Years	6	6
16-20 Years	4	4
>21 Years	11	11
Total	100	100

Source: Primary Data (2023)

Based on the data in table 6, it shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the distribution of respondents based on the length of diagnosis is mostly in the range of 1-5 years as many as 56 (56%) respondents and the least in the range of 16-20 years as many as 4 (4%) respondents.

Univariate Analysis

Table 6. Frequency distribution of respondents based on family mindfulness

Mindfulness	Frequency (f)	Percentage (%)
High	27	27
Medium	42	42
Low	31	31
Total	100	100

Source: Primary Data (2023)

Based on table 6, it shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the results obtained in the high category mindfulness variable are 27 (27%) respondents, 42 (42%) respondents in the moderate category and 31 (31%) respondents in the low category.

Table 7. Frequency distribution of respondents based on family self-acceptance at Dadi General Hospital, South Sulawesi Province

Family Self-Acceptance	Frequency (f)	Percentage (%)
High	35	35
Medium	32	32
Low	33	33
Total	100	100

Source: Primary Data (2023)

Based on table 7, it shows that from the results of research that has been carried out on 100 family respondents who have family members with mental disorders at Dadi Mental Hospital, South Sulawesi Province, the results obtained in the high category family self-acceptance variable are 35 (35%) respondents, 32 (32%) respondents in the moderate category and 33 (33%) respondents in the low category.

Bivariate Analysis

Table 8. Analysis of the relationship between mindfulness and self-acceptance of families who have family members with mental disorders

Mindfulness	Family Self-Acceptance								P
	High		Medium		Low		Total		
	f	%	f	%	f	%	f	%	
High	21	21.0	2	2.0	4	4.0	27	27.0	0.000
Medium	10	10.0	28	28.0	4	4.0	42	42.0	
Low	4	4.0	2	2.0	25	25.0	31	31.0	
Total	35	35.0	32	32.0	33	33.0	100	100.0	

Source: Primary Data (2023)

In this study, bivariate analysis was conducted to analyze the relationship between mindfulness and self-acceptance of families who have family members with mental disorders in Dadi Mental Hospital, South Sulawesi Province. From the results of data analysis in table 8, it shows that research conducted at RSKD Dadi South Sulawesi Province on 100 respondents obtained results, namely families who have high mindfulness and high self-acceptance as many as 21 (21%) respondents, moderate mindfulness and moderate self-acceptance as many as 28 (28%) respondents, and low mindfulness and low self-acceptance as many as 25 (25%) respondents. Statistical results using the Chi Square statistical test with a 3x3 table. Based on the bivariate analysis table, the p value = 0.000 and $\alpha = 0.05$ were obtained so that $p < \alpha$. This shows that the alternative hypothesis (Ha) is accepted and the null hypothesis (Ho) is rejected, meaning that there is a significant relationship between mindfulness and family self-acceptance at Dadi General Hospital, South Sulawesi Province.

Discussion

Based on the results of the analysis of the relationship between mindfulness and self-acceptance of families who have family members with mental disorders in Dadi Mental Hospital, South Sulawesi Province using the Chi Square test, the results obtained a value of $p = 0.000$, $\alpha = 0.05$ or $p < \alpha$. This shows that the alternative hypothesis (Ha) is accepted and the null hypothesis (Ho) is rejected, which means that there is a significant relationship between mindfulness and family self-acceptance at Dadi Mental Hospital, South Sulawesi Province. These results are supported by cells that describe that out of 100 respondents who have high mindfulness and high self-acceptance as many as 21 (21%) respondents, moderate mindfulness and moderate self-acceptance as many as 28 (28%) respondents, and low mindfulness and low acceptance as many as 25 (25%) respondents. Mindfulness is the ability or tendency of a person to focus on the present

moment with full awareness and acceptance (Puswiartika, 2022). Mindfulness can be one of the nursing interventions to increase self-acceptance in individuals (Merlin, 2022) and improve psychological well-being such as self-growth, independence, self-acceptance, life goals, and positive relationships with others (Savitri & Listiyandini, 2017). When viewed from the results of this study, respondents who had high mindfulness were 27 (27%) respondents. There are five aspects to mindfulness, namely first observing or paying attention to external, internal experiences, such as sensations, emotions, cognitions, sights, smells or sounds. Second, describing which refers to labeling internal experiences through words. Third, acting with awareness involves focusing on the activity at hand. Fourth, non-judging or not judging the experience and being non-evaluative of thoughts and feelings. The last is Non-reactivity or not reacting to inner experiences (Baer et al., 2008). Mindfulness can provide positive changes to one's self-acceptance because self-acceptance can be achieved when one is able to be mindful. According to (mindful). According to (Sheerer, 1949) self-acceptance is the ability to assess oneself and one's environment objectively, to accept everything that exists in oneself, along with its strengths and weaknesses, and to develop and live the life cycle. The aspects of family self-acceptance according to (Hurlock, 2001) are shown by participation in treatment, giving attention to plans and ideals, always providing direction or guidance and motivational spirit, being able to show compassion, interaction, dialogue or communication, showing an attitude of accepting the client's presence and providing a good example for example. When viewed from the results of this study, families with high self-acceptance were 35 (35%) respondents.

In line with research (Anggraeni & Pratikto, 2021) which states that there is a positive relationship between mindfulness and self-acceptance in tuberculosis patients, with good mindfulness skills or self-awareness in tuberculosis patients. Living with true self-identity increases self-understanding so that the self-acceptance of tuberculosis patients increases. Also according to (Jannah, 2019), said there is a positive relationship between mindfulness and self-acceptance of adolescents living with single parents. In his research, adolescents living with single parents who have high mindfulness, their self-acceptance will also increase, which is indicated by the attitude of not feeling different, not feeling inferior, always trying to be aware of their situation to continue living in the present by accepting all the advantages and disadvantages that exist in themselves. Conversely, the lower the mindfulness possessed by adolescents, the lower the self-acceptance of adolescents living with single parents. According to (Xiao et al., 2017), cultivating a mindful attitude or mindful self is very beneficial for mental health to improve one's well-being such as self-acceptance, self-actualization, a calm attitude or ego development and peace or calmness in thinking. According to the researcher's assumption, the awareness or mindfulness possessed by the respondent has a positive impact on his psychological well-being, one of which is accepting the family status of mental illness patients so as to achieve self-acceptance in the respondent. This can be seen through the attitude of families who faithfully accompany clients to treatment, find out information about the disease and how to treat it to achieve recovery in clients, do not feel inferior to the surrounding environment so as not to cause negative perceptions to think that mental disorders are a disgrace that needs to be covered up. Self-acceptance means being ready and able to accept criticism, rejection from others, accepting shortcomings but not making them an obstacle but as learning to be able to love yourself and others so that individuals always have gratitude and can enjoy the life they are blessed with more. So, the higher the mindfulness of the family, the higher the self-acceptance of families who have family members with mental disorders. Vice versa, the lower the family's mindfulness, the lower the family's self-acceptance of having a family member with mental illness.

Based on the results of the study, it was also found that there were respondents who had high mindfulness and low self-acceptance as many as 4 (4%) respondents. According to (Hurlock, 2011), one of the factors that can affect self-acceptance is self-understanding. Self-understanding is a perception of oneself that is made honestly, realistically, as it is, not lying but honestly and not

deviating and recognizing or acknowledging these facts. According to (Br Ginting, 2019) the self-understanding factor contributes the highest value in terms of influencing a person's self-acceptance, because if a person is able to understand himself, he will be able to accept any shortcomings that exist in himself. In addition, (Hurlock, 2011) also revealed that individuals who can see themselves the same as other people's perspectives of themselves will also have good self-understanding so that they can support self-acceptance. A good self-perspective can be obtained through learning, age, experience and one's level of education which has an effect on being able to develop one's perspective. This is supported by research (Negara & Rismawan, 2020) which says there is a significant relationship between education and parental acceptance of mentally retarded children where the acceptance of mothers with a bachelor's degree is higher than those with a high school education. When viewed from the results of this study, respondents who had the latest elementary school education were 11 (11%) respondents, the last junior high school education was 10 (10%) respondents and the last high school education was 27 (27%) respondents. Not only education can affect a person's level of self-acceptance, research (Wardah, 2017) says there is a significant relationship between length of treatment and self-acceptance in diabetic patients at the Sayung I Demak Health Center, where the longer the treatment undertaken by the respondent, the more positive the respondent's self-acceptance will be. (Damariatna, 2020) also said that the length of time patients undergo hemodialysis can affect their emotional regulation and acceptance of the chronic disease that is being experienced. In line with research (Ismawati, 2018) says breast cancer patients who receive chemotherapy often use adaptive coping mechanisms because they receive chemotherapy indefinitely so they get used to chemotherapy, begin to accept reality, and even use adaptive coping. When viewed from the results of the study, the majority of respondents' family members who were diagnosed with mental disorders for 1-5 years were 56 (56%) respondents. The researcher assumes that there are inverse results, namely high mindfulness but low self-acceptance, it can occur because the respondents have not been informed about the diagnosis of their family members for a long time and of course respondents who have been caring for patients for many years will be different from families who have just started or have not been taking care of patients with mental disorders for a long time, this can be caused by the respondents not yet reaching the acceptance stage such as still in the bargaining stage, which is trying to accept by comforting themselves by expressing gratitude for everything they experience, In addition to the bargaining stage, respondents who have just learned about the condition of one of their family members may also be in the depression stage so that respondents have psychological conditions such as unstable emotional regulation which causes maladaptive coping mechanisms to affect the self-acceptance of families who have family members diagnosed with mental disorders. The longer the family takes care of the patient, the more accustomed the family will be to it so that the family can accept all the circumstances that occur to them. However, someone who has a higher level of education can certainly manage their emotions in a positive direction, because someone with a high education has a high curiosity and triggers respondents to find out how to care for, the best treatment so that their family members can get a faster recovery. On the other hand, low education will affect a person's perceptions and perceptions, which will state that mental illness is a shameful disease or a disgrace to the family so that the family will cover up the client's condition or confine the client to pasang.

Based on the results of this study, other data were also found that there were respondents who had low mindfulness and high acceptance as many as 4 (4%) respondents. According to research (Alispahic & Hasanbegovic-Anic, 2017) said that there is a significant relationship between age and gender on several aspects of mindfulness, older ages 33-49 years and ages 50 years and over have higher scores than younger participants for all aspects of mindfulness. Increasing age indicates a change in maturity characterized by the ability of older people to be more present because they are not distracted by intense emotions. When viewed from the results of the study, there were 3 (3%) respondents in the age range of less than 17 years. Researchers (Utami

et al., 2020) say that the high and low score of mindfull parenting is influenced by the educational background of parents, where higher education shows a higher mindfull parenting score with a minimum of the last high school education equivalent to a master's education because of the high literacy awareness of someone who is educated to help find information about parenting. Therefore, it is suggested that mindfulness can be used as one of the nursing interventions to improve family self-acceptance. Danuga provides education to families about the importance of mindfulness and the importance of accepting themselves as families who care for patients with mental disorders, so that families can fulfill their responsibilities to care for family members diagnosed with mental disorders. According to the researcher's assumption, the age factor can affect a person's mindfulness because increasing age means there is a change in maturity which is indicated by the ability to be more aware or give full attention to the circumstances experienced without blaming oneself and being aware of one's shortcomings and strengths. Based on the age grouping by (Jahja, 2011), the age of respondents in this study, there are those who are still in the adolescence phase, namely 12-18 years old as many as 3 respondents (3%). In adolescence there are difficulties that will be experienced such as mental variations, which sometimes become sullen, silent, self-excited or become the opposite such as cheerful, confident and radiant. The difficulties of adolescents often become overconfident sometimes also have increased emotions which make it difficult to accept parental advice. Therefore, respondents who are still in the adolescent phase tend to have emotional maturity that is intolerant, superior and their attitudes are mostly influenced by the environment or peers. Also in this study there were still 11 (11%) respondents who only studied up to elementary school so that awareness of literacy was still lacking.

CONCLUSION

From the results of research conducted on 100 respondents at Dadi Mental Hospital, South Sulawesi Province, it can be concluded that the level of mindfulness of families who have family members with mental disorders in Dadi Mental Hospital, South Sulawesi Province is in the moderate category. While the level of self-acceptance of families who have family members with mental disorders in the Dadi Mental Hospital of South Sulawesi Province is in the high category. Based on the results of hypothesis testing between mindfulness and self-acceptance in families who have family members with mental disorders at the Dadi Mental Hospital, South Sulawesi Province, the results obtained H_a is accepted and H_0 is rejected, which means that there is a significant relationship between mindfulness and family self-acceptance. So the higher one's mindfulness, the higher the self-acceptance. conversely, the lower one's mindfulness, the lower the self-acceptance. The implications of this study are expected to use mindfulness as one of the nursing interventions to improve family self-acceptance. Also provide education to families about the importance of mindfulness and the importance of accepting themselves as families who care for patients with mental disorders, so that families can fulfill their responsibilities to care for family members diagnosed with mental disorders.

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