



## Anxiety in facing the future for adult female inmates in class II a women's correctional institution in Tangerang city

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### Abstract

Anxiety is defined as overgrowth worried, or discomfort was feeling in anticipation of internal or external danger. Anxiety is stated pathological if the condition stays long term and causes physical disabilities, distress that causes difficulties in daily life activities such as working or socializing. Anxiety disorder has bigger chances to develop in women more than in men. Throughout the detention period, if anxiety is being ignored, it could weaken or even eliminate self capacity and capability in prisoners. This study is prepared to seek anxiety and assess the severity in prisoners at Lembaga Pemasyarakatan Perempuan Kelas II A Kota Tangerang from August-October 2019. This study is published with descriptive quantitative with a cross-sectional approach. The data is collected using accidental sampling, where the population of this research is 78 female prisoners, and the data is collected using the Hamilton Anxiety Rating Scale (HAR-S) questionnaire. The result shows that the level of anxiety is divided into four stages; standard (67,9%), low (15,4%), middle (11,5%), and high (5,1%) levels of anxiety. The highest anxiety level shows in the 20-30s year category, married category, and has never been prisoned category.

**Keywords:** anxiety, prisoner, female, correctional institution

### Introduction

Based on Article 1 paragraph (6) of Law Number 12 of 1995 concerning Corrections, a convict is someone who has been convicted based on a court decision that has obtained permanent legal force [1]. Convicts who undergo the decision are then referred to as Prisoners have the right to be treated humanely in an integrated system of guidance. As a form of fulfilling these needs, an institution was formed, namely the Correctional Institution, which is obliged to foster and assist convicts to improve themselves, find out their wrongdoings, and develop themselves so that they can be accepted again by the community and can live responsibly after completing serving time in prison [1, 2].

According to data obtained through the Correctional Database System in August 2019, at the Banten Regional Office, there were 7 Correctional Institutions with 8,191 male prisoners, 906 female prisoners, and a total of 9,097 adult inmates. The number of child prisoners number for men as many as 51 people and women as many as three people, so that the total number of child prisoners are 54 people [3]. Furthermore, based on the Technical Implementation Unit report in August 2019 at the Class II-A Women's Correctional Institution in Tangerang City, there were 364 prisoners with a prison capacity of 250 people [4].

The guidance given to the convict is based on protection, equality of treatment, service, education, guidance, respect for human dignity and dignity. Losing independence is the only suffering, for that they still have the right to relate to their families and certain people. The convict's guidance is expected to be carried out in a peaceful and safe situation to reduce the emergence of anxiety that can be experienced by inmates [5].

Anxiety is a condition in which a person experiences a change in attitude to become irritable, restless, afraid, uneasy, impaired concentration, and even withdraws from society [6]. Someone with anxiety can also experience

somatic disorders such as palpitations, rapid breathing, dry mouth, stomach complaints, cold hands and feet, and muscle tension [7]. These conditions can occur or accompany living conditions and various health problems.

In Indonesia, based on the 2018 Basic Health Research results, 9.8% of the Indonesian population aged 15 years and over experienced mental-emotional disorders and showed some anxiety symptoms [8]. The province with the highest prevalence was Central Sulawesi, 19.8%, and the lowest prevalence was Jambi Province, 3.6%. The prevalence rate in Banten Province is 5%. The National Comorbidity Survey stated that a higher prevalence of anxiety was found in women, 4.3% and men, 2% [6].

Anxiety in a person can be caused by several factors, namely biological, social, psychological, and environmental factors [6]. The anxiety is also experienced by post-detention prisoners who are influenced by pressure from themselves and the environment. Observing social developments, it becomes easier for someone to become both a perpetrator and a victim of bullying based solely on that person's past. The fear of not being accepted by the community, not getting a job and a decent life, and being ostracized from the surrounding environment is an undesirable condition for prisoners to experience.

Women have three times higher susceptibility to anxiety disorders than men. It is associated with severe stressors such as sexual violence, physical, mental, or social stressors that have been experienced by women [9]. Based on the National Comorbidity Survey, anxiety disorders that often attack women are panic disorder, agoraphobia, and post-traumatic stress [6, 9].

Prisoners who are serving their sentences can experience anxiety due to the inability of prisoners to adjust to the prison environment [10]. This anxiety can reduce or even eliminate the potential of prisoners because, for prisoners, this anxiety is a response to threats from their soul or

psyche, such as feeling a bleak future to feeling useless<sup>[9]</sup>. Based on the description of the problems above, the author is interested in researching the anxiety experienced by inmates who are undergoing detention in facing the future. The problem answered in this study is "What is the level and influence of anxiety on prisoners in facing the future?" With the aim of research to determine the level and influence of anxiety on adult female prisoners in facing the future in the Class II-A Women's Correctional Institution in Tangerang City.

### Literature Review

Anxiety, better known as anxiety, comes from the Latin "angere", which suffocates or chokes<sup>[11]</sup>. A person's condition can be called experiencing anxiety when an unpleasant feeling arises, a psychological response to the anticipation of an unreal or imagined danger<sup>[12]</sup>. This anxious response often causes sufferers to prefer to withdraw from the surrounding environment. Anxiety or anxiety is a normal feeling found in everyday life. A person who does not have feelings of fear or anxiety will not survive for a long time<sup>[9]</sup>. Anxiety tends to cause confusion and perceptual distortion and interfere with a person's ability to concentrate or associate<sup>[6]</sup>.

Anxiety is a flight or fight response in which the body of living things prepares to take action between fighting or fleeing the threat. The purpose of feeling anxious in a living being is to face threats<sup>[13]</sup>. Anxiety is a disturbing mental tension as a general reaction to the inability to cope with problems whose source is unknown, vague but the tension is evident. Anxiety, often known as anxiety, is defined as worry or discomfort from anticipating danger from internal or external sources. This feeling of anxiety is often associated with the physical condition of a person. When a person is in a state of anxiety, one's state of mind tends to be contradictory. The result of this conflict between thoughts and emotions is generally a person's defensive mechanism in the form of repression. When these defensive mechanisms fail, the person has difficulty maintaining consciousness<sup>[14]</sup>.

In a normal state of anxiety in living things, anxiety is used as an adaptive ability to prevent changes that will occur or are in progress. Anxiety is declared pathological if the condition persists for an extended period and causes physical disturbances in a person, distress which results in obstacles to daily activities, both working and socializing<sup>[11]</sup>. Based on research conducted in developed countries by Borwin Bandelow, Sophie Michaelis found that 33.7% of the total population experienced anxiety<sup>[16]</sup>. The prevalence of anxiety was common in women, 30.5%, compared to men, 19.2%. It is influenced by various stressors, for example, sexual violence, bullying, and social inequality. According to a study conducted by the National Comorbidity Survey-Replication (NCS), every three women must have experienced an anxiety disorder in their life<sup>[9]</sup>. The prevalence of this anxiety continues to increase every year. It happens due to the lack of willingness of the patient to get the appropriate treatment. The prevalence also increases along with the times and technology. The pressure experienced by a person is not proportional to his ability to cope with the pressure, the prevalence of anxiety can decrease if it is balanced with an increase in a person's socio-economic status<sup>[6]</sup>. The most common types of anxiety disorders are specific phobia and generalized

anxiety disorder<sup>[9]</sup>. This condition occurs because people with anxiety disorders generally receive outpatient treatment, which allows patients to get less attention from medical personnel such as psychiatrists than patients who receive treatment in inpatient care, for example, in patients with schizophrenia or bipolar affective disorder. However, it is still difficult to distinguish the symptoms experienced by a person is an anxiety disorder or just a normal fear of living things.

Sigmund Freud menyatakan anxietas merupakan sinyal bahwa terdapat bahaya dalam keadaan tidak sadar, dimana seseorang yang mengalami situasi ini memiliki konflik antara keinginan tidak sadar yang bersifat agresif dengan ancaman terhadap hal tersebut berdasar dari ego maupun realitas eksternal. Respon dari konflik tersebut berupa mekanisme pertahanan untuk mencegah perasaan yang tidak dapat diterima muncul ke kesadaran. Upaya untuk menghilangkan situasi cemas ini adalah menggunakan cemas tersebut sebagai alat untuk menghadapi konflik-konflik berikutnya. Cara psikofarmakologis seringkali tidak bermanfaat dalam menyelesaikan situasi kehidupan atau situasi internal yang mencetuskan perasaan cemas<sup>[6, 7]</sup>.

Anxiety disorders can strike at any age but are more common in adults in the second to fourth decades of life (21-45 years). Adults in middle age have a higher incidence of anxiety when compared to older people. It is influenced by one's physical and mental health conditions in dealing with tense situations<sup>[15, 6]</sup>.

Based on research, it was found that women are more likely to experience anxiety disorders than men. It is two times more women than men. It is influenced by the personality of women who tend to be more unstable, use feelings, and are influenced by hormones that can affect anxious conditions<sup>[9]</sup>. A married person has a higher level of anxiety than an unmarried person. Someone married tends to have more stressors than someone not married, such as family, fear of separation or divorce, and other stressors.

Someone who experiences good anxiety has various signs and symptoms such as excessive fear, irritability, sensitivity to sounds, worried thoughts<sup>[17]</sup>. Common autonomic symptoms include dry mouth, difficulty swallowing, discomfort in the stomach/gastric pain, difficulty breathing, palpitations, failure of erection, and menstrual cycle disruption. Other symptoms that can appear in someone anxious are tremors, dizziness, muscle pain, dizziness, feeling unable to breathe, insomnia, and night terrors.

Anxiety levels are divided into four levels with different characteristics depending on how a person copes and adapts to his environment. Anxiety levels include normal anxiety, mild anxiety, moderate anxiety, and severe anxiety. Anxiety disorders are divided into two major subgroups, namely phobic anxiety disorders (F40) and other anxiety disorders (F41), which include panic disorder and generalized anxiety disorder (GAD). Anxiety disorders are divided into several groups, namely phobic anxiety disorders (agoraphobia, specific phobias, social phobias) and other anxiety disorders (generalized anxiety disorder, panic disorder)<sup>[18]</sup>.

Self-concept is a mental picture of each individual from all that is thought, self-desire, and self-assessment. Self-concept is not innate from birth. It is the formation of an individual's thought process, influenced by various factors, including the knowledge one has about oneself and others, one's expectations of himself and his future, and individual self-assessment. The family has the most significant

influence on the formation of self-concept [19]. It is expressed through the teachings of parents in assessing and respecting oneself. Society and the environment also influence the formation of self-concept through individual actions in respecting others.

Self-concept consists of two types, namely, positive and negative self-concept. Positive self-concept in the form of self-acceptance of both the advantages and disadvantages of the individual has high self-esteem [20]. Always conduct a self-evaluation, have a life goal that is following reality. In contrast, the negative self-concept in the form of rejection considers oneself worthless, unstable, and rigid. Feeling that you do not know yourself, both strengths and weaknesses.

Based on the statement above, it can be concluded that self-concept is one of the crucial factors in the formation of behaviour. Focusing on weaknesses rather than strengths can lead to negative behaviour if an individual has a poor self-concept or a negative outlook. On the other hand, if an individual has a good self-concept, then excellent and appropriate behaviour will arise between expectations and real situations [21]. In prisoners, there tends to be a negative self-concept where inmates feel worthless, especially when facing the future after completing their sentence in the Correctional Institution. Anxiety is experienced in the form of fear of living his life as an ex-convict in the future. Prisoners are afraid of an uncertain future, cannot have a job, can not have a happy family life until there is no acceptance from the surrounding environment.

**Research Methodology**

The type of research used is descriptive quantitative research with a Cross-Sectional approach, namely measuring or observing a time [24]. This study uses the scoring results of the Hamilton Anxiety Rating Scale (HAR-S) questionnaire, which consists of 14 statements. This research was conducted at the Class II-A Women's Correctional Institution in Tangerang City from August - October 2019. The population in this study were prisoners of the Class II-A Women's Correctional Institution, Tangerang City. The sample in this study was the inmates of the Class II-A Women's Correctional Institution in Tangerang City. To determine the number of samples, the population of prisoners of the Class II-A Women's Correctional Institution in Tangerang City was taken as many as 364 people. Then the determination of the number of samples will be carried out using the Slovin formula.

$$n = \frac{N}{1 + (e)^2 \times N}$$

n = number of samples  
 N = total population  
 e = precision (10% because the confidence limit is 90%)

If the total population is 364 and the precision is 10% then:

$$n = \frac{N}{1 + (e)^2 \times N}$$

$$n = \frac{364}{1 + (0,01 \times 364)}$$

$$n = \frac{364}{4,64}$$

$$n = 78,44$$

The number of samples is rounded up to 78 people. The instrument used in this study was the Hamilton Anxiety Rating Scale (HAR-S) questionnaire. Hamilton Anxiety Rating Scale is an anxiety rating and was developed by Hamilton in 1959 [22]. This questionnaire was developed based on anxiety symptoms in the Diagnostic and Statistical Manual of Mental Health Disorder (DSM-III). There are 14 statements where each statement has a scale of 0-4 (0: none, 1: mild, 2: moderate, 3: severe, 4: very heavy). The total score of the 14 statements was 56 with a scale of <14: no anxiety, 14-20: mild anxiety, 21-27: moderate anxiety, 28-41: severe anxiety, and 42-56: very anxious. Thus, the researcher did not test the validity because the questionnaire was adapted from a standard questionnaire with internal consistency (Cronbach's 0.86) and a total reliability coefficient of 0.92. The data obtained by the research will be processed using the SPSS program with the stages of editing, coding, data entry, data cleaning, and data analysis. Research permission is carried out by submitting informed consent for prisoners who meet the inclusion criteria to become respondents.

**Result and Discussion**

The table below describes the characteristics of female inmate respondents based on age. From 78 inmates, 35 inmates (44.9%) were in the age range of 20-30 years, 26 inmates (33.3%) were in the age range 31-40 years, ten inmates (12.8%) were in the age range 41-50 years, and seven prisoners (9%) are in the age range of 50 years.

**Table 1:** Frequency distribution of female convict respondents based on respondent age

Characteristics of respondent age	Frequency	%
20-30 years	35	44.9
31-40 years	26	33.3
41-50 years	10	12.8
50 years	7	9
Total	78	100

Table 2 below describes the characteristics of female prisoners based on marital status. Of 78 prisoners, 48 prisoners (61.5%) were married, and 30 (38.5%) were not married.

**Table 2:** Frequency distribution of female convict respondents based on respondents' marital status

Characteristics respondent's marital status	Frekuensi	%
Married	48	61.5
Unmarried	30	38.5
Total	78	100

Table 3 below describes the characteristics of female inmate respondents based on the number of admissions to correctional institutions. Of 78 inmates, 54 inmates (69.2%) were admitted to the Correctional Institution 1 (one) time, and 24 prisoners (30.8%) were admitted to the Penitentiary more than 1 (one) time.

**Table 3:** Frequency distribution of female convict respondents based on experience in correctional institutions

Characteristics of prison entry experience	Frequency	%
Once	54	69.2
More than once	24	30.8
Total	78	100

Table 4 below describes the level of anxiety among female prisoners at the Class II-A Women's Correctional Institution in Tangerang City. Of 78 inmates, 53 inmates (67.9%) experienced anxiety conditions that were still within normal limits, 12 prisoners (15.4%) experienced mild anxiety, nine prisoners (11.5%) experienced moderate anxiety, four prisoners (5.1%) experienced severe anxiety, and there were no prisoners who experienced severe anxiety.

**Table 4:** Frequency distribution of anxiety levels of female prisoners in class ii a women's correctional institution in Tangerang city

Characteristics of respondents anxiety level	Frequency	%
Normal	53	67.9
Mild Anxiety	12	15.4
Moderate Anxiety	9	11.5
Heavy Anxiety	4	5.1
Very anxious	0	0
Total	78	100

Table 5 below describes the level of anxiety among female prisoners in the Class II-A Women's Correctional Institution in Tangerang City by age. From 78 prisoners, it was found: a) Age range of 20-30 years: 21 inmates (26.9%) experienced anxiety within normal limits, five inmates (5.4%) experienced mild anxiety, seven inmates (4%) experienced moderate anxiety, and two inmates (2.6%) experienced severe anxiety. The total anxiety level of prisoners in the age range of 20-30 years is 35 prisoners (44.9%); b) Age range 31-40 years: 20 prisoners (25.6%) experienced anxiety within normal limits, three prisoners (3.8%) experienced mild anxiety, two prisoners (2.6%) experienced moderate anxiety, and one inmate (1.3%) experienced anxiety heavy. The total anxiety level of prisoners in the age range of 31-40 years is 26 prisoners (33.3%); c) Age range 41-50 years: 7 prisoners (9%) experienced anxiety within normal limits, two prisoners (2.6%) experienced mild anxiety, and one inmate (1.3%) experienced severe anxiety. The total anxiety level of prisoners in the age range of 41-50 years is ten prisoners (12.9%); and d) Age range 50 years: 5 prisoners (6.4%) experienced anxiety within normal limits, and two prisoners (2.6%) experienced mild anxiety. The total anxiety level of prisoners in 50 years is seven prisoners (9%).

**Table 5:** Frequency distribution of anxiety levels of female prisoners in class ii a women's correctional institution in Tangerang city by age

Anxiety level	Respondents' Age								Total	
	20-30 year		31-40 year		41-50 year		>50year		n	%
	n	%	N	%	n	%	n	%		
Normal	21	26.9	20	25.6	7	9.0	5	6.4	53	67.9%
Light	5	5.4	3	3.8	2	2.6	2	2.6	12	15.4%
Currently	7	4	2	2.6	0	0	0	0	9	11.5%
Heavy	2	2.6	1	1.3	1	1.3	0	0	4	5.2%
So heavy	0	0	0	0	0	0	0	0	0	0
Sub-total	35	44.9%	26	33.3%	10	12.9%	7	9.0%	78	100%
Total	78				100%					

Table 6 below describes the level of anxiety among female prisoners at the Class II-A Women's Correctional Institution in Tangerang City based on marital status. From 78 inmates, it was found: a) Married convicts amounted to 48 people with 34 inmates (43.6%) experiencing anxiety within

normal limits, nine prisoners (11.5%) experiencing mild anxiety, four prisoners (5.1%) experiencing moderate anxiety, and one prisoner (1.3%) experienced severe anxiety; and b) 30 inmates who are not married yet with 19 prisoners (24.4%) experiencing anxiety within normal limits, three prisoners (3.8%) experiencing mild anxiety, five prisoners (6.4%) experiencing moderate anxiety, and three prisoners (3.8%) experiencing severe anxiety.

**Table 6:** Frequency distribution of anxiety levels of female prisoners in class ii a women's correctional institution in Tangerang city based on marital status

Anxiety Level	Marital Status				Total	
	Married		Unmarried		N	%
	n	%	N	%		
Normal	34	43.6	19	24.4	53	68%
Light	9	11.5	3	3.8	12	15.3%
Currently	4	5.1	5	6.4	9	11.5%
Heavy	1	1.3	3	3.8	4	5.1%
So heavy	0	0	0	0	0	0%
Sub-total	48	61.5%	30	38.5%	78	100%
Total	78		100%			

Table 7 below describes the level of anxiety among female prisoners at the Class II-A Women's Correctional Institution in Tangerang City based on inmates' experience of entering prisons. From 78 inmates, it was found: a) 34 inmates have only been admitted to prison once, with details of 31 inmates (39.7%) experiencing anxiety within normal limits, 11 inmates (14.1%) experiencing mild anxiety, nine inmates (11.5%) experiencing moderate anxiety, and three prisoners (3.8%) experienced severe anxiety; and b) 24 inmates have had an experience of entering prison more than once with details of 22 inmates (28.2%) experiencing anxiety within normal limits, one inmate (1.3%) experiencing mild anxiety, and one inmate (1.3%) experiencing severe anxiety.

**Table 7:** Frequency distribution of anxiety levels of female prisoners in class ii a women's correctional institutions in Tangerang city based on experience of entering penitentiary

Anxiety Level	Experience Entering a Penitentiary				Total	
	Once		More than once		N	%
	N	%	N	%		
Normal	31	39.7	22	28.2	53	67.9%
Light	11	14.1	1	1.3	12	15.4%
Currently	9	11.5	0	0	9	11.5%
Heavy	3	3.8	1	1.3	4	5.1%
So heavy	0	0	0	0	0	0%
Sub-total	54	69.2%	24	30.8%	78	100%
Total	78		100%			

Anxiety is a psychological response to the anticipation of an unreal or imagined danger. Feelings of anxiety are declared pathological if these feelings are persistent (maladaptive) and cause physical disturbances in a person and distress that results in obstacles to daily activities. This feeling of anxiety is known as an anxiety disorder. The study results in Table 4 show the level of anxiety in female prisoners in the Class II-A Women's Correctional Institution in Tangerang City, which consists of 78 respondents, is still within normal limits, as many as 53 people (67.9%). The results obtained are in line with research conducted by Utari (2012) [23], where most of the female prisoners in the study experienced anxiety within normal limits or did not experience anxiety

disorders. Anxiety within normal limits indicates an increase in the respondent's awareness of various types of threats. This situation increases respondents to be more productive, improve themselves and increase their potential. This level of anxiety also shows that the self-concept of female inmates at the Class II-A Women's Correctional Institution in Tangerang City is positive. Prisoners can accept their strengths and weaknesses. It can help prisoners in living their future after completing their sentence in the Correctional Institution. Researchers also looked at the distribution of anxiety frequencies based on age, marital status, and experience in prison.

The results of the study in Table 5 shows the anxiety level of prisoners based on age. It was found that the age of 20-30 years had the highest level of anxiety within normal limits, and anxiety level was moderate, namely 21 prisoners (26.9%) and seven prisoners (4%). The results obtained are in line with research by Hadiyamsah (2016). It is found that young people have higher levels of anxiety than older adults [24]. It can be because young prisoners tend to have more unstable moods, more significant stressors, more negative thoughts, and feelings of fear of not living a better future than older prisoners. The maturity of an individual affects the ability to cope, so people with older age or adults do not easily fall into anxiety.

The study results in Table 6 show the level of anxiety influenced by marital status, and a significant effect is obtained. It is married prisoners (39 prisoners (43.6%) are in a state of anxiety within normal limits, compared to 19 prisoners (24.4%) who unmarried 31 people (39.7%) experienced anxiety conditions within normal limits, as well as 22 inmates (28.2%) who had entered the Penitentiary more than once experienced anxiety within normal limits. The level of anxiety is higher than high in prisoners who are entering the Correctional Institution for the first time.

The level of anxiety that is influenced by the experience of entering the Correctional Institution is still within normal limits because the adaptation of the inmates influences it, the development and protection activities carried out in the Correctional Institution. The sense of security and comfort created by the Penitentiary allows inmates to adapt well and reduce feelings of anxiety.

### Conclusion

Based on the results of research conducted at the Class II-A Women's Correctional Institution, Tangerang City, in 2019, it was found that the level of anxiety experienced by 53 out of 78 inmates was still within normal limits, 12 inmates experienced mild anxiety, nine inmates experienced moderate anxiety, and four inmates experienced severe anxiety. The criteria used are age, marital status and experience in prison. Based on these conclusions, the researchers suggest that Correctional Institutions continue to carry out the best possible guidance to reduce the amount of anxiety outside the normal limits experienced by prisoners and as an evaluation to increase the potential of prisoners as much as possible.

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