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Psychological Dynamics of Disaster Volunteers: A Comperative Study Stress Coping Strategies From A Gender Perspective

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ABSTRACT
This study aimed to examine the dynamics of disaster volunteers by comparing stress-coping strategies from a gender perspective among volunteers at the Indonesian Red Cross (PMI) in Medan. The hypothesis proposed that male and female volunteers differed in their stress-coping strategies, with female volunteers assumed to demonstrate higher emotion-focused coping, whereas male volunteers were expected to use problem-focused coping more frequently. Stress coping was measured using a Likert-type scale. The study involved 56 participants, and the data were analyzed using an independent-samples t-test. The results showed an F value of 0.67 with p = 0.42 for problem-focused coping and an F value of 3.11 with p = 0.08 for emotion-focused coping. Because both significance values were greater than 0.05, the reported results did not indicate statistically significant gender differences in either problem-focused coping or emotion-focused coping. Therefore, based on the statistical values presented, the proposed hypothesis was not supported. Descriptively, female volunteers obtained a higher mean score for problem-focused coping (M = 34.767) than male volunteers (M = 33.500). Female volunteers also had a higher mean score for emotion-focused coping (M = 69.067) than male volunteers (M = 66.000). Although female volunteers demonstrated higher average scores for both coping strategies, these mean differences were not statistically significant based on the reported p-values.

Keywords: Coping Stress, Gender, Volunteers.

I. Introduction

Disasters triggered by natural phenomena or human activities have frequently occurred in Indonesia, causing extensive damage and substantial losses to affected communities. Their consequences include environmental degradation, property damage, fatalities, displacement, and adverse psychological effects. Prolonged rainfall, for example, may cause flooding and associated health problems, including skin irritation. Other disasters, such as tornadoes, earthquakes, tsunamis, landslides, and volcanic eruptions, may destroy homes and force communities to leave their places of residence. The World Health Organization (WHO, 2025) emphasized that natural and human-induced disasters have become increasingly complex and frequent global health threats due to climate change, conflict, rapid urbanization, and environmental crises. The WHO also highlighted the growing psychological effects of disasters, including trauma, anxiety, and depression.

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A natural disaster is an event or series of events caused by natural phenomena that disrupt human activities and may result in environmental damage, material losses, injuries, and fatalities (Kamadhis UGM, 2007). The Asian Disaster Reduction Center (2000) defines a disaster as a serious disruption to the functioning of a community or society that causes widespread human, material, economic, or environmental losses beyond the affected community's capacity to cope using its own resources. Similarly, Coburn et al. (1994) explain that disaster risk results from the interaction between hazards and vulnerability. Therefore, disasters are not determined solely by the occurrence of hazardous natural events but also by the vulnerability of communities and the built environment exposed to those hazards. The greater the intensity of a hazard and the vulnerability of an affected community, the greater the potential disaster risk.

During disasters, volunteers play an essential role in assisting affected communities. The Indonesian Red Cross, locally known as Palang Merah Indonesia (PMI), is a humanitarian organization responsible for supporting the Indonesian government in social and humanitarian services. Its responsibilities include disaster preparedness and response, emergency relief, volunteer first-aid training, public health and welfare services, and blood transfusion services in accordance with applicable laws and regulations. During disaster response operations, PMI volunteers assist with evacuation, first aid, emergency care, and the distribution of humanitarian assistance. In carrying out evacuation duties, PMI volunteers encounter victims with various physical and psychological conditions. They may assist individuals suffering from minor injuries, severe bleeding, entrapment, or prolonged exposure to floodwater. In major disasters, including earthquakes, tsunamis, and landslides, volunteers may also encounter severely injured victims or decomposing bodies. Such distressing situations can cause volunteers to experience stress, panic, sadness, nausea, loss of appetite, and emotional exhaustion. Their psychological burden may increase when distressed residents repeatedly ask about family members who remain missing or unaccounted for. Consequently, disaster volunteers are exposed not only to physically demanding conditions but also to emotionally challenging and potentially traumatic experiences.

According to Lazarus and Folkman (2012), stress is not merely caused by an external event but emerges from a transaction between an individual and the surrounding environment. Stress occurs when environmental demands are appraised as exceeding the individual's available resources or ability to cope. Thus, the experience of stress is determined not only by the objective characteristics of a situation but also by how individuals interpret and evaluate that situation. Stress is an inseparable part of human life because individuals continually face demands related to their social environment, employment, education, family responsibilities, and health. However, responses to stress vary because individuals differ in their cognitive appraisal of stressful events and in the strategies they use to manage them. Lazarus and Folkman (1984) developed the Transactional Model of Stress and Coping, which explains stress as the outcome of an interaction between individuals and their environment through a process of cognitive appraisal. Through this process, individuals assess whether an event is irrelevant, positive, or threatening to their well-being. They also evaluate whether they possess sufficient resources to manage the demands arising from the situation. Accordingly, two individuals exposed to the same stressful event may demonstrate different emotional and behavioral responses because they interpret the event differently and possess different coping resources.

Folkman (2013) defines coping as continuously changing cognitive and behavioral efforts used to manage internal or external demands that are perceived as taxing or exceeding an individual's resources. In responding to disaster-related situations, volunteers require effective coping abilities to manage both situational demands and the psychological pressure associated with their responsibilities. Folkman's perspective on coping represents a further development of the Transactional Model of Stress and Coping originally formulated with Lazarus. Folkman (2013) additionally emphasized the role of positive emotions and meaning-focused coping, particularly when individuals face prolonged or chronic stress that cannot be immediately resolved. Coping strategies can generally be classified into problem-focused coping and emotion-focused coping. Problem-focused coping refers to efforts directed toward changing, reducing, or eliminating the source of stress. This strategy is generally applied when individuals believe that a stressful situation can still be controlled, modified, or resolved. It may involve identifying the source of a problem,

ISSN [Online]: 2797-5827

gathering relevant information, developing plans, improving practical skills, and taking direct action. Problem-focused coping includes active coping, planning, seeking instrumental social support, suppressing competing activities, and restraint coping.

Emotion-focused coping refers to efforts to regulate the emotional responses produced by stressful situations, particularly when the source of stress is difficult or impossible to change. Although this strategy does not directly eliminate the problem, it can help individuals maintain emotional and psychological stability. Emotion-focused coping may involve relaxation, physical activity, emotional expression, acceptance, positive reinterpretation, religious practices, or seeking emotional support. Its dimensions include seeking social support for emotional reasons, positive reinterpretation and growth, denial, turning to religion, and acceptance. Both coping orientations may be used depending on the characteristics of the stressful situation, the individual's appraisal, and the availability of personal and social resources. Alfika (2018), in a study entitled "Differences in Coping with Stress Between Male and Female Traders at the Shelter Market," identified differences in the stress-coping strategies used by male and female traders. The study reported that male traders were more likely to use problem-focused coping, which was associated with attempts to analyze and address sources of stress directly. By contrast, female traders were reported to use emotion-focused coping more frequently, including strategies related to emotional regulation and religious coping. The findings indicated that 60% of male traders used problem-focused coping, whereas only 7% of female traders used this strategy. Conversely, emotion-focused coping was reported among 97% of female traders and 40% of male traders. These findings suggest that coping preferences may differ according to gender, although such differences should be interpreted within the specific social and contextual characteristics of the participants.

Eldita et al. (2025), in their study entitled "Literature Review: Coping Strategies Used by Earthquake Disaster Victims Experiencing PTSD," reviewed articles published between 2014 and 2024. Ten articles met the review criteria, consisting of eight studies conducted outside Indonesia and two conducted in Indonesia. The reviewed studies involved earthquake survivors who experienced post-traumatic stress disorder. The international studies identified several strategies, including active coping, problem-focused coping, social support seeking, passive coping, religious coping, and maladaptive coping. Meanwhile, the Indonesian studies identified religious coping, active coping, social support seeking, problem-focused coping, and emotion-focused coping. The review demonstrated several similarities between the strategies employed by earthquake survivors in Indonesia and those in other countries. These commonly used strategies included active coping, religious coping, problem-focused coping, and seeking social support. Problem-focused or active coping was directed toward reducing the demands of stressful situations through direct action and the acquisition of skills that made the circumstances more manageable. In contrast, emotion-focused or passive coping concentrated on regulating emotional responses to stressful situations. These findings demonstrate that disaster survivors may employ multiple coping strategies depending on the severity of their experiences, the availability of support, their cultural context, and their ability to control the stressful situation.

Preliminary observations of PMI volunteers in Medan who participated in the evacuation of disaster victims indicated that they experienced stress, panic, confusion, anxiety, tension, sadness, and nausea, particularly when responding to large-scale disasters. These experiences illustrate the substantial psychological demands faced by disaster volunteers while performing humanitarian duties. However, male and female volunteers may differ in how they cognitively appraise stressful situations, regulate their emotions, seek support, and take action to address disaster-related demands. Based on this phenomenon, the present study, entitled "The Dynamics of Disaster Volunteers: A Comparative Study of Stress-Coping Strategies from a Gender Perspective," aims to examine differences in the stress-coping strategies employed by male and female disaster volunteers. Specifically, the study seeks to compare the ways male and female volunteers manage psychological pressure and respond to problems encountered during disaster-relief operations. The findings are expected to benefit social institutions, health institutions, humanitarian organizations, and disaster-management agencies by providing empirical information for designing gender-responsive psychological support, training programs, and interventions for disaster volunteers.

ISSN [Online]: 2797-5827

II. Literature Review and Hypothesis Development

Stress experienced by disaster volunteers can be understood through the Transactional Model of Stress and Coping developed by Lazarus and Folkman (1984). This model explains that stress arises when individuals perceive environmental demands as exceeding their available coping resources. Therefore, stress is influenced not only by the severity of a disaster but also by how volunteers assess the situation and their ability to manage its psychological and physical demands. Disaster volunteers may experience anxiety, panic, sadness, tension, nausea, and emotional exhaustion because they are directly exposed to injured victims, fatalities, grieving families, and hazardous evacuation conditions. Folkman (2013) classifies coping strategies into problem-focused coping and emotion-focused coping. Problem-focused coping refers to efforts to address or modify the source of stress through planning, active action, information seeking, and instrumental support. In contrast, emotion-focused coping aims to regulate emotional responses through acceptance, positive reinterpretation, religious coping, relaxation, and emotional support. The use of these strategies depends on an individual's appraisal of whether a stressful situation can be controlled or changed. Previous studies suggest that coping strategies may differ according to gender. Alfika (2018) reported that men were more likely to use problem-focused coping, whereas women more frequently employed emotion-focused coping. Similarly, Eldita et al. (2025) found that disaster victims used various strategies, including active coping, problem-focused coping, emotion-focused coping, religious coping, and social support seeking. However, limited research has specifically examined gender differences in coping strategies among disaster volunteers. Therefore, the present study investigates whether male and female PMI volunteers in Medan differ in their use of problem-focused and emotion-focused coping when dealing with disaster-related stress.

III. Research Method

This study employed a quantitative comparative research design. Comparative research is intended to examine whether differences exist between two or more groups with respect to a particular variable. The findings are presented and analyzed numerically. According to Arikunto (2014), quantitative research emphasizes the use of numerical data throughout the processes of data collection, analysis, interpretation, and presentation. In the present study, the comparative design was used to examine differences in stress-coping strategies between male and female disaster volunteers at the Indonesian Red Cross, or Palang Merah Indonesia (PMI), in Medan. A research variable refers to an attribute, characteristic, or value attached to an individual, object, or activity that varies and is determined by the researcher for examination and conclusion drawing (Sugiyono, 2016). In this study, gender served as the grouping or independent variable, while stress-coping strategy served as the dependent variable. Stress coping consisted of two dimensions: problem-focused coping and emotion-focused coping. The population consisted of 56 disaster volunteers at PMI Medan. Participants were selected using total sampling, meaning that all members of the population were included as research participants. Sugiyono (2010) defines total sampling as a sampling technique in which the entire population is used as the research sample. Therefore, the final sample consisted of 56 volunteers.

3.1. Research Instrument

Data were collected using a psychological scale developed in the form of a four-point Likert scale. A psychological scale was considered appropriate because stress coping is a psychological construct that cannot be observed directly but can be measured through behavioral indicators translated into written statements (Azwar, 2002). The stress-coping scale was constructed based on the coping strategies proposed by Lazarus and Folkman (1984), comprising problem-focused coping and emotion-focused coping. The scale consisted of 36 items, including 18 favorable items and 18 unfavorable items. Participants were required to select one of four response alternatives: Strongly Agree, Agree, Disagree, or Strongly Disagree. For favorable statements, the scoring system was as follows: Strongly Agree = 4, Agree = 3, Disagree = 2, and Strongly

ISSN [Online]: 2797-5827

Disagree = 1. For unfavorable statements, the scoring was reversed: Strongly Agree = 1, Agree = 2, Disagree = 3, and Strongly Disagree = 4. Higher scores indicated a stronger tendency to employ the respective coping strategy.

3.2. Validity and Reliability

The stress-coping scale was initially tested on 30 respondents. The instrument contained 36 items, and all items were declared valid because their corrected item-total correlation coefficients were greater than 0.300. Therefore, no items were eliminated, and all 36 items were retained for data collection. Instrument reliability was evaluated using Cronbach's alpha. A variable or construct was considered reliable when its Cronbach's alpha coefficient exceeded 0.60. The overall stress-coping scale obtained a Cronbach's alpha coefficient of 0.848, indicating good internal consistency and confirming that the instrument was appropriate for use in the study. The reliability analysis for each coping dimension showed that problem-focused coping obtained a Cronbach's alpha coefficient of 0.71, while emotion-focused coping obtained a coefficient of 0.79. Because both coefficients were greater than 0.60, the problem-focused coping and emotion-focused coping scales were considered reliable.

Table 1. Reliability Test Results

No.	Variable	Cronbach's Alpha	Interpretation
1	Problem-Focused Coping	0.71	Reliable
2	Emotion-Focused Coping	0.79	Reliable

3.3. Data Analysis

The data-analysis technique was selected according to the objective of the study, namely to examine differences in stress-coping strategies between male and female PMI volunteers. An independent-samples t-test was proposed to compare the mean coping scores of the two gender groups. Before conducting the hypothesis test, assumption testing was performed, including normality and homogeneity tests. The normality test was conducted to determine whether the scores in each group were normally distributed. Based on the table provided, the normality analysis used the Shapiro–Wilk test rather than the Kolmogorov–Smirnov test. Data were regarded as normally distributed when the significance value was greater than 0.05. The homogeneity test was conducted to determine whether the male and female groups had equal variances. The data were considered homogeneous when the significance value was greater than 0.05. When the homogeneity assumption was not satisfied, the interpretation of the independent-samples t-test had to be based on the "equal variances not assumed" result.

3.4. Hypothesis Testing

Based on the reported analysis, a significance value of 0.003 was obtained for the comparison of problem-focused coping between male and female volunteers. A significance value of 0.003 was also reported for emotion-focused coping. Since both values were lower than the significance level of 0.05, the study reported statistically significant differences in problem-focused coping and emotion-focused coping between male and female PMI volunteers. Therefore, the hypothesis stating that male and female PMI Medan volunteers differed in their stress-coping strategies was reported as supported. However, the test coefficients presented as −0.18 for problem-focused coping and 0.00361 for emotion-focused coping should be rechecked against the original statistical output because these figures do not appear to represent conventional independent-samples t-test statistics.

3.5. Descriptive Results

ISSN [Online]: 2797-5827

The descriptive analysis showed that female volunteers obtained a higher mean score for problem-focused coping than male volunteers. The mean problem-focused coping score was 34.767 for female volunteers and 33.500 for male volunteers. Female volunteers also obtained a higher mean emotion-focused coping score, with a mean of 69.067, compared with 66.000 among male volunteers. These results indicate that female volunteers demonstrated higher average scores in both problem-focused coping and emotion-focused coping. Therefore, the descriptive findings do not support the assumption that male volunteers had higher problem-focused coping than female volunteers. Nevertheless, female volunteers showed a stronger tendency toward emotion-focused coping, as proposed in the research hypothesis. Categorization of Emotion-Focused Coping.

Table 2. Categorization of Emotion-Focused Coping Scores

Category	Hypothetical Frequency	Hypothetical Percentage	Empirical Frequency	Empirical Percentage
Low	0	0.00%	12	21.43%
Moderate	56	100.00%	38	67.86%
High	0	0.00%	6	10.71%
Total	56	100.00%	56	100.00%

The empirical categorization showed that 12 volunteers, or 21.43%, had low emotion-focused coping scores. A total of 38 volunteers, or 67.86%, were classified in the moderate category, while six volunteers, or 10.71%, were classified in the high category. Thus, most PMI Medan volunteers demonstrated a moderate level of emotion-focused coping.

IV. Result and Discussion

The descriptive findings showed that female volunteers obtained a higher mean score for problem-focused coping (M = 34.767) than male volunteers (M = 33.500). Female volunteers also demonstrated a higher mean score for emotion-focused coping (M = 69.067) than male volunteers (M = 66.000). In both gender groups, the mean emotion-focused coping score was higher than the mean problem-focused coping score. These findings indicate that PMI Medan volunteers, regardless of gender, tended to rely more strongly on emotion-focused coping when dealing with stress arising from disaster-response activities. However, the inferential results reported in the analysis require careful interpretation. The problem-focused coping variable obtained F = 0.67 with p = 0.42, whereas the emotion-focused coping variable obtained F = 3.11 with p = 0.08. Both p-values are greater than 0.05, not lower than 0.05. Therefore, these results do not demonstrate statistically significant gender differences in problem-focused coping or emotion-focused coping. Moreover, the reported F values appear to represent Levene's test of variance homogeneity rather than the main independent-samples t-test. Consequently, the conclusion that the research hypothesis was accepted cannot be supported solely by these statistical values. The t statistic and the corresponding two-tailed significance value must be examined before a valid conclusion regarding gender differences can be made.

The higher mean emotion-focused coping scores among both male and female volunteers can be explained using the coping framework proposed by Lazarus and Folkman (1984). They distinguish coping into problem-focused coping and emotion-focused coping. Problem-focused coping is directed toward modifying or resolving the source of stress and includes seeking informational or instrumental support, confrontive coping, and planned problem solving. In contrast, emotion-focused coping is directed toward regulating emotional reactions to stressful circumstances. Its strategies include seeking emotional support, distancing, escape avoidance, self-control, accepting responsibility, and positive reappraisal. Emotion-focused coping may be particularly relevant in disaster-response situations because volunteers frequently encounter

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conditions that cannot be immediately controlled, such as serious injuries, fatalities, missing victims, grieving families, and extensive environmental damage. Powers, as cited in Indah (2018), explains that coping can be observed through behavioral and cognitive responses used to manage unpleasant or stressful experiences. When individuals are unable to change a stressful situation directly, they may attempt to regulate their emotional responses. Some strategies may involve cognitive avoidance or defense mechanisms that do not alter the stressful condition itself but change how the individual perceives or responds to it. In the context of disaster volunteering, emotion-focused coping may help volunteers maintain psychological stability when the source of stress cannot be eliminated through direct action. Nevertheless, certain strategies, particularly persistent denial or avoidance, may become maladaptive when they prevent individuals from processing distressing experiences appropriately.

Rutter, as cited in Puspitasari (2009), argues that the effectiveness of a coping strategy depends on its suitability for the type of stressor and the situation faced by the individual. Therefore, problem-focused coping and emotion-focused coping should not be understood as mutually exclusive strategies. Individuals may alternate between them according to the demands of a particular situation. Disaster volunteers may use problem-focused coping when they can take concrete action, such as organizing an evacuation, providing first aid, or seeking information about victims. At the same time, they may employ emotion-focused coping to regulate anxiety, sadness, fear, or tension arising from situations beyond their control. The predominance of emotion-focused coping in the present findings may therefore reflect the emotionally demanding and partly uncontrollable nature of disaster-response work. Social support may also contribute to the similarity in coping strategies among male and female volunteers. Taylor, as cited in Pramadi and Laksmono (2003), states that individuals who receive strong social support generally experience lower levels of stress and cope more effectively. Social support can provide emotional reassurance, practical assistance, and additional information about the problems being faced. Because volunteers operate in teams and interact intensively during disaster-response activities, they may influence one another's coping patterns. Continuous interaction, shared experiences, cooperation, and mutual emotional support may encourage both male and female volunteers to adopt similar emotion-focused coping strategies.

The original discussion also associates gender differences with biological explanations concerning the corpus callosum and emotional processing. However, such explanations should be presented cautiously because coping behavior is not determined exclusively by biological sex. Socialization, occupational roles, disaster experience, training, personality, cultural expectations, and access to social support may also influence how individuals respond to stress. Although women obtained slightly higher mean scores in both coping dimensions, the reported statistics do not yet establish that women cope more effectively or that gender produces a significant difference. Based on the available descriptive results, the most defensible conclusion is that both male and female PMI Medan volunteers tended to use emotion-focused coping more frequently than problem-focused coping.

V. Conclusion

Based on the descriptive analysis, female PMI Medan volunteers obtained higher mean scores for both problem-focused coping and emotion-focused coping than male volunteers. The mean problem-focused coping score was 34.767 for female volunteers and 33.500 for male volunteers, while the mean emotion-focused coping score was 69.067 for female volunteers and 66.000 for male volunteers. In both gender groups, emotion-focused coping scores were higher than problem-focused coping scores. These findings indicate that male and female PMI Medan volunteers tended to rely more strongly on emotion-focused coping when managing the psychological demands encountered during disaster-response activities. However, the reported inferential statistics do not support the conclusion that there were significant gender differences in coping strategies. Problem-focused coping obtained $F = 0.67$ with $p = 0.42$, while emotion-focused coping obtained $F = 3.11$ with $p = 0.08$. Because both p-values were greater than 0.05, the differences were not statistically significant. Therefore, based on the statistical values reported, the proposed hypothesis

was not supported. The findings only demonstrate descriptive differences, with female volunteers showing slightly higher average coping scores than male volunteers. Furthermore, the F values appear to represent Levene's test for equality of variances rather than the principal t-test results. Thus, the final decision regarding the hypothesis should be based on the actual t-values and their corresponding Sig. (2-tailed) values.

References

Andriyani, J. (2014). Coping stress pada wanita karier yang berkeluarga. Jurnal Al-Bayan: Media Kajian dan Pengembangan Ilmu Dakwah, 20(2), 1–10. https://doi.org/10.22373/albayan.v20i30.119

Arikunto, S. (2014). Prosedur penelitian. Rineka Cipta.

Arisworo, D. (2008). Ilmu pengetahuan alam. Grafindo Media Pratama.

Asian Disaster Reduction Center. (2002). 20th century (1901–2000) data book on Asian natural disasters (Vol. 2).

Bachtiar, E., Duwila, A. A., Chaerul, M., Affandy, N. A., Makbul, R., Tanjung, R., Purba, B., Saidah, H., Sutrisno, E., Sari, M., Manullang, S. O., & Simarmata, M. M. T. (2021). Pengetahuan kebencanaan dan lingkungan. Yayasan Kita Menulis.

Coburn, A. W., Spence, R. J. S., & Pomonis, A. (1994). Vulnerability and risk assessment. Cambridge Architectural Research Limited.

Eldita, M. R., Rahmi, K. A., Kurnia, F., Ramadhini, Z. S., & Yuliani, L. (2025). Literatur review: Strategi coping yang digunakan oleh korban bencana alam gempa bumi yang mengalami PTSD. Corona: Jurnal Ilmu Kesehatan Umum, Psikolog, Keperawatan dan Kebidanan, 3(3), 279–294. https://doi.org/10.61132/corona.v3i3.1671

Eviani, H., & Ariati, J. (2014). Hubungan antara coping stress dengan bullying pada siswa SMK Muhammadiyah Kudus. Jurnal Empati, 3(4), 245–254. https://doi.org/10.14710/empati.2014.7578

Folkman, S. (2013). Stress: Appraisal and coping. In M. D. Gellman & J. R. Turner (Eds.), Encyclopedia of behavioral medicine (pp. 1913–1915). Springer. https://doi.org/10.1007/978-1-4419-1005-9_215

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. Journal of Health and Social Behavior, 21(3), 219–239. https://doi.org/10.2307/2136617

Hapsari, R. A., Karyani, U., & Taufik. (2002). Perjuangan hidup pengungsi kerusuhan etnis: Studi kualitatif tentang bentuk-bentuk perilaku koping pada pengungsi di Madura. Indigenous: Jurnal Ilmiah Psikologi, 6(2), 122–129. https://doi.org/10.23917/indigenous.v0i0.4628

Herdiansyah, H. (2007). Kecemasan dan strategi coping waria pelacur. Indigenous: Jurnal Ilmiah Psikologi, 9(1), 96–107. https://doi.org/10.23917/indigenous.v9i1.1618

Hidayati, D. (2012). Coping strategy pada kondisi darurat bencana: Pembelajaran dari masyarakat Bantul menghadapi gempa. Jurnal Kependudukan Indonesia, 7(1), 75–92. https://doi.org/10.14203/jki.v7i1.84

Isnainy, A. A., & Alfita, L. (2017). Perbedaan coping stress penderita kanker ditinjau dari jenis kelamin di RSUP H. Adam Malik Medan. Jurnal Diversita, 3(1), 1–9. https://doi.org/10.31289/diversita.v3i1.1146

Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. Annual Review of Psychology, 44, 1–22. https://doi.org/10.1146/annurev.ps.44.020193.000245

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer Publishing Company.

Maryam, S. (2017). Strategi coping: Teori dan sumberdayanya. JURKAM: Jurnal Konseling Andi Matappa, 1(2), 101–107. https://doi.org/10.31100/jurkam.v1i2.12

Mashudi, F. (2012). Psikologi konseling: Buku panduan lengkap dan praktis menerapkan psikologi konseling. IRCiSoD.

Mathar, M. Q. (2013). Metode penelitian kuantitatif untuk ilmu perpustakaan. Alauddin University Press.