

Improve The Resilience Of Parents Of Starting Children With Counseling Guidance Using A *Person-Centered Therapy Approach*

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Abstrak

Stunting disebabkan kekurangan asupan gizi dalam waktu lama pada masa 1000 hari pertama kehidupan (HPK). Pada tahun 2021 angka prevalensi stunting di Indonesia masih sebesar 24,4 persen, sedangkan di Sumatera Barat sebesar 23%. Permasalahan stunting berdampak pada psikologis orang tua. Perlu upaya meningkatkan resiliensi orang tua menghadapi masalah tersebut. Tujuan penelitian ini untuk meningkatkan resiliensi orang tua dengan stunting dengan pendekatan Person Centered Therapy, Metode penelitian ini menggunakan studi kepustakaan untuk menelaah melalui artikel dan buku yang berkaitan konsep dari Person Centered Therapy untuk meningkatkan resiliensi orang tua. Hasil penelitian di dapatkan Person Centered Therapy dapat memanfaatkan peluang dari mereka (orang tua/ Ibu) dan menyelesaikan setiap masalah yang muncul, karena klien memiliki kemampuan untuk memecahkan masalahnya sendiri dan terapis hanya berperan sebagai teman dalam proses penyembuhan. Pendekatan ini mengakui bahwa semua orang adalah unik dan memiliki kemampuan untuk mencapai potensi penuh mereka. Konselor bersama Klien (orang tua) anak dengan stunting dapat menggali alternative alternatif dalam mengembangkan berbagai kemungkinan yang akan dilakukan dimasa yang akan datang.

Kata Kunci: *Standing, Resilience, PersonCenteredTherapy*

Abstract

Stunting is caused by a long-term lack of nutrition during the first 1000 days of life (HPK). In 2021 the stunting prevalence rate in Indonesia will still be 24.4 percent, while in West Sumatra it will be 23%. The problem of stunting has an impact on parents' psychology. Efforts are needed to increase the resilience of parents to face these problems. The purpose of this research is to increase the resilience of parents with disabilities with the Person-Centered Therapy approach. This research method uses a literature study to examine articles and books related to the concept of Person Centered Therapy to increase parental resilience. The research results show that Person-Centered Therapy can take advantage of opportunities from them (parents/mothers) and solve any problems that arise because clients can solve their problems and the therapist only acts as a friend in the healing process. This approach recognizes that all people are unique and can reach their full potential. Counselors with clients (parents) of children with disabilities can explore alternatives in developing various possibilities that will be carried out in the future.

Keywords: *Standing, Resilience, Person-Centered Therapy*

INTRODUCTION

One of the problems that Indonesia is still facing today is the incidence of malnutrition, such as undernutrition, malnutrition, wasting, very thin, and stunting, namely short and very short. (Triawanti et al., 2020).) which is the critical mass. Globally, in 2020 there are an estimated 149 million children under the age of 5 who are estimated to be stunted (WHO, 2020). In 2021 the stunting prevalence rate in Indonesia will still be 24.4 percent, while in West Sumatra it will be 23%, even though the WHO maximum limit for stunting in a country is 20% (Ministry of Health, 2021).

Stunting that occurs when children are under five years old is usually not realized. This is because there are not too many differences between stunted children and normal children. Prevention of stunting is very

important because the age of under five years is a golden period where in these years children will experience very rapid growth both physically and intellectually, so this must be supported by good nutritional status. A child who is stunted at this time tends to have difficulty achieving optimal height in the next period. This can lead to impaired development of cognitive and psychomotor functions, intellectual decline, increased risk of degenerative diseases, and decreased productivity in the future.(Margawati & Astuti, 2018).

The problem of stunting does not only affect children but also affects parents. This is due to psychological pressure, one of which is that parents who have stunted children often ignore their children because they feel ashamed of their child's condition, which is different from most children in general, they get emotional easily when questions arise about their child's development, confine themselves. from the surrounding environment, parents become very quiet when dealing with other parents, when children are known to have deficiencies from friends their age, parents are ashamed of other toddler parents (Sarah, 2022).

Parents who have stunted children are often the subject of discussion. Those who do not understand the mental condition of their parents will continue to ask the same questions so that acts of omission arise, but if this condition is allowed to continue, it will have a very significant effect on the mentality of the parents (Mahshulah; Zulma Aimmatul, 2019). This is in line with a survey conducted in the city of Bandung, in families with stunted children, an average stress level of up to 60 percent was found, both due to depression, financial, mental, and others (Ahyani, 2022).

Resilience is the ability to respond, survive, or effectively develop themselves under pressure or threats that endanger their psychological and physical well-being (Purba, B. N; Karnali, 2021). With resilience, individuals will be able to more easily adapt and get back up after facing problems or failures. In Psychological Science, resilience is known as the process of adaptation (adjustment) of a person when facing problems, difficulties, trauma, tragedy, to very heavy stress. Mothers who have stunted children need to build and increase their resilience so that the conditions experienced by their children can set life goals and be able to generate hope and positive energy to be able to solve problems faced by parents, so they can provide better care for children. so that the stumbling problem can be resolved.

Without resilience, it is difficult for someone to live a meaningful life. The reason is, when a mother has a stunted child, she is prone to psychological problems, including having high anxiety, feeling inferior/low self-esteem, tending to be reluctant to bring her toddler to the posyandu (feeling ashamed at say stunting), with high resilience, mothers are expected to have resilience. , outlook on life in the future will be more positive so that their relationship with the people around them will be better. To increase the resilience of parents (mothers), and overcome psychological problems in caring for a child who is stuck, a counselor can build, realize and direct the potential of self and family, which may not be realized to rise above the difficult problems faced by their clients, one with counseling guidance (BK). outside of school) with the approach of *Person Centered Therapy*.

The theory of *Person Centered Therapy* was developed by Rogers which assumes that clients can understand the factors in their lives that cause them to be unhappy. They also have the capacity for self-direction and constructive personal change. The change will occur if a congruent therapist makes psychological contact with a client in a state of anxiety or incongruence. This approach recognizes that all people are unique and can reach their full potential. Everyone has this ability and potential and is always expected to achieve it. Rogers also saw that humans tend to self-actualize and direct themselves(Nur Chasanah et al., 2020).

METHODOLOGY

The research method used in writing this journal is a literature study to look at various kinds of writings from books on counseling guidance using the *Person-Centered Therapy approach*. This literature study is defined as a series of activities in collecting library data, reading various literature, journals, articles, and books related to the material to be written, and recording and processing the material to be studied. There are four characteristics in library research that need to be considered, namely: (1) Data obtained directly from the library and not through existing data in the field, (2) The results of the data in the library are ready to be used, (3) Results of data from secondary sources obtained from data in the library, meaning

that the researcher obtained data from a second party and (4) the library data obtained was not limited by space and time (Mirzaqon & Purwoko, 2017)

From the explanation above, it can be concluded that data collection was carried out by researchers by looking, collecting various kinds of results from looking at books, journals, and articles related to the *Person-Centered Therapy* that will be studied.

DISCUSSION

Person-Centered Therapy, a theory put forward by Carl Ransom Rogers in 1951, is one of the holistic theories, but the uniqueness of the theory is the human nature contained therein. Rogers tries to prove that counselors are not know-it-alls. However, it is the counselee who is a person who knows how to lead himself (Komalasari, 2014). This approach recognizes that all people are unique and can reach their full potential. Everyone has this ability and potential and is always expected to achieve it. Rogers also saw that humans tend to self-actualize and direct themselves (Nur Chasanah et al., 2020)

1. View of Humans

Human nature according to Rogers is as follows (Prakoso, 2015): (1) humans tend to self-actualize, this can be understood that organisms will actualize their abilities and can direct themselves, (2) human behavior is following their perceptions of the phenomenal field and the individual it reacts to that field as it perceives it. Therefore, the individual's perception of the phenomenal field is subjective, (3) humans are useful and valuable and he has values that are upheld as good things for him, (4) humans are good and can be trusted, constructive, not self-destructive, (5) humans are active, not passive, (6) Each individual has a driving force in him: open to self-experience, confident in himself.

2. Therapeutic Goals and the Counselor's Role

According to Carl Rogers, the person-centered approach aims for clients to achieve greater levels of independence and integration. The goal of counseling is to assist clients in their growth process so that clients can better cope with problems as they identify them. In addition, the goals of this therapy are: (1) to provide opportunities and freedom for individuals to express their feelings, develop and realize their potential, (2) to help individuals to be able to stand alone in carrying out integration with their environment and not to heal behavior the behavior itself. The role of the counselor in this approach is: (1) the counselor does not lead, regulate or determine the process of developing therapy but it is carried out by the counselee himself, (2) the counselor reflects on the counselee's feelings while the direction of the conversation is determined by the counselee, (3) the counselor accepts the individual fully under any circumstances or reality and (4) the counselor gives freedom to the counselee to express feelings as deeply and broadly as possible (Wikarta, 2016).

3. Counseling Stages

The stages of *Person Centered Therapy counseling* are: (1) the first stage, this stage is the stage where the counselee has objections to expressing himself, communication is only external, where the counselee does not see himself as having a problem and blames others for the difficulties that arise. All of these experiences are measured from the point of view of ideas, (2) the second stage, this stage is the initial communication process to express oneself without any topics about oneself. This stage is characterized by the condition that although some negative feelings may be acknowledged by the client, statements about views or feelings are often expressed with little awareness of their contradictory nature. Again, at this stage, it is unlikely that the counselee will do counseling voluntarily, (3) the third stage, acceptance, understanding, and empathy are things that must be achieved to move to stage four. In stage three the counselee begins to show some self-reflection, although mainly in terms of feelings or past experiences. Conflicting feelings and thoughts can be acknowledged. This indicates that most counselees enter counseling, recognizing their need for help. So that this stage is the beginning of the relationship between the therapist and the client in a fundamental sense, (4) In the fourth stage, the counselee has an increased capacity to experience things *here and now* and is increasingly aware of feelings of discomfort in themselves. A greater degree of questioning of the possible 'self', especially of existing aspects and

constructs (eg 'self-concept'). At this stage, the counselee begins to express his feelings, expressions of fear, distrust, and uncertainty. The validity of some of these viewpoints can be explored. Most of the essence of counseling takes place at this stage, and in the fifth stage, all the feelings in the client flow and are expressed where the experience of the client begins to be differentiated, (5) In the fifth stage, the counselee is increasingly able to have experience, with the capacity to be responsible for experiencing it a lot. Previous views may be considered critical, a process that is accompanied by a great ability to express experiences in the present for example with anger, (6) In the sixth stage, this stage the counselee can be involved in every experience moment in a counseling meeting and express how he feels differently. non-defensive. There is greater freedom in what is explored. Now the counselee can fully have his experience. Therefore, what was once *incongruence* becomes *congruence*. There is a leeway in feeling where the counselee can accept it at any time. The counselee takes full personal responsibility for his experience. The counselee is fully capable of fully accepting himself in every moment (Archimedes et al., 2019)

4. Guidance Counseling Techniques Using *Person-Centered Therapy*

There is no specific method or technique. Because of *Client-Centered Therapy* focuses on the attitudes of the therapist. However, there are some basic techniques that a therapist must have, namely listening to the client actively, reflecting on the client's feelings, and then explaining them (Walters & Corey, 2016). According to Corey (Rosada, 2016) said that counselors must demonstrate a variety of interpersonal skills needed in the counseling process. These skills include: (1) *Active Listening*, (2) *Restating/Paraphrasing*, (3) *Clarifying*, (4) *Summarizing*, (5) *Questioning*, (6) interpreting (*Interpreting*), (7) confronting (*Confronting*), (10) empathizing (*Empathyizing*), (11) facilitating (*Facilitating*), (12) initiating (*Initiating*), (13) setting goals (*Setting Goals*), (14) evaluating (*Evaluating*), (17) providing feedback (*giving feedback*), (18) guarding (*Protecting*), (19) getting closer (*Disclosing Self*, (20) imitating the Model (*Modeling*), (21) Terminating (*Terminating*).

5. Psychological Impact Analysis on Parents Who Have Stunted Children

Parents are a reflection of their children, if parents experience psychological disorders, it will affect the development of themselves, their families, and even their children, such as eating patterns, excessive anxiety, stress or depression, and even uncontrolled emotions. Parents with stunting often become the subject of conversation, and this triggers the reinforcement of the same behavior, especially to the public, who do not understand the parents' state of mind and keep asking the same questions, resulting in neglect, but if this is the case if a condition continues it can have an impact very significant to the mentality of parents (Mahshulah; Zulma Aimmatul, 2019).

One of the problems of psychological pressure experienced by parents with stunted children is that they often ignore their children because they are ashamed of their child's condition which is different from most children in general, they get annoyed easily when questions arise about their children, child development, isolation from the environment, parents are very quiet around other parents when children are known to lack friends their age, so parents are ashamed of other toddler parents (Sarah, 2022).

Some signs of psychological disorders experienced by parents with stunted children: 1) Closing self from environment. The basis of human nature is socialization with the environment, if this is not done then some things trigger why someone does not socialize, one of them pressure from outside, or pressure from himself alone. Based on conditions that occur in the psychological condition of parents who have child stunting, people old which have child stunting often feel ashamed, inferior, close themselves to the environment, and self-conscious in socializing. Parents also easily recede their emotions moment asked around the healthy child, 2) Stress or Depression which is an exaggeration, an action that parents do have stunted children is often daydreaming, feeling too worried, and excessive anxiety even to the level of depression, 3) Uncontrolled emotions accompanied by actions that hurt. Emotion can be positive and negative depending on the distribution and action done. Mothers who have stunted children feel emotionally drained when asked about circumstances or condition development child so that people's emotions getting old is out of control.

6. Improving Parental Resilience in Facing Difficult Situations (Stunting).

According to (Septiana, 2018) Resilience, resilience is an ability possessed by a person in solving and adapting to all existing problems and pressures so that the individual can rise to become a better individual in behavior, social relations, and a better level of defense and can continue to live a healthy and optimal life. . Meanwhile, according to (Balqis, 2020) Resilience, resilience is the ability to survive or the positive abilities possessed by a person in facing the most difficult phases in his life. This ability consists of emotion regulation, impulse control, optimism, empathy, analysis of the causes of problems, self-efficacy, and improvement of positive aspects. Resilience leads to positive adjustments when facing unpleasant events and how one can recover from these events. Resilience in general leads to positive adaptation patterns during or after facing adversity or risk. Resilience is an idea that refers to the capacity of a dynamic system to survive or recover from disturbances (Utami, 2017).

Much research on resilience has been conducted on individuals who experience physical, psychological, or social impacts from a problem, such as natural disasters, or pandemics, or individuals with personal problems, such as children with short stature and nutritional problems (stunting). Children with stunting need high resilience to rise and survive their situation, conversely, when these children have low resilience it can cause serious psychosocial problems such as depression and causes withdrawal. When facing problems, people with low resilience can trigger stress and traumatic experiences that can lead to depression (Sari, 2017).

Parents who have stunted children experience various kinds of emotions in them. The level of this disorder is related to the extent to which parents have resilience or resilience to the trials they are facing. Feelings of sadness, disappointment, and self-blame are very likely to be experienced by parents who have stunted children. The heavy burden must have been imagined in the process of educating and caring for their children. Apart from that, the burden of being ashamed of other people because their child is different from other children is also a burden in itself. This shame is felt when their child associates with other children whose conditions are different. Not infrequently his son gets ridiculed by the people around him. Treatment like this often makes parents feel angry and sad because their children are not accepted by the environment.

Individual Counseling Guidance Approach, can/group improve even if necessary build the resilience of parents who have to stunt children to foster psychological well-being. When parents are faced with stressful conditions originating from their children, resilience can make it easier for parents to accept and be kind. Positive attitudes such as optimism, empathy, acceptance, and positive relationships with other people are shown by parents in seeing the realities of life they are currently experiencing. Then a positive psychological condition is formed that brings psychological well-being to parents. Families that have children with stunting will go through certain processes that enable these families to survive and adapt so that they become resilient families (Lestari & Mariyati, 2015).

In Person-Centered Therapy where the counselor acts as a facilitator, the counselor reflects the counselee's feelings so that parents can express their feelings, the direction of the conversation is determined by the counselee, the counselor fully accepts the individual in any circumstances or reality, the counselor gives the counselee the freedom to express feelings as deeply and broadly as possible and Counselors must be able to make clients feel comfortable, respect clients, and appreciate clients. This is done so that parents feel comfortable being able to tell about what they are feeling so that they can solve their problems and fully accept themselves. Changing the negative perceptions that exist within him, by being aware of positive things, which he may not have been aware of. Counselors together with clients (parents) of children with disabilities can explore alternatives in developing various possibilities that will be carried out in the future.

CONCLUSION

Counseling guidance with the *Person-Centered Therapy approach* is expected to increase the resilience of mothers who have stunted children, and explore their potential and high enthusiasm as parents (mothers/fathers) together to care for children with disabilities. apply the concept of *c. Person-Centered*

Therapy is how to take advantage of opportunities within themselves and solve any problems that arise. Clients can solve their problems and the therapist only acts as a friend in the healing process. Clients (parents) of children with disabilities are expected to be able to explore alternatives in developing various possibilities that will be carried out in the future.

DAFTAR PUSTAKA

- Balqis. (2020). *Resiliensi Pada Mantan Pengguna Napza Yang Sedang Menjalani Rehabilitasi dan Faktor-Faktor Yang Mempengaruhi Resiliensi Pada Mantan Pengguna Napza*. Palembang: UIN Raden Patah
- Corey, G. 2009. *Theory and Practice of Counseling and Psychotherapy*. Thomson Higher Education: USA
- Kemendes RI. (2021). Stunting , Ancaman Generasi Masa Depan Indonesia. In *P2Ptm Kemkes* (Issue April).
- Komalasari, Gantina dkk. 2014. *Teori dan Teknik Konseling*. Jakarta: PT Indeks.
- Ningsih, D. R. (2019). Model Pendekatan Person Centered dalam Upaya Meningkatkan Konsep Diri Remaja. *Al-Isyraf: Jurnal Bimbingan Konseling Islam*, 1(1), 1-20.
- Nur Chasanah, K. R., Hidayati, A., & Radite Nur Maynawati, A. F. (2020). Peran Konseling Client Centered Dalam Meningkatkan Kepercayaan Diri Siswa. *Advice: Jurnal Bimbingan Dan Konseling*, 2(1). <https://doi.org/10.32585/advice.v2i1.710>
- Sari, H. a. (2017). Resiliensi Remaja Stunting: Sebagian Merasa Sulit Bangkit dan Bertahan Menghadapi Permasalahan. *Jurnal Keperawatan BSI*, V (2) 74-82.
- Septiana. (2018). *Hubungan Antara Dukungan Sosial dengan Resiliensi Pada Istri yang Menikah Dini* . Yogyakarta: Universitas Mercu Buana.
- Utami. C., T. &. (2017). Self-Efficacy dan Resiliensi Sebuah Tinjauan Meta-Analisis. *Buletin Psikologi* 25(1), 54-65.
- Prakoso, A. N. A. T. (2015). Pengembangan Buku Panduan Pelaksanaan Konseling Individual dengan Pendekatan Person Centered. *Artikel Jurnal Bimbingan Dan Konseling*, 4(8).
- Prayitno. (2013). *Panduan Pengawasan Bimbingan dan Konseling di Sekolah*. Jakarta: PT Rineka Cipta
- Rosada, U. D. (2016). MODEL PENDEKATAN KONSELING CLIENT CENTERED DAN PENERAPANNYA DALAM PRAKTIK. *Counsellia: Jurnal Bimbingan Dan Konseling*, 6(1). <https://doi.org/10.25273/counsellia.v6i1.454>
- Wikarta, V. S. (2016). Pelaksanaan Konseling Kelompok dengan Pendekatan Person-Centered Therapy dalam Menangani Regulasi Diri Rendah Empat Mahasiswa Angkatan 2014 Prodi Bimbingan dan Konseling Fakultas Pendidikan dan Bahasa Unika Atma Jaya. *Jurnal Psiko-Edukasi*, 14(2).
- Wulandari, A. A. (2019). Bimbingan dan konseling islam dengan pendekatan person-centered dalam meningkatkan self confidence individu dwarfisme. *Jurnal Ilmu Dakwah*, 38(2).