

Tatag Teteg Tutug: Resilience with Local Values and Wisdom in Individuals with Disabilities with a Javanese Background

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ABSTRACT

People with disabilities experience many obstacles and problems that affect their personal and social acceptance. Despite facing challenges, not all individuals with disabilities are in a bad situation, but are able to get up and continue their lives. The condition of being able to get up and keep fighting is usually called resilience. Resilience is influenced by many factors, both from within the individual and the environment including the values and habits that exist in society. The purpose of this research is to find out how individuals experience disability and what its impact is, compare resilience theories and explore local values that influence. Research with a qualitative case study approach with informants of individuals with non-congenital disabilities totaling 7 people with male and female gender with Javanese ethnic background and domiciled in the Yogyakarta and Central Java regions. Data collection methods through interviews, observations, documents and audio. The data analysis used is data reduction, data presentation and conclusion drawing. The results of this study are that all informants were previously non-disabled and experienced accidents so that they experienced disabilities that had a direct impact on physical and psychological. There are differences between resilience theories from outside, outside the Javanese tribe with the findings in the research conducted such as characteristics, protective factors and risk factors. There are several findings of local values and wisdom such as the concept of tatag teteg tutug as a model of resilience in Javanese tribes. Then the value of local wisdom *nrimo ing pandum*, *sadranan* and *ruwahan* are carried out so that they contribute to strengthening the resilience of individuals with disabilities

Keywords: Local Values; Disability; Resilience

INTRODUCTION

Indonesia's population in 2024 is 281,603,800 people and is the fourth most populous country in the world. Based on data from the Central Statistics Agency (BPS), this number is based on a report on the results of Indonesia's population projection 2020-2050. Of the large population, there is also a population with disabilities. In 2020, the Central Statistics Agency (BPS) stated that the number of people with disabilities in Indonesia was approximately 22.97 million. Of this number, around 2.9 million people



with moderate-severe disabilities are at productive age (15-64 years). UNESCAP also emphasizes that Indonesia has the highest prevalence of disability in Southeast Asia.

The high number of disabilities is also directly proportional to the high number of problems faced such as neglect and inequality of rights and access. This is in line with the findings of Himatul et al (2023) who found that rejection experienced by people with disabilities such as bullying, neglect, inequality of rights and access. In addition, some forms of discrimination faced by people with disabilities such as giving negative comments and labels, social isolation, harassment and also up to making policy provisions or organizational procedures that exclude people with disabilities (Yusaini et al., 2016). This proves that people with disabilities face diverse challenges.

The problems and challenges faced by people with disabilities often make the condition of individuals with disabilities even worse. Jarmittia et al (2016) found that people with disabilities find it difficult to express openly about their physical condition which creates a sense of inferiority, feels alienated, feels unlucky, regrets their condition, is not confident and pessimistic about the future. Even people with disabilities feel they have to question themselves because they get rejection from the environment and various negative perceptions from society (Prihatini, 2021).

On the other hand, even though individuals who experience disabilities and have obstacles do not always become downcast, but are able to be independent and empowered. People with disabilities can live a positive life, do not feel ashamed, inferior and have a passion for life and can live their daily lives (Ulya, 2016). This proves that the importance of emotional management owned by individuals with disabilities. In line with Rahmawati (2015) who found that the ability to manage emotions, especially negative emotions such as anger, sadness, disappointment, resentment and hatred, will prevent individuals from being carried away and deeply affected. If individuals are able to manage emotions, it will have an impact on the ability to rise and adapt.

The condition of being able to rise and quickly adapt to certain situations is called resilience. Resilience is understood as the ability to bounce back after experiencing difficulties, to continue life with the hope that it will get better (Yuliani et.al., 2018). In general, resilience refers to factors that limit negative behaviors associated with stress and adaptive outcomes despite misfortune or adversity. If people with disabilities have good resilience, they will have good confidence. In accordance with the findings of Sari (2017) which states that individuals who have good resilience are optimistic individuals, because there is a belief that everything can change for the good. However, resilience is not formed just like that but through various processes and values and beliefs held by persons with disabilities based on their culture.

A distinctive feature of a cultural tribe in Indonesia is the noble values attached to people in the tribe, including individuals with Javanese backgrounds. Clifford Geertz clarified Javanese society with: santri, abangan and priyayi. Javanese people are more like the "commoners". Although it does not leave out other groups (priyayi, abangan and santri). The problem is that in the context of culture, the so-called Javanese are indigenous people who live in Java (Central Java, Yogyakarta and East Java) and obviously use Javanese traditional customary values that have taken root in daily life in their environment (Santoso, 2021).

Awareness in Javanese society believes that Javanese culture has values that underlie the personality of people and society (Maulida, 2019). In Javanese society itself, there is a lot of local wisdom that is still preserved today. Local wisdom in Javanese

society is in the form of rituals (such as mitoni kenduri, puputan kenduri, selapanan kenduri, suronan kenduri, munggahan kenduri and so on, life philosophy and so on. Regarding the philosophy of life, many sesanti are used as a guide in life (Bayuadhy, 2015). Existing values are important for individuals and groups.

Values in Javanese culture become a reference for the people in it. Berger & Luckman (1991) stated that the values contained in culture become a reference for human attitudes and behavior as individual beings who cannot be separated from their relationship with community life with a distinctive cultural orientation. The value of local wisdom includes spiritual, emotional, mental and physical elements of humans which become a unified whole (Absolon, 2010). If all these elements are well fulfilled, individuals with disabilities will have self-acceptance, emotional management and productive activities that contribute to strengthening resilience. Suryati (2021) explains through efforts to strengthen resilience for individuals with disabilities so that they are able to show self-acceptance, good emotional management, empathy and motivational stability to become productive individuals in living life.

YAKKUM Rehabilitation Center is one of the non-governmental institutions or what is commonly called a non-governmental organization (NGO) and has been established since 1982. The institution is one of the units of YAKKUM (Christian Foundation for Public Health) with a mandate to ensure the fulfillment of the rights of people with disabilities with quality, affordable and integrated services. The YAKKUM Rehabilitation Center supports individuals with disabilities to fulfill their rights by building an inclusive society through quality, affordable and integrated services(www.yakkum-rehabilitation.org).

As a follow-up to the collaboration between the YAKKUM Rehabilitation Center (PRY) and the Royal Melbourne Institute of Technology (RMIT) University through a counseling program that has been carried out, it was found that there are differences between one individual and another regarding the process of how individuals experience disability. There are individuals with disabilities from birth and there are individuals with disabilities not from birth, both of whom are able to have resilience and good self-acceptance. This shows that each individual is unique, so research was conducted to further understand the experiences of individuals with disabilities not from birth who are involved in the program. Furthermore, the hope with this research is to find out what support can be provided to individuals with disabilities, families, communities, service provider institutions and focus on strengthening resilience

METHOD

This research uses case study qualitative methods and approaches. Cresswell (2016) argues that *case study* is a research design used to evaluate, where researchers develop in-depth analysis of programs, activities and processes. So that the case study approach is appropriate to be used to examine the description of a process. Researchers focus their research on the process of experiences experienced by informants themselves as people with disabilities not from birth (non-congenital). So that this research overrides personal experiences and concepts or theories that researchers have.

Informants are people who can provide information or information about the problem being studied and can act as sources during the research process, Miles & Huberman (in Mantra, 2004). The informants in this study were people with physical disabilities who were not born (non-congenital) totaling seven (7) people with Javanese

ethnic background, male and female, domiciled in the Yogyakarta and Central Java regions.

No	Name	Gender	Domicile
1	DW	Woman	Sleman - Yogyakarta
2	YN	Man	Sleman - Yogyakarta
3	FH	Woman	Klaten - Jawa Tengah
4	TE	Woman	Klaten - Jawa Tengah
5	SK	Man	Boyolali - Jawa Tengah
6	PN	Man	Boyolali - Jawa Tengah
7	KL	Woman	Sukoharjo - Jawa Tengah

Table 1: List of research informants

In collecting data, this study used four (4) methods (Creswell, 2016), namely: (1) qualitative interviews, researchers conducted individual interviews (*in-deep* interviews) with informants with unstructured and open-ended general questions, (2) qualitative observations, researchers were directly involved in extracting and collecting data, (3) qualitative documents, researchers collected documents in the form of institutional reports, (4) qualitative audio and visual, researchers collected photos when informants carried out activities both during the interview process, observation and documents.

The data obtained by researchers is not always all correct and in accordance with the existing reality. Therefore, researchers must check whether the data obtained has data validity or not. Data validity techniques are based on certain criteria. There are four (4) criteria for checking data validity (Meleong, 2002), namely: Degree of trust (*credibility*), *transferability*, *dependability*, and *confirmability*.

The data analysis technique used is the Miles and Huberman interactive model analysis technique. The analysis of Miles and Huberman (2014) is characterized by three activities or activities, namely *data reduction* (data reduction), *data display* (data presentation) and *conclusions; drawing/verifying* (conclusion *drawing/verification*). In conducting the data analysis model, this model does not need to be sequential from these three activities, because during data collection, data analysis has taken place, at that time simultaneously and intertwining (interaction occurs) between data reduction, data presentation and conclusion drawing / verification (Karsadi, 2022).

RESULT AND DISCUSSION

RESULT

Synthesis 2	Synthesis 1
Physical impact (3 topic)	Amputation (21 responses) Economy and employment (8 responses) Sick (14 responses)
Psychological impact (3 topic)	Self-check (9 responses) Fear (4 responses)

	Trauma (3 respon)
Characteristics (4 topic)	Productive activities (16 responses) Sense of responsibility (18 responses) Have hope (12 responses) Passion (11 responses)
External factors (5 topic)	Children (11 responses) Community (13 responses) Environment (7 responses) Parents and families (24 responses) Teman (7 responses)
Internal factors (4 topic)	Grateful (12 responses) Accept sincerely (5 responses) Draw Close to God (18 responses) Assistive devices (14 responses)
Other factors (4 topic)	Sadranan (3 responses) Ruwahan (2 Responses) gotong royong (7 respon) Views on disability (9 responses)
Risk factors (3 topic)	Self-check (9 responses) Fear (4 responses) Trauma (3 respon)

Table 2: Theme Findings in the Study

The explanation of the table above was processed through the open code application and found two (2) major themes. The first is about how the process of individuals experiencing disability and its impact on informants, namely direct or physical impact and psychological impact. The second is about the characteristics, external factors, internal factors (in this theme, the attitude of *nrimo ing pandum* appears) and other factors (local values such as *sadranan* and *ruwahan*) in informants when experiencing disability so that they have the value of *tatag teteg tutug*.

DISCUSSION

1. Process Dynamics of Individuals With Disabilities

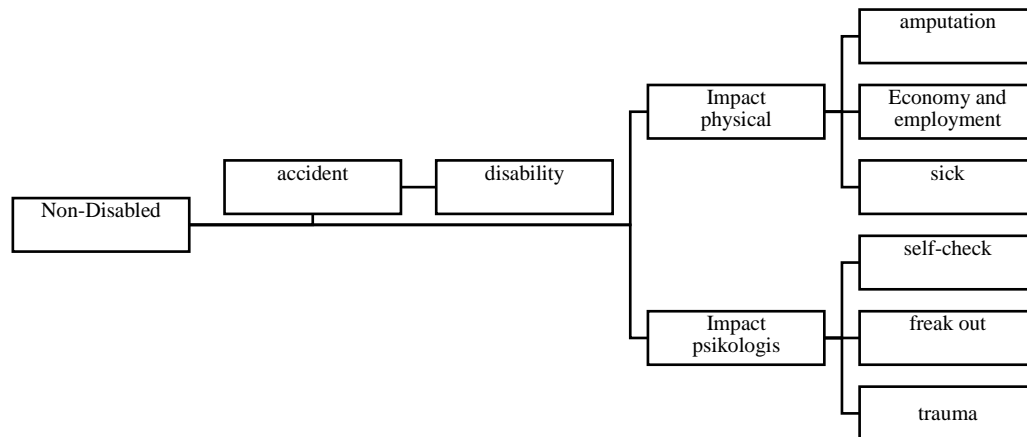


Chart 1: Process Dynamics

All informants in this study were initially individuals without disabilities, but the process of their journey experienced an event (accident) and finally of their own accord, including advice from family to (medical) doctors so that they had to be amputated. The physical impact of the individual after an accident is amputation. Other reasons include constriction of blood vessels, bone damage and limb dysfunction. Economic and employment impacts, all informants opened businesses and worked from home who previously worked with people or sold labor services. Until prolonged pain before amputation and after amputation. Pain was also experienced by informants when adjusting to using a prosthetic leg as an assistive device. The use of prosthetic aids must pay attention to the condition of the post-amputation leg and must take more time before the aids are used for a long period of time.

Then the psychological impact for informants is self-checking (self-observation) such as whether the individual has sins or mistakes so that they experience disability. Feelings of fear are experienced when approaching the amputation process, finally traumatizing the individual after the accident. The psychological impact is not only experienced by the informant, but parents and other family members, such as when they find out that the informant has an accident, the informant will be amputated and think about his future.

2. Description of Resilience in Individuals With Disabilities

Characteristic	Protective Factor			Risk Factors
	Internal	External	Other	
Spirit	<i>Grateful</i>	Child	<i>Sadranan</i>	Self-Check
Awareness of responsibility	<i>Accept sincerely</i>	Parents and families	<i>Ruwahan</i>	fear
Have hope	<i>Draw Close to God</i>	Friend	Gotong royong	trauma
Have productive activities	Tools	Environment	Views on disability	

Table 3: Findings of Informant Resilience

Resilience according to the informants of this study is a situation where individuals can get up and return to their normal activities and others, before experiencing disability. The characteristics of individuals who have resilience are having enthusiasm from within, awareness and responsibility, having good hopes or desires for themselves and others, and having productive activities that are carried out consistently, both those that have been done since before and new activities after experiencing disability. The characteristics obtained are not only information from informants, but there are families and communities who consider that when experiencing disability, they have good principles.

Protective factors in individuals with good resilience come from three (3) factors, namely internal, external and others. Internal factors include gratitude, accepting sincerely, getting closer to God and tools. In this study, all informants had two (2) prosthetic legs that were used at home for ordinary activities and special activities such as in rice fields or fields, gathering with the community. Informants get prosthetic legs by buying independently and assistance from the YAKKUM Rehabilitation Center institution. The prosthetic aids contribute to the mobility and self-acceptance of individuals so that they can move as before. Assistance and support from other parties is a strength for individuals with disabilities and their families, feeling cared for and empowered.

External factors, namely support and motivation, are children, parents and family, friends, the community environment and the disability community. Children and parents are a big influence because they are the hope, thinking about the future, struggles and ups and downs of the family. The disability community contributes to individuals with non-congenital disabilities by providing moral support, information on disability management including accessing prosthetic aids. Individuals with new disabilities and their families also do not feel alone. Other factors include *sadranan* and *ruwahan* activities carried out in certain months in the community, gotong royong or community service and the community views individuals with disabilities as part of the community.

Risk factors are self-check, trauma and fear. Self-checks carried out by informants such as seeing what needs to be improved in the future such as having a better life, but some stated that the accident was a warning from God. Trauma and fear experienced by informants are more felt at the time of the accident and the amputation process in the hospital. From various findings, it shows that even though individuals experience disability, they still do not feel ashamed and retreat, but rather increasingly show their abilities. This is in line with the findings of Nainiti et al (2024) that people with physical disabilities due to accidents make meaning of their lives by living their lives, continuing to work and carry out positive activities, and have a patient attitude in the face of discrimination and dare to show their condition as people with disabilities due to accidents.

3. A Comparison of the Concept of Resilience in People With Disabilities From Javanes and Other Ethnic Backgrounds

	Theory in general	Theory with a non-Javanese background	Theory based on the background of the Javanese tribe
Definition	A process of adaptation to difficult or challenging life experiences, especially through mental, emotional and behavioral flexibility, both external and internal adjustments (APA Dictionary of Psychology, 2015: p. 910)	Resilience is the ability that exists in individuals to recover from a stressful situation and be able to adapt and survive the condition (Furqon, 2013)	Fighting power and complete self-acceptance as an individual with a disability so that they can continue their lives and activities as before experiencing a disability
Characteristic	1) good intellect and problem-solving skills, 2) have an easy-going temperament and personality that can adapt to change, 3) have a positive self-image and become an effective person, 4) optimistic, 5) have good personal and cultural values, 6) have a sense of humor (Baumgardner, 2010)	1) have environmental trust, 2) respect yourself, 3) stay calm and optimistic, 4) gain skills, 5) understand yourself and get motivated from inside and outside (Miftahul Janna & Lukmawati, 2021)	1) Have enthusiasm, 2) have a sense of responsibility, 3) have a sense of responsibility Hope, 4) have productive activities carried out
protective factors	1) individual factors, 2) family factors, 3) surrounding community factors (Davis, 1999)	(1) The amount of social support received by individuals, (2) the best psychological intervention, (3) The existence of a source of inspiration for individuals who have undergone changes to become persons with disabilities, (4) Facilities provided for persons with disabilities,	Internal factors: 1) grateful, 2) accepting sincerely, 3) getting closer to God, 4) tools External factors: 1) Children, 2) parents and family, 3) friends, 4) environment, 5) disability community Other factors: 1) Sadranan, 2) Ruwahan, 3)

				Gotong Royong, 4) Views on Disability	
Risk factors	Includes things that may put individuals at risk for developmental disorders or psychological disorders (Davis, 1999)	1) Inferiority, 2) anxious/unsettled, 3) sensitive, emotionally unstable (Miftahul Janna & Lukmawati, 2021)	2)	1) Self-checking, 2) fear, 3) trauma	

Table 4: Comparison of Resilience Theory

The remarks and notes in the table above indicate that the general theories referred to are basic theories and research conducted outside Indonesia. Non-Javanese background theory is research conducted in Palembang (Sumatra) and outside the Central Java region. Then the theory with a Javanese background is research conducted in Yogyakarta (Sleman) and Central Java (Klaten, Sukoharjo, Boyolali). Finally, differences in research areas show different cultures such as language, individual and community habits that are influenced by local values that are embedded and developed even though the research involves individual informants with disabilities.

4. Local Value on Theme Findings

a. TATAG TETEG TUTUG

Based on the description and findings of the findings table of several themes above, if resilience is seen from the point of view of Javanese society, it is very close to the term *tatag teteg tutug*. The term *tatag* as mental strength through difficult situations, *teteg* as firmness in belief and resilience, *tutug* as a form of responsibility and optimism in achieving the ultimate goal (Sarwono, 2020). Furthermore, *tatag teteg tutug* has the potential to be the basis for developing a resilience learning model that can support resilience and mental health (Andayani, 2024).

According to another opinion, *tatag: without duwe rasa sumelang* is an attitude that is not easily seduced by any temptation even though the storm hits it remains strong. *Teteg: koekoeh ora obah* is an attitude that accepts what is and has high confidence and is always ready to carry out tasks (Poerwadarminta, 1939). This is very much in line with the findings in this study, all informants accept their own condition and continue to struggle despite experiencing disability.

b. NRIMO ING PANDUM

In the *protective factors* (*protective factors*) theme of internal factors, there are several findings such as gratitude, accepting sincerely and getting closer to God. When viewed from the perspective of Javanese society, it is very close to the term *nrimo ing pandum* because it has almost the same meaning and characteristics or aspects. Prasetyo & Subandi (2014) stated that humans who are able to interpret *nrimo ing pandum* will always be grateful, patient, peaceful and not easily angry in responding to events, both good and bad are submitted and surrendered to God. Furthermore, *nrimo ing pandum*

means an attitude of full acceptance of the past, present and future (Miftahul Ilmi, 2022). This is very relevant to what is experienced by informants, that full acceptance before and after experiencing disability.

Koentjaraningrat (in Nugroho, 2018) states that *nrimo ing pandum* is an attitude of full acceptance of various events in the past, present and all possibilities that can occur in the future. The concept of *nrimo ing pandum* is part of Javanese philosophy that has a positive meaning. *Nrimo ing pandum* is accepting all God's gifts with gratitude. Furthermore, the Mangkunegaran I behavior of *nrimo ing pandum* begins with effort (*obah*), after trying then accepting and living God's destiny (*pepesthen Gusti*). In life, *Nrimo* is an attitude that believes that humans only do life, *Gusti kang wenang nentoake* (humans only go through, God has the authority to determine). Good or bad events will be treated the same, which will be submitted and surrendered to God, Prasetyo and Subandi (in Rizki Rian et al, 2021).

c. SADRANAN DAN RUWAHAN

Then in the *protective* factors, the theme of other factors is found *sadranan* and *ruwahan*, which are habits of informants in the community environment which are usually carried out in the month of Ruwah or Sya'ban in the Javanese calendar. The philosophical values of *sadranan* include preserving the heritage of ancestors, a form of gratitude and thanks to God Almighty, a forum for friendship, a manifestation of harmony, respect, religious maturity and community balance (Hakim, 2015). *Sadranan* functions include cultural functions, social functions, economic functions and spiritual functions (Maruti. T, 2019). As for *ruwahan*, local values can be seen during the process of cleaning the grave (tomb) together, exchanging food (*lawuh* or *jangan*) brought by everyone present and praying for the spirits of ancestors.

The *ruwahan* tradition is also used as a social interaction because at certain places and times, people provide information to each other so as to create and maintain harmony and bonds between communities (Rahmawati, Brata, Budiman & Sudarto, 2023). Finally, *nyadran* is in accordance with functional theory in culture. That the meaning of culture is symbolic meaning, some of which provide a view of something that has become a reality and has become a community belief. Then some others become normative expectations for society (O'Dea, 1996).

CONCLUSION

Based on the research conducted, it shows that all informants totaling seven (7) people in this study are individuals with disabilities due to accidents and the amputation process must be carried out for several reasons. All informants were not previously individuals with disabilities or non-congenital disabilities who experienced physical and psychological impacts. The informants live in the Yogyakarta and Central Java regions. Resilience in this study is characterized by being grateful, accepting sincerely and getting closer to God with *protective* factors divided into three (3), namely internal factors, external factors and other factors. In this other factor, several themes from the value of local wisdom in the community were found and then influenced the acceptance of individuals with disabilities, which may not have been much raised so far. There are differences between the definitions,

characteristics, protective factors and risk factors in theories of resilience from outside the country, outside the Javanese tribe and the theories found in research conducted with a Javanese background. This may be influenced by the beliefs, values, culture, geography and technology that exist in each region. The findings of local values and wisdom in this study are first, tatag teteg tutug as resilience owned by Javanese people, especially research informants. Second, the internal factor is the attitude of *nrimo ing pandum*. Third, other influencing factors are *sadranan*, *ruwahan* and *gotong royong* which become media (containers) to establish relationships and friendship between residents. Local values and wisdom that exist in the community environment contribute to self-acceptance and social acceptance. In addition, the activities carried out involve the role of individuals with disabilities so that there is interaction between community members without distinction.

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