

Research Article

Hardiness in Student Survivors of Schizophrenia and Bipolar Disorders in Yogyakarta

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Abstract: Students with mental disorders such as schizophrenia and bipolar disorder encounter significantly more complex challenges compared to individuals without such conditions, particularly when these disorders occur alongside academic demands. This study seeks to explore the resilience, or hardiness, of students in Yogyakarta who have survived schizophrenia and bipolar disorder by employing a qualitative methodology with a phenomenological approach. The participants involved one main subject living with the disorder and one significant other as an additional perspective. Data collection was carried out through in-depth interviews and subsequently analyzed thematically using Kobasa's three dimensions of hardiness: control, commitment, and challenge. Findings indicate that the subject made efforts to regulate emotions even though self-control often fluctuated, demonstrated a consistent commitment to persistence in pursuing personal and academic objectives, and perceived difficulties as opportunities to learn and foster growth. The development of hardiness in the subject was shaped by self-awareness, the presence of supportive social networks, and accumulated life experiences that enhanced adaptability. Despite these strengths, the study revealed that the subject still faced instability in emotional management, which highlights the need for further reinforcement in maintaining stability and coping strategies. Overall, the research emphasizes that while students with schizophrenia and bipolar disorder possess the potential to develop resilience through personal and external resources, ongoing support remains crucial for sustaining their psychological well-being and academic success.

Keywords: Bipolar Disorder; Hardiness; Mental Health; Schizophrenia; Students.

1. Introduction

Mental health issues remain an unresolved public health problem, both globally and nationally. Dr. Celestinus Eigya Munthe, Director of Prevention and Control of Mental Health and Drug Problems, explained that mental health issues in Indonesia are related to the high prevalence of people with mental disorders. The prevalence of people with mental disorders in Indonesia reaches approximately 1 in 5, meaning approximately 20% of the population has the potential for mental health problems (Bureau of Communication and Public Services, 2021).

Schizophrenia is a group of psychotic disorders characterized by distorted thought processes. People with schizophrenia sometimes feel controlled by external forces, experience delusions, perceptual disturbances, abnormal affective behaviors that are integrated into real situations, and autism (Zahnia & Sumekar, 2016). In 2020, the highest cases of schizophrenia were in Bali (11.1) and Yogyakarta (10.4) per 1,000 households. There are approximately 2.6 million schizophrenia patients in Indonesia, with approximately 6.2% of these patients being adolescents (15-24 years old) (Bureau of Communication and Public

Received: July 27, 2025

Revised: August 06, 2025

Accepted: August 18, 2025

Published: September 02, 2025

Curr. Ver.: September 04, 2025



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Services, 2021). Depression, anxiety, and behavioral disorders are among the leading causes of illness and disability in adolescents (World Health Organization, 2023).

The subject in this study was initially diagnosed with schizophrenia in 2021, but during the study period, the subject received a new diagnosis, namely bipolar in April 2024. Bipolar disorder is a mental disorder that causes unstable moods and sudden changes (Mahadewa, 2021). People with bipolar disorder experience mood swings that are different from other people in general. (Herman, et al., 2022). The phenomenon in this study is the condition of the subject with a history of schizophrenia diagnosis in 2021, then a new diagnosis of bipolar in April 2024, making her condition quite unique. The subject is a teenage girl who is studying at a private university in Yogyakarta.

The various difficult situations and other demands of life that must be faced require individuals to have a strong self-esteem. Hardiness is essential for anyone who wishes to survive. Understanding that life has many "rules" requires self-control to avoid arbitrary actions. Upholding a firm commitment to continue striving for success despite facing various difficult circumstances. Believing that every difficulty faced is a challenge that contains lessons, and accepting all situations that arise in life. (Dhea & Khoiriyasdien, 2024).

Hardiness is a combination of three interrelated attitudes: commitment, control, and challenge, which can help someone manage stressful situations by transforming them into growth rather than debilitating. To transform stress into something beneficial, it is important for someone to remain actively engaged rather than withdrawing (commitment), strive to influence the situation rather than feeling helpless (control), and learn from each experience rather than lamenting fate (challenge). (Khasanah & Yunita, 2022).

Research on hardiness in college students diagnosed with schizophrenia and bipolar disorder is crucial. Hardiness is a mental resilience that influences a person's ability to resolve and overcome stress or challenges they face in life. For college students generally facing complex academic, social, and personal demands, a deeper understanding of hardiness can provide invaluable insights. The study included college students with schizophrenia and bipolar disorder, who face far more complex challenges than the average college student without a mental disorder. Their mental health conditions add to the difficulty of both daily activities and academics. While mentally healthy students typically face normal academic stressors and adjustments, the subjects in this study had to overcome additional challenges in the form of psychological symptoms, mood fluctuations, and social stigma surrounding their health conditions, requiring more intensive coping strategies and support.

2. Preliminaries or Related Work or Literature Review

2.1. Schizophrenia

Schizophrenia is a group of psychotic disorders with distorted thought processes. Sometimes people with schizophrenia feel they are being controlled by forces outside themselves, experience delusions, perceptual disturbances, abnormal affect integrated into real situations, and autism (Zahnia & Sumekar, 2016). Schizophrenia patients require optimal assistance in their lives, because in general, schizophrenia patients experience decreased functional abilities (Ajuan, 2022). This disease is defined by the fact that people who experience it feel abnormalities in various types of different mental activities (Andreasen, 2000). Schizophrenia is a mental disorder in which survivors are unable to assess reality (Reality Testing Ability/RTA) well and have poor self-understanding (insight) (Hawari, 2014).

Research (Girsang et al., 2020) also shows that people in late adolescence and early adulthood are vulnerable to schizophrenia. Furthermore, people with low levels of education are more susceptible to schizophrenia due to a lack of attention to a healthy lifestyle, which can impact the success of therapy. This aligns with the understanding (Yuniartika & Santi, 2018) that mental disorders are influenced by age, with young adults being more susceptible to schizophrenia. Research conducted by (Sefrina & Latipun, 2016) also found that schizophrenia is predominantly in the productive age group, namely early adulthood (68%).

Factors Causing Schizophrenia

According to (Hawari, 2014), many factors influence the onset of schizophrenia symptoms, including: (a) a. Genetic factors (heredity/carrier traits), viruses, autoantibodies, malnutrition (lack of nutrients). (b) b. Impaired fetal brain development also plays a role in the development of schizophrenia later in life. (c) So it can be concluded that symptoms of

schizophrenia will appear if there is an interaction between abnormal genes with viruses or infections during pregnancy that disrupt fetal brain development, decreased auto-immunity, complications of pregnancy, and malnutrition in the first trimester of pregnancy. Individuals can experience psychological conflict that stems from internal conflict (inner world) and external conflict (outer world). Individuals who are unable to resolve the conflict will experience deep frustration, followed by withdrawal, daydreaming, living in their own world until eventually symptoms of hallucinations, delusions, and so on appear. Individuals are unable to assess reality (reality testing ability-RTA is disturbed), poor self-understanding (insight), these things are the beginning of schizophrenia. (Hawari, 2014).

2.2 Bipolar

Bipolar disorder is a mental disorder that causes unstable and sudden mood swings. (Mahadewa, 2021). Bipolar disorder is a manic-depressive disorder or manic depression. People with bipolar disorder experience unusual mood swings, sometimes feeling very happy and more energetic than usual; these episodes are called manic. Conversely, people with bipolar disorder also experience depressive episodes, which are periods of feeling very sad and having low energy and being much less active. People with bipolar disorder experience mood swings that differ from those of others in general (Herman et al., 2022).

Bipolar disorder is a mood disorder characterized by extreme fluctuations between euphoria and severe depression, with periods of normal mood in between. While anyone can experience mood swings, those with bipolar disorder experience drastic mood swings (Furi in Syahrizal, Eljatin, Yurnailis, & Lubis, 2024). People with bipolar disorder can experience family dysfunction, which can lead to poorer psychosocial functioning through environmental and psychological factors (Dou et al., 2022).

Factors Causing Bipolar

Factors that can contribute to the development of bipolar disorder include: (a) Brain Condition: Physical changes in the brain can affect the levels of chemicals in the brain, where these transmitters are substances that can affect mood. (b) Heredity (Genetics): Individuals may inherit bipolar disorder from their parents. (c) Social Environmental Influence: Social factors can contribute to the development of bipolar disorder, such as stress, trauma, low self-esteem, or experiencing a tragic event. (Prastiwi, 2022).

2.3 Hardiness

According to Prasetya et al., 2022, hardiness is a personality characteristic that allows students to cope with stressful situations and overcome challenges. It's important for students to understand that hardiness can support their learning and avoid stress. Hardiness is a characteristic of someone who is resilient, strong, and stable in resolving stressful problems. According to them, people with hardiness are stronger and more resilient when faced with problems or sudden changes, making them less likely to experience stress (Azizah & Satwika, 2021).

A person who lacks hardiness will react to change by feeling less resourceful, giving up more, feeling a loss of meaning, and believing the change is externally determined and beyond their control. In this context, hardiness people tend to view change as less personal than those who lack hardiness (Kobasa, 1979).

During transitions, individuals will face various changes, such as workload, learning styles, and so on. Individuals need the character of hardiness to achieve their desired goals in dealing with these changes. Hardiness is a psychological resource that enables individuals to persist and function adaptively. Hardiness is a trait of courage characterized by increased commitment, control, and courage in facing future challenges. Individuals who possess hardiness will be able to actively engage in the demands they face and enjoy them. They will view these demands as the result of their own choices and as opportunities for learning and growth (Halimatusya'diah & Setyowati, 2023).

Characteristics of Hardiness

There are three general characteristics as implications of theory and research extended to consider health and disease according to (Kobasa, 1979): (a) Among people experiencing stress, those who feel a greater sense of control over what happens in their lives will be healthier than those who feel helpless. Conversely, people who feel a lack of control will become ill because they lack the means to cope and give up. (b) Among people experiencing stress, those who feel committed to various aspects of life will be healthier than those who are alienated. (c) Among people experiencing stress, those who view change as a challenge will be healthier than those who view it as a threat (Kobasa, 1979).

Factors Influencing Hardiness

Several factors that influence a person's level of hardiness include: (a) Life experiences: shape an individual's belief in control, commitment, and outlook on challenges. (b) Environmental conditions: social support and recognition for accomplishments can influence the development of hardiness. (c) Personal characteristics: optimism, mindset, and tolerance also influence a person's level of hardiness. (d) Mental health: self-confidence and the ability to cope with stress play a role in the development of hardiness (Kobasa, 1979). (Kobasa, 1979) also states that various mediators, such as psychological, social, physiological, and environmental factors, can differentiate people who are hardy from those who are less so.

3. Proposed Method

This research was conducted using a qualitative approach. This approach was used to understand the conditions experienced by the subjects. Researchers sought to holistically understand the behavior, actions, thoughts, perceptions, and other aspects of the participants and describe them in words and language. This research was descriptive in nature to reveal the problem formulation based on the data obtained (Hidayat & Setyanto, 2019). Qualitative research methods aim to discover in-depth phenomena through data collection techniques using triangulation (combined), data analysis, and qualitative results (Haryono, 2023).

The phenomenological approach aims to understand individual experiences. This study focuses on the experiences of college students who are schizophrenia and bipolar survivors related to her hardiness. The phenomenological approach was chosen because this study aims to understand and explore the meaning of the subjects' life experiences in facing the psychological and social challenges experienced as individuals diagnosed with mental disorders. In-depth interviews were conducted directly to provide researchers with direct access to the experiences, views, and meanings experienced by the subjects, allowing researchers to delve deeper into how these schizophrenia and bipolar survivors experience and overcome challenges with their resilience (Ahmadi, 2016).

The subject in this study was a student who survived schizophrenia and was then diagnosed with bipolar disorder at a private university in Yogyakarta with the following characteristics: (1) Female. (2) 19 years old. (3) Active student in Yogyakarta. (4) Diagnosed with schizophrenia and bipolar

This study will utilize observation and interview methods with student schizophrenia and bipolar survivor. Data validity in qualitative research is tested using credibility (the degree of trustworthiness, transferability, dependability, and confirmability). To obtain credible data, researchers must conduct extended observations, triangulation, and discussions with colleagues (Haryono, 2023).

The interview guide used in this study was designed to align with Kobasa's three characteristics of hardiness: control, commitment, and challenge. The interview guide included open-ended questions about the subject's experiences in dealing with pressure and stress, her coping strategies, her perceptions of the problems she face, and the meaning of her experiences. The questions were designed to explore how the subjects perceive themselves in difficult situations, the extent to which she feel they have control over her lives, her commitment to her goals and values, and how she perceive challenges in her lives. The observation guide was designed by taking into account behavioral indicators that emerged in the subjects. Observations focused on the subjects' emotional expressions and behaviors during the data collection process, and the consistency between verbal statements and body language.

Data collection was carried out at a time and location agreed upon by the subject and researcher. Data were collected individually.

Table 1. Interview Participant List.

No.	Subject	Day, Date, Time	Place
1	C	Friday, 01 November 2024, 19.00 - 20.01 WIB	subject boarding house
2	C	Wednesday, 11 Desember 2024, 20.00 – 21.00 WIB	subject boarding house
3	I	Wednesday, 25 Desember 2024, 18.30 – 19.48 WIB	coffee shop

4. Results and Discussion

4.1. Findings

The interview results with Subject C indicate that the subject is still in the process of achieving Kobasa's (1979) hardiness, which consists of control, commitment, and challenge. The subject has demonstrated an awareness of the importance of having a resilient personality in the face of difficult conditions.

Control characteristics: The subject defines control as her ability to influence and change the situation she faces for the better. The subject indicates a belief that she can determine the direction of her life through the choices she makes in life, such as the process of learning to understand emotional boundaries so she can better control her responses when faced with a problem. The subject also chooses to withdraw or cry as a form of coping when under pressure, which she believes is better than venting anger on others. She realizes that control does not always mean suppressing all emotions, but managing reactions so as not to harm others or herself. This is reinforced by statements from significant others regarding the subject's behavior of withdrawing and crying when facing problems. The subject's condition is not yet completely stable in self-control, several times the subject's behavior still shows impulsive traits and a lack of ability to control, such as anger by hitting walls, self-harm, and throwing things. The subject's ability to control is still fluctuating, but an awareness has emerged within the subject that she has the ability to influence the situation she faces when facing problems.

The characteristics of commitment, for the subject, commitment means continuing life by doing things that she is still capable of doing. She is aware of the limitations due to her psychological condition, but still has the desire to survive, complete her education, and not burden her parents. The subject's commitment does not arise from coercion, but arises from a sense of responsibility and a desire to be empowered. The subject wants to show her empowerment as an educated woman in her family and is not only limited to domestic tasks, the subject's commitment is also evident in her willingness to survive all this time by facing various existing problems, the subject does not just surrender without making any effort, but tries to do what she can, including seeking treatment from a psychiatrist and psychologist to help her deal with her mental condition. Statements from significant others, as complementary data, indicate a commitment that is starting to emerge in the subject, namely when the subject does tasks even while crying, but sometimes the subject also still seems lacking in commitment by showing behavior that is too relaxed in facing tasks, not doing all tasks optimally and prioritizing tasks that are considered important. The characteristics of commitment in the subject are also still lacking, even though she has shown an awareness of the importance of having a strong commitment in living her lives.

The subject's challenging characteristics are demonstrated by her perspective, which does not view change as something frightening. Instead, she interprets change/challenges as a path to learning and growth. The subject provides an example of her experience living away from her parents. She believes this is a process for her to develop, not to be continuously dependent on her parents, and to become more independent. Reflection and self-evaluation are part of how the subject manages challenges. She uses various experiences and problems she has encountered in the past as material for self-evaluation and as a reflection when facing problems that arise in the future so she can respond better to the challenges she faces. She strives to find solutions, asks for help when she needs it, and does not give up even in difficult emotional situations. Data from her significant other indicates alignment with this, but he views the subject as quite reckless when trying to solve a problem, and often this ultimately makes the situation more complicated. This condition indicates that the challenging

characteristics in the subject have emerged well, although the strategies used to overcome challenges require more attention.

The three themes of meaning above illustrate that the subject undergoes a process of building resilience as a form of adaptation to life's pressures and psychological conditions. Control, commitment, and courage to face challenges do not yet emerge in ideal forms, but develop through experience and self-awareness. Using a phenomenological approach, these meanings reveal the dynamics of the subject's life as a schizophrenia survivor striving to remain empowered and grow.

4.2. Discussion

The subject's condition, with a history of schizophrenia diagnosed in 2021, was then diagnosed with bipolar disorder in April 2024, making her condition quite challenging, with various accompanying symptoms, such as hallucinations, delusions, and fluctuating mood swings. This certainly presents challenges in daily life, coupled with her role as a student with academic demands, necessitates a strong mental state to face the various challenges in life. One of the personality traits needed in this situation is hardiness. Hardiness is a characteristic of someone who is resilient, strong, and stable in resolving stressful problems. People who exhibit hardiness are stronger and more resilient when faced with problems or sudden changes, thus reducing the likelihood of experiencing stress (Azizah & Satwika, 2021).

The results of the research analysis conducted on subject C and supported by statements from significant others regarding hardiness in student survivors of schizophrenia and bipolar disorder indicate that the subject has not yet achieved hardiness. The subject demonstrates an understanding of the characteristics of control as a belief that she can influence the situation she faces. The subject verbally states that she feels the need to take action in the face of pressure, she realizes that the choices she makes will affect the situation she faces. The subject chooses certain strategies that she believes can influence the situation, she prefers to withdraw temporarily, closes access to the surrounding environment and others, and also cries as a form of coping. The subject interpreted this as something she did to prevent a greater negative impact, thus demonstrating her belief that she could change the situation she faced through her chosen actions. The subject stated that she always tried to control herself even though it still felt difficult, on the one hand, statements from significant others indicated that the subject still lacked control characteristics, she was still often carried away by emotions to the point of doing reckless things such as self-harm, hitting walls, cutting hands, and throwing things. This was reinforced by the results of observations showing that the subject had to be rushed to the hospital several times due to relapse. This indicated that although the subject had the belief to influence the existing situation, the subject's ability to apply this control was still in the process of development.

The subject shows characteristics through her involvement in life, this commitment is reflected in the meaning she gives to the continuation of her life, she views education as something meaningful that she wants to complete, the subject continues to try to do college assignments, even when her emotional condition is unstable, this shows that the subject has a goal and does not easily give up on circumstances. The subject's commitment is also evident in her internal motivation to show herself as an educated woman. The subject also actively seeks professional help by seeking treatment from a psychiatrist and psychologist, demonstrating her full involvement in her recovery process and not simply resigning herself to her mental condition, but rather striving to do what she is still capable of. Data obtained from significant others still show the subject's inconsistencies in commitment, such as being too relaxed in completing tasks even when deadlines are approaching, not performing to her full potential, and only prioritizing tasks deemed important. This condition indicates that although the subject's meaning and purpose in life have been identified, the subject's level of involvement in commitment still needs to be strengthened.

The subject demonstrates a positive sense of challenge through her perspective on change and difficulties in life. She does not view change as a threat, but rather as an opportunity to learn and grow. This is reflected in her experience of living away from home, which she interprets as a process of becoming more independent and less dependent on her parents. She views the difficult situations she faces as part of her personal growth. The subject uses past experiences as a source of learning to face new challenges. She reflects and self-evaluates on various problems she has experienced, then uses these experiences as provisions

to better respond to future challenges. The subject demonstrates a proactive approach to finding solutions and does not hesitate to seek help when needed. The subject's challenging characteristics are well developed, but the strategies used to solve problems are sometimes inappropriate. Data from significant others indicates that the subject tends to be reckless in solving problems, which actually complicates the situation. This suggests that although the subject is highly motivated to face challenges and views difficulties as opportunities for growth, she still needs to develop more effective strategies for managing these challenges.

The results of the study indicate that the subject's hardiness is still in the developmental stage and has not yet fully formed. The control characteristic is characterized by the subject's awareness of managing emotions through specific coping strategies, but it is still unstable and impulsive behavior is present. The commitment characteristic is reflected in the subject's involvement in education and efforts to seek professional help, although the consistency is still fluctuating. The challenge characteristic appears quite strong, seen from the subjects' positive outlook on change, but the problem-solving strategies used are sometimes still inappropriate. This indicates that the subject's hardiness is dynamic and not yet optimal. This is consistent with the statement that hardiness is a personality that continues to develop within an individual in difficult situations and is capable of making changes for the better (Maramis & Cong, 2020).

5. Conclusions

This study demonstrates that hardiness in student survivors of schizophrenia and bipolar disorder has not yet developed optimally, but is still developing. Subjects demonstrated awareness of self-control, commitment to education and recovery, and a positive outlook on challenges, although all three were unstable and fluctuating. The subject's complex psychological conditions and history of mental disorders were factors that influenced the consistency of hardiness. The results of this study imply that strengthening hardiness needs to focus on improving emotional regulation, consistency in commitment, and the development of more adaptive problem-solving strategies. Social support from those closest to them, such as family, friends, and professionals, is also an important factor in maintaining the continuity of the hardiness formation process. This research can serve as a reference for psychology practitioners in designing interventions that emphasize strengthening hardiness as a crucial asset for individuals, especially those with vulnerable psychological conditions, to survive and thrive.

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