

The Relationship between Family Function and Anxiety Mediated of Perceived Behavioral Control in Elderly

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ABSTRACT

The elderly is a period of development that begins at age 60 to death. The elderly to review the life that has been lived, retired, and adjusted to new social roles so often the individuals who are at this time feel anxious when experiencing a new one. Anxiety is a vague and unpleasant emotional state accompanied by fear of something, suppressing, and discomfort (Reber & Reber, 2010). The impact of an elderly anxiety is to have poor sleep quality and poor adjustment (Dariah & Okatiranti, 2015; Romas, 2010). Factors that can affect an elderly anxiety are motivation, social support, family support, and family functions (Hughes, Hedtke, & Kendall, 2008; Putri, Zulfitri, & Karim, 2013; Sudiana, 2017). The purpose of this study is to determine the indirect effect of family function on anxiety through perceived behavioral control. The study design using quantitative methods with the type explanatory. Subjects in this study are elderly living with family and aged 60-80 years, amounting to 62 people from various regions in Indonesia. The instruments used are MMFF, GAS, and ACQ. Data analysis using Hayes. The results of this study indicate that there is an indirectly positive influence between family functions on anxiety in the elderly through perceived behavioral control, which means that a well-functioning family can reduce anxiety, but otherwise poor family functions can affect anxiety. Therefore, perceived behavioral control can be a mediator to strengthen the influence of family function to anxiety in the elderly. In addition, the relationship between family function, anxiety, and perceived behavioral control using mediation model not only occurs in children, adolescents, and early adult but also affect the elderly.

Keywords: *Family function, anxiety, perceived behavioral control, and elderly*

Late adulthood or commonly referred to as elderly is a period of development that begins in

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Received: July 2, 2018; Revision Received: August 3, 2018; Accepted: September 1, 2018

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the 60s to the time of death. The elderly is the time to review the life that has been lived, retired, and adjust to new social roles according to the declining power and health (Santrock, 2012). Individuals may feel anxious when they experience a new event (Feist&Feist, 2011). Anxiety is anxiety, an unclear or underlying concern (Widyatamma, 2010).

Psychological problems that occur in the elderly is the condition of physical health decline with mental problems such as patterns and attitudes of life, feel lonely, feelings of worthless, emotions that increase in the elderly, and the inability to adjust the tasks of elderly development (Annisa & Ifdil, 2016). Elderly women and men have the same level of anxiety deaths. The unmarried elderly show more death anxiety than married and widowed elderly (Azeem & Naz, 2015).

The impact of anxiety on the elderly is to have poor sleep quality and poor adjustment, as in the results of research using 66 elderly people showed that there is a relationship between the level of anxiety and sleep quality elderly. All subjects had anxiety, 8% experienced mild anxiety, 60% experienced moderate anxiety, 32% experienced severe anxiety, and none of the respondents experienced panic. In addition 45% experienced good sleep quality and 55% experienced poor sleep quality (Dariah & Okatiranti, 2015). The higher the level of anxiety that the elderly has, the adjustment will be worse (Romas, 2010). Another impact experienced by the elderly, namely the elderly who live in nursing homes more experiencing symptoms of anxiety and have a poor quality of life compared with elderly living in the family. The elderly who live with the family are mostly rewarded, emotional and social support so as to contribute to less psychological problems (Parshad & Tufail, 2014).

In the explanation of these effects, there are factors that can affect an elderly anxiety. The results of elderly study in nursing home using 60 participants indicate motivation, social support, and family support can influence anxiety in elderly, while unrelated is age, gender, education level, and physical condition (Sudiana, 2017). Other research results from Pekanbaru studying elderly living with family resulted in family support factor $p = 0.032 < 0.05$ which means that there is a significant relationship between family support for elderly anxiety, whereas unrelated are employment status, marriage, and elderly health (Putri et al., 2013). Based on various factors of elderly anxiety from the results of research, motivation, social support and family can affect the elderly life. The results suggest that family functions can significantly affect anxiety and depression of individuals (Hughes et al., 2008). However, the results of the study were denied by Ghamari (2012) which shows that there is no relationship between family functions and anxiety that has a significance value of $0/09 > 0/01$.

Differences in the results of these studies require perceived behavioral control as a mediator relationship between family function and anxiety symptoms. Family functions that target parental perceived control can produce better results for children (Hughes et al., 2008). Multiple stepwise regression results show that family behavior control factors in diabetic patients and emotional responses, communication, and general function dimensions in

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healthy women can predict quality of life (Azmoude, Tafazoli, & Parnan, 2016). In addition, there are several studies of perceived behavioral control and anxiety, ie, a significant negative relationship between perceived control and anxiety symptoms of ($r = -.38, p < .001$), providing partial support for models that provide a central role to control confidence in explaining the development of anxiety disorder (Pereira, Barros, & Mendonça, 2012). Other results also show a negative relationship between perceived control and anxiety, with the largest association being between perceived control and generalized anxiety disorder. These results underscore the importance of perceived control as a factor of transdiagnostic susceptibility across anxiety disorders (Gallagher, Bentley, & Barlow, 2014).

The results of previous research on family functioning, perceived behavioral control, and anxiety in young adults indicate that no moderating effects were found, but the perceived control as mediating the relationship between family functioning and anxiety (Ballash, Pemble, Usui, Buckley, & Woodruff-Borden, 2006). Based on these explanations, it takes mediators to be able to mediate family functions and anxiety. Therefore the researchers are interested to examine the functions of family and anxiety mediated by perceived control, but the difference in the study is the subject of research, the elderly.

Based on the above explanation, researchers see the existence of a phenomenon in the environment where there is anxiety in every elderly. The data found in the environment is the elderly anxiety is different, from 21 participants 43% admitted that sometimes feel anxious and worried. 52% difficulty concentrating, 71% easy to forget, 57% body feels stiff, and 76% feel body aches and pains. The results of interviews from some subjects also stated that every human must feel anxiety. Based on the existence of this phenomenon, the purpose of this study to determine the role of perceived behavioral control as mediation / mediation of family functions and anxiety in the elderly. The benefits of this study may contribute to the developmental psychology especially for the elderly.

Anxiety

Anxiety is a vague and unpleasant emotional state accompanied by the characteristics of fear of something, pressing, and uncomfortable. Anxiety is usually distinguished from fear because it is sometimes directed to unreality, while fear always leads to an object, individual or specific event (Reber & Reber, 2010). The anxiety symptoms of the elderly are an irrational fear of the event, often complaining of mild symptoms or worrying about severe illnesses such as heart disease, often imagining frightening things, and panic about a mild problem. The action to overcome the elderly is to provide family support with a sense of affection for a family (Maryam, Ekasari, Rosidawati, Jubaedi, & Coal, 2008).

Anxiety has three types, namely neurotic, moral, and realistic anxiety. The anxiety of neurosis is anxiety because of an unknown danger. Moral anxiety is a conflict between the ego and the super ego, but it can arise from the failure to be consistent with what they believe to be morally right. Realistic anxiety is an unpleasant and non-specific feeling that includes

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the possibility of danger itself (Feist & Feist, 2013). Factors affecting the elderly's anxiety levels are age, sex, occupation, educational level, motivation, family support, and social support (Tamher & Noorkasiani, 2009). But the results show that in addition to family support, motivation and social support, it has no relation to the elderly's anxiety (Putri et al., 2013; Sudiana, 2017).

Relationship between Family Function to Perceived Behavioral Control

In the family environment there are various functions within the family, such as affection function, social status, reproduction, economy, education, socialization, health, religious, and recreation. Family function in Indonesia also has several functions, namely religious, culture, love, protection, reproduction, socialization, economy, and environmental conservation (Suprajitno, 2004). Families lose many functions, such as education, security, and religion because of rapid social change and more control over people's lives. Finally, affective, companion, and psychological activities (personality development) become the ultimate family function (Friedmann et al., 1997). In addition, the negative impacts of various problems associated with the elderly, such as decreased physical ability, cognition, and increased illness, can be retained if the individual has flexible and accommodative behavioral controls (Santrock, 2012).

Family function has a measuring tool, the Family Assessment Device (FAD). FAD is based on the McMaster Model of Family Functioning (MMFF) that has various aspects, such as problem solving, communication, family roles, affective responses, affective engagement, behavior control and general functions. The behavior control aspect assesses how families express and maintain standards for the behavior of their members. Behaviors in different situations (dangerous, psychological and social) are assessed as different control patterns (Epstein, Baldwin, & Bishop, 1983). The results showed that the family environment and negative influences were mediated by perceived behavioral control because the family environment contributed to cognitive diathesis characterized by reduced control (Chorpita, Brown, & Barlow, 1998). Based on the above dynamics, the function of families in the elderly is the function of affection, get social status, economy, education, socialization, health fulfillment, etc. The elderly has a negative impact on issues such as decreased cognitive, physical, and health skills. The existence of a good family function can prevent the decreased ability of cognitive, physical, and health of the elderly. Not only family functions, good behavior control of the elderly can also fix the problems experienced by the elderly.

Relationship between Perceived Behavioral Control to Anxiety

The perceived control relationship with negative effects and anxiety disorders has consistent results on theoretical predictions that imply reduced control over events as susceptibility to anxiety and disorders (Chorpita et al., 1998). The results of another study using triple vulnerabilities model of psychopathology that showed that perceived control as a center of negative emotional experience and the development of anxiety disorders. The moderator analysis shows that the relationship between perceived control and anxiety has higher

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outcomes in adults than in children, and has variations of different sizes from perceived control (Gallagher et al., 2014). Whereas affective involvement and behavior control predict a sense of lack of control, which then causes anxiety. Communication also has an indirect relationship with anxiety through perceived control (Ballash et al., 2006).

The anxiety experienced by the elderly has symptoms such as irrational fears or fear, insomnia, tension and irritability, often complain of mild symptoms or worry about severe illness, often imagine scary things, and panic about problems (Maryam et al., 2008). The Portuguese study examined the association between perceived control and anxiety in school-aged children, resulting in a negative relationship between perceived control and anxiety symptoms, and the importance of considering perceived control as a primary target for prevention and intervention to reduce anxiety in children (Pereira et al., 2012). Based on the results of the study, the anxious elderly have a low perceived control so that the elderly often experience feelings of fear or fear of irrational, irritable, often imagine scary things, and panic about the usual problems. Conversely, if the elderly who have a good perceived control, will not experience anxiety.

Relationship between Family Functions to Anxiety

Anxiety in the elderly has a poor family function for children, meaning poor family functioning affects children worse (Hughes et al., 2008). The family function was significantly associated with anxiety symptoms in a sample of European Americans, but not in African American samples. Anxiety symptoms are experienced in each individual only the level of anxiety is different, as is the case in Africa America has less anxiety than America Europe. but affective involvement is higher in American Europe (score 58) than that of African Americans (score 9) (Chapman & Woodruff-borden, 2009). Research in China shows that anxiety disorders tend to have poor family functions. Poor affective involvement suggests anxiety may arise in a situation where family members show little interest or lack of involvement (Wang, Chen, Tan, & Zhao, 2015). In addition, family home communications and general functions directly predict anxiety (Ballash et al., 2006). In other studies have different results that a family function didn't correlate with anxiety, it means that the relationship between family functioning and anxiety has a value that is not significant (Ghamari, 2012). The differences in the results of this study indicate that family functions and anxiety are not always related, both variables require variables that can be mediated in order to further strengthen the relationship between the two variables.

Perceived Behavioral Control as Mediator Variable

Perceived behavioral control refers to people's perceptions of the ease or difficulty of engaging in interesting behavior (Ajzen, 1991). The concept of perceived behavioral control is introduced into the behavioral theory that is planned for all behaviors. Perceived behavioral control tends to affect intent. High perceived behavioral control should strengthen one's intentions for behavior, and increase effort and perseverance. Perceived behavioral control may influence behavior indirectly, by its impact on intent. When perceived behavioral control

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is veridical it will provide useful information about actual control so that individuals can do so in that situation, it can be used as an additional direct predictor of behavior (Sparks & Ajzen, 2002).

Family environment communication has an indirect relationship with anxiety. Perceived behavioral control mediates communication with anxiety. In addition, perceived control as a mediation of family function and anxiety in young adults. The results show that perceived control may mediate the relationship between family function and anxiety (Ballash et al., 2006). Based on the description above the purpose of this study to determine the role of perceived behavioral control as mediation / mediation of family functions and anxiety in the elderly. The uniqueness of this research is located on the subject of research because there is still a lack of research using elderly on the variables used such as family function and perceived behavioral control.

METHODOLOGY

We conducted a study uses quantitative methods of numbers that will be analyzed statistically (Seniati, Yulianto, &Setiadi, 2017). The type of research used is explanative as a giver of explanation about the relationship between variables by describing the phenomenon that occurs (Sugiyono, 2015). This study is expected to provide an explanation of family function and anxiety mediated by perceived behavioral control.

Subjects in this study are elderly living with family and aged 60-80 years. Subjects were 62 people from various regions in Indonesia, such as South Sulawesi, Central Sulawesi, East Java, Central Java, Medan and Padang. In this research, the researcher uses population which is the generalization area consist of subject having certain quantity and characteristic which have been determined by researcher (Siyoto & Sodik, 2015).

Variables and Instruments

The independent variable is family function and dependent variable of anxiety, while perceived behavioral control as mediation variable. Data collection used 3 scales adapted from previous research. The family function scale is measured using the McMaster Family Functioning Scale scale developed by Epstein et al. (1983) with the general functional aspects. This scale contains 12 items of unfavorable odd-numbered and unfavorable numbers with answer options, ie (SS) strongly agree, (S) agree, (TS) disagree, and (STS) strongly disagree. The results of the trial of factor analysis using SPSS 23.00 obtained KMO value .682 which means the items used are valid and reliable. The anxiety scale was measured using Geriatric Anxiety Scale (GAS) developed by Segal et al. (2010) with somatic and cognitive aspects containing 25 items with an answer option never, sometimes, often, and always. The test results obtained KMO value .790 which means valid and reliable. Perceived behavioral control scales were measured using Anxiety Control Questionnaire developed by Pereira et al. (2012) using individual indicators to ensure that behavioral performance was easy or difficult to perform. Anxiety Control Questionnaire Scale contains 9 items (favorable)

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and the researcher adds 4 items (unfavorable) with answer choices, ie (SS) strongly agree, (S) agree, (TS) disagree, and (STS) strongly disagree. The test results of the measuring instrument obtained KMO .659 valid and reliable.

Procedure

The research procedure is to determine the population that is the subject of the study, prepare the instrument to be used as a measuring instrument, conduct the initial survey, test the measuring instrument and carry out the research.

Data Analysis

The data analysis used is Hayes analysis with SPSS version 23.00 which has been installed with process macro. So it is known that direct influence of independent variable (family function) to dependent variable (anxiety) and to know role of mediation variable (perceived behavioral control) on influence of family function to anxiety (Preacher & Hayes, 2004). Analysis of indirect effects using the Sobel test (Preacher & Leonardelli, 2008).

RESULTS

Description of research variables

Table 1 Mean, Standard deviation, and Relation between variables (N=62)

Variables	Mean	SD	Anxiety	Family Function	Perceived Behavioral Control
Anxiety	3.94	3.279	1	-.266*	-.381**
Family Function	17.69	2.222		1	.289**
Perceived behavioral control	20.29	2.620			1

Note: Significant at * $p < 0.05$; ** $p < 0.01$

The statistical test results show the mean value, standard deviation, and collinearity in each variable. Anxiety variables had mean values (M = 3.94, SD = 3.279), family function (M = 17.69, SD = 2.222), and perceived behavioral control (M = 20.29; SD = 2.620).

Hypothesis Test

The result of data analysis using Hayes model with process macro showed that there is positive and significant influence between family function toward perceived behavioral control in elderly ($\beta = 0.289$; $p = 0.023$), then hypothesis accepted. The second analysis shows that there is a negative and significant influence between perceived behavioral control on anxiety in elderly ($\beta = -0.332$; $p = 0.009$), then the hypothesis is accepted. The function of the family also has a negative and significant influence on anxiety in the elderly ($\beta = -0.266$; $p = 0.037$), the hypothesis is accepted. There is no influence of family function on anxiety (c') has negative negative result ($\beta = -0.170$; $p = 0.174$) and there is significant indirect perceived behavioral control, it is proven that perceived behavioral control becomes mediator relation between function family with anxiety then the fourth hypothesis is accepted. The indirect effect of family function and anxiety (c = -0.393) mediated perceived behavioral control (c=

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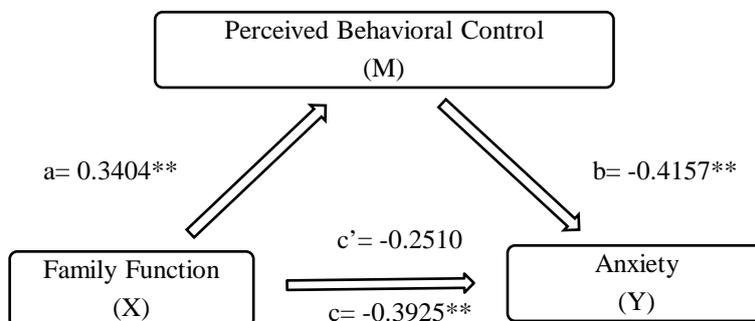
-0.251) is equal (Effect = -0.1415; $z = -1.6964$; $p = 0.0898$). Sobel Test test results indicate that there is an effect of indirect effect of family function on anxiety through perceived behavioral control in elderly is significantly different from zero ($z = 1.762 < 1.96$; $p = 0.078$). Hypothesis test results are shown in Table 2.

Table 2 Relationship between Variables

Variables	Effect	SE	β	t	p
Family function to perceived behavioral control (a)	0.340	0.146	0.289	2.335	0.023
Perceived behavioral control to anxiety (b)	-0.416	0.155	-0.332	-2.685	0.009
Family function to anxiety (c)	-0.393	0.184	-0.266	-2.138	0.037
Family function to anxiety (c') and perceived behavioral control on anxiety (b)	-0.251	0.183	-0.170	-1.375	0.174
	-0.416	0.155	-0.332	-2.685	0.009

The result of regression analysis test between family function to anxiety through perceived behavioral control can be seen in Figure 1:

Figure 1 Regression Analysis



Note: Significant at * $p < 0.01$; ** $p < 0.05$; *** $p < 0.001$

DISCUSSION

Hypothesis test results in this study indicate that (1) there is a positive influence between family function against perceived behavioral control in elderly. (2) there is negative influence between perceived behavioral control to anxiety in elderly, (3) there is negative effect between family function to anxiety in elderly, (4) family function indirectly have positive effect to anxiety at elderly. Based on the results of hypothesis testing showed that the lower the family function and perceived behavioral control, the higher the anxiety in the elderly. Conversely, the higher the function of family and perceived behavioral control, the less anxiety in the elderly.

The first hypothesis shows that family function affects perceived behavioral control in the elderly. Although still lack of research on these two variables included in the elderly, this study proves that the elderly who has a family that works well also has a good perceived control. Based on other research results also proved that the family environment can be an

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important contributor to cognitive diathesis characterized by a sense of reduced control (Chorpita et al., 1998). Other studies also show that family functions are associated with perceived control (Ballash et al., 2006).

The second hypothesis shows that perceived behavioral control affects anxiety in the elderly, in accordance with the results of previous studies in Portugal having a negative relationship between perceived control and anxiety symptoms in children (Pereira et al., 2012). That is, perceived behavioral control can affect anxiety not only in children but also in the elderly. Other studies using moderator analysis show that the relationship between perceived control and anxiety has greater properties in adults than with children (Gallagher et al., 2014).

The third hypothesis produces a family function affecting anxiety in the elderly, based on the results of other studies indicating that family functioning is significantly related directly to anxiety symptoms (Chapman & Woodruff-borden, 2009). Research in China shows that anxiety disorders tend to have poor family functions. Poor affective involvement suggests anxiety may arise in a situation where family members show little interest or lack of involvement (Wang et al., 2015).

The fourth hypothesis shows that family function indirectly positively affects the anxiety of the elderly through perceived behavioral control. No effect of family function on anxiety has negative result is not significant, in accordance with previous research result have different result that is family function unrelated to anxiety, meaning that relation between family function and anxiety have insignificant value (Ghamari, 2012). However, after the influence of perceived behavioral control (indirectly) significant, it is proven that perceived behavioral control mediate the relationship between family function with anxiety. The coefficient c' results in partial mediation because c' is statistically significant and there is significant mediation (MacKinnon, Fairchild, & Fritz, 2007). A partial correlation is one in which the influence of one variable is "taken from" the second variable, which correlates with the third. Partial correlation is the value obtained when we hold a constant third variable of the other two variables (Jose, 2013). The Sobel Test test results indicate that there is an effect of indirect effect of family function on anxiety through perceived behavioral control in elderly is significantly different from zero ($z = 1.762 < 1.96$; $p = 0.078$) then the fourth hypothesis is accepted. It is evident in the results of previous research that perceived behavioral control can indirectly influence behavior, by its impact on intent. High perceived behavioral control should strengthen the individual's intention to conduct behavior, and increase effort and persistence. Perceived behavioral controls are veridical in providing useful information about actual controls so that individuals can do in these situations, hence can be used as additional direct predictors of behavior (Sparks & Ajzen, 2002).

The results of this study indicate that a well-functioning family will reduce anxiety, but otherwise poor family function will affect anxiety. Therefore perceived behavioral control can be a mediator to strengthen the influence of family functions on anxiety in the elderly. In

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addition, the influence of family function, anxiety, and perceived behavioral control using mediation model not only occurs in children, adolescents, and early adult but also affect the elderly.

CONCLUSIONS

The results of this study can be concluded that there is a significant positive relationship between the function of the family against perceived behavioral control elderly, there is a significant negative relationship between perceived behavioral control of anxiety elderly, there is a significant negative relationship between family functions on anxiety in the elderly, and there is a positive relationship between family function (indirectly) to anxiety in elderly through perceived behavioral control. Family function, anxiety, and perceived behavioral control are associated with all ages.

Our research has implications for the field of clinical psychology in which clinicians can know the effect of family function and perceived control on anxiety of the elderly. This study is also useful for all people including elderly because it can be a provision to prevent the occurrence of anxiety in the old age, so that individuals can build closeness in the family for good family functions. In addition, individuals can also increase perceived control so that individuals can control the perceived behavior about the ease or difficulty in behaving. Suggestions for future researchers are trying to test other factors that may affect anxiety in the elderly, such as religiosity.

REFERENCE

- Ajzen, I. (1991). The Theory of Planned Behavior. *Journal of Organizational Behavior and Human Decision Processes*, 50: 179–211.
- Annisa, D. F., & Ifdil. (2016). Konsep Kecemasan (Anxiety) pada Lanjut Usia (Lansia). *Konselor*, 5(2): 93–99.
- Azeem, F., & Naz, M. A. (2015). Resilience , Death Anxiety , and Depression Among Institutionalized and Noninstitutionalized Elderly. *Pakistan Journal of Psychological Research*, 30(1): 111–130. Retrieved from www.pjpr.nip.edu.pk.
- Azmoude, E., Tafazoli, M., & Parnan, A. (2016). Assessment of Family Functioning and Its Relationship to Quality of Life in Diabetic and Non-Diabetic Women. *Journal of Caring Sciences*, 5(3): 231–239. <https://doi.org/10.15171/jcs.2016.025>.
- Ballash, N. G., Pemble, M. K., Usui, W. M., Buckley, A. F., & Woodruff-Borden, J. (2006). Family functioning, perceived control, and anxiety: A mediational model. *Journal of Anxiety Disorders*, 20(4): 486–497. <https://doi.org/10.1016/j.janxdis.2005.05.002>.
- Chapman, L. K., & Woodruff-borden, J. (2009). The impact of family functioning on anxiety symptoms in African American and European American young adults. *Personality and Individual Differences*, 47(6): 583–589. <https://doi.org/10.1016/j.paid.2009.05.012>.
- Chorpita, B. F., Brown, T. A., & Barlow, D. H. (1998). Perceived Control as a Mediator of Family Environment in Etiological Models of Childhood Anxiety. *Journal of Behavior Therapy*, 29: 457–476.

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- Dariah, E. D., & Okatiranti. (2015). Hubungan Kecemasan Dengan Kualitas Tidur Lansia Di Posbindu Anyelir Kecamatan Cisarua Kabupaten Bandung Barat. *Jurnal Ilmu Keperawatan*, 3(2): 87–104.
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9(2): 171–180.
- Feist, J., & Feist, G.J. (2011). *Teori Kepribadian edisi 7 buku 2*. Jakarta: Salemba Humanika.
- Feist, J., & Feist, G.J. (2013). *Teori Kepribadian edisi 7 buku 1*. Jakarta: Salemba Humanika.
- Friedmann, M. S., McDermt, W., Solomon, D., Ryan, C. E., Keitner, G. I., & Miller, I. (1997). Family Functioning and Mental Illness: A Comparison of Psychiatric and Nonclinical Families. *Family Assessment Methods*, 36: 1–8.
- Gallagher, M. W., Bentley, K. H., & Barlow, D. H. (2014). Perceived Control and Vulnerability to Anxiety Disorders: A Meta-analytic Review. *Cognitive Therapy and Research*, 38(6): 571–584. <https://doi.org/10.1007/s10608-014-9624-x>.
- Ghamari, M. (2012). Family function and depression, anxiety, and somatization among college students. *International Journal of Academic Research in Business and Social Sciences*, 2(5): 101–105.
- Hughes, A. A., Hedtke, K. A., & Kendall, P. C. (2008). Family Functioning in Families of Children With Anxiety Disorders. *Journal of Family Psychology*, 22(2): 325–328. <https://doi.org/10.1037/0893-3200.22.2.325>.
- Jose, P.E. (2013). *Doing Statistical Mediation & Moderation*. America: The Guilford Press.
- MacKinnon, D. P., Fairchild, A. J., & Fritz, M. S. (2007). Mediation Analysis. *Journal Annual Review of Psychology*, 58: 593–614. <https://doi.org/10.1146/annurev.psych.58.110405.085542>.
- Maryam, R.S., Ekasari, M.F., Rosidawati., Jubaedi, A., & Batubara, I. (2008). *Mengenal Usia Lanjut dan Perawatannya*. Jakarta: Salemba Medika.
- Parshad, N., & Tufail, A. (2014). Depression, Anxiety, Coping and Quality of Life among Elderly Living in Old Age Homes and in Family Setup. *Pakistan Journal of Professional Psychologists*, 5(1): 17–27.
- Pereira, A. I. F., Barros, L., & Mendonça, D. (2012). Perceived control and anxiety in Portuguese children. *The Spanish Journal of Psychology*, 15(2): 631–637. https://doi.org/10.5209/rev_SJOP.2012.v15.n2.38874.
- Preacher, K. J., & Hayes, A. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behaviour Research, Methods, Instruments, & Computers*, 36(4): 717–731.
- Preacher, K.J., & Leonardelli, G.J. 2008. Calculation for the Sobel test: An interactive calculation tool for mediation tests. *Online*. <http://quantpsy.org/sobel/sobel.htm>.
- Putri, D., Zulfitri, R., & Karim, D. (2013). Faktor-Faktor yang Mempengaruhi Tingkat Kecemasan Pada Lansia di Kelurahan Lembah Sari Rumbai Pesisir. *Jurnal Ilmu Keperawatan*, (2): 1–11.
- Reber, A. S., & Reber, E. S. (2010). *Kamus psikologi*. Yogyakarta: Pustakapelajar.
- Romas, M. (2010). Hubungan Antara Kecemasan dengan Penyesuaian Diri Pada Orang-orang Lanjut Usia. *Journal of Psychology*, 6(1): 1–10.

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- Santrock. (2012). *Life-Span Development: Perkembangan Masa-Hidup, Jilid 2*. Jakarta: Erlangga.
- Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Journal of Anxiety Disorders Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders*, 24(7): 709–714. <https://doi.org/10.1016/j.janxdis.2010.05.002>.
- Seniati, L., Yulianto, A., & Setiadi, B. N. (2017). *Psikologi Eksperimen*. Jakarta: Indeks.
- Siyoto, S., & Sodik, M.A. (2015). *Dasar Metodologi Penelitian*. Yogyakarta: Literasi Media Publishing.
- Sparks, P., & Ajzen, I. (2002). Perceived Behavioral Control , Self-Efficacy , Locus of Control , and the Theory of Planned Behavior. *Journal of Applied Social Psychology*, 32(4): 665–683.
- Sudiana, H. (2017). Faktor-Faktor yang Berhubungan dengan Terjadinya Kecemasan Pada Lanjut Usia di Panti Werdha Welas Asih. *Jurnal Ilmiah Indonesia*, 2(2): 31–36. Retrieved from <http://jurnal.syntaxliterate.co.id/index.php/syntax-literate/article/view/65>.
- Sugiyono. (2015). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Suprajitno. (2004). *Asuhan Keperawatan Keluarga: Aplikasi dalam Praktik*. Jakarta: EGC.
- Tamher, S., & Noorkasiani. (2009). *Kesehatan Usia Lanjut dengan Pendekatan Asuhan Keperawatan*. Jakarta: Salemba Medika.
- Wang, J., Chen, Y., Tan, C., & Zhao, X. (2015). Family functioning , social support , and quality of life for patients with anxiety disorder. *International Journal of Social Psychiatry*, 62(1): 1–7. <https://doi.org/10.1177/0020764015584649>.
- Widyatamma, T. (2010). *Kamus Psikologi*. Jakarta: Widyatamma.

Acknowledgements

Thanks to both author's parents. Thanks to Dr. Nida Hasanati, M. Si as the supervisor of this research. Thanks to friends who have participated in the research process. Thanks to readers of this research.

Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

How to cite this article: Sudirman, A, Hidayah, N, Cahyani, D & Latipun (2018). The Relationship between Family Function and Anxiety Mediated of Perceived Behavioral Control in Elderly. *International Journal of Indian Psychology*, 6(3), 62-73. DIP:18.01.046/20180603, DOI:10.25215/0603.046