Study of the Effect of Family Communication and Therapeutic Communication on Anxiety ODHA

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Abstract

The majority of people living with HIV/AIDS are in six districts: Gondanglegi, Dampit, Sumberpucung, Sumbermanjing Wetan, Kepanjen and Turen (WHO, 2016). People living with HIV/AIDS have an anxiety in their mind, fearless, and increase imun. Anxiety is a form of unpleasant emotion, characterized by terms like concerns, concerns, and fears that are sometimes experienced in different levels. Resercher use Beck Anxiety Inventory to masure their apprehention in their self. One way to overcome anxiety is by doing therapy or counseling. Therapy or counseling is a process of providing information through systematic interpersonal communication. In this resech, interpersonal communication is family communication (FACE IV) and therapeutic communication (Tcomm-skill GP). There are 3 formulation of the problems, Is there any corelation of family communication as support system to the anxiety? Is there any therapeutic communication relationship between patient (ODHA) therapist to handle the anxiety of ODHA? Is there a common role to reduce anxiety?. The purpose of this study is to know the correlation of the role of family communication to anxiety, to know the correlation of therapeutic communication role to anxiety and to know the role of together to anxiety. Researcher using kuantitatif simple regresion to see how corelation they are.

Keywords: communication apprehention/communication anxiety, family communication, and therapeutic communication

INTRODUCTION*(Calibri 10 Bold, Left, Capslock)

HIV/AIDS problem in Indonesia is considered as iceberg phenomenon, where the reported cases in the government official record do not represent the real situation. This prediction is based on high number of vulnerable groups such as sexual workers and injecting drug users. These factors are not only related to healthcare services but also social economic structure. Therefore, to address this problem, comprehensive Primary Health Care (PHC) must be imple-mented. The comprehensive PHC concerns on underlying problem which includes socioeconomic issues and environment problems. This strategy is conducted through holistic activities from preventive, promotive, curative and rehabilitative through collaboration with other sectors and community involvement. Based on underlying HIV/AIDS problem in Indonesia, there are several strategies that should be done to address the problem, such as education campaign, addressing poverty issue, equitable health services and community participation.

Based on data from health and social organization, the number of HIV/AIDS in Indonesia is included in the category of epidemic with a low HIV prevalence rate in the world, which is about 0.2%. The number of new AIDS cases in Indonesia over the past three years has experienced an upsurge of 4,969 cases in 2008, 3,863 cases in 2009, 4,158 cases in 2010.

Cumulatively the number of HIV positive in Indonesia as of December 2010 was 44,292 cases and AIDS was 24,131 cases, of which 73.04% were female sex, 26.58% for women, and the remaining unknown at 0.38% Active reproductive age (15-49 years) of 62.5%, perinatal transmission of 2.60%, under five years old (<4 years) of 1.99% with total deaths of 18.81% of a total of 24,131 cases.

According to data from Health Department (Dinkes) Malang, period 1997-2013, found as many as 2,728 people living with HIV, the last data in March 2014 number has become 2,929 ODHA. The actual number is believed to be even greater because allegedly many are reluctant to go to the hospital. Based on data held by East Java AIDS Commission (KPA), until September 2016, the number of ODHA as many as 2120 people. The number of patients, mostly in the area of Malang Regency. The number reached 1,385 people. Following then Malang with 676

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people. New then Batu city as many as 147 people. Malang Regency ranks second in East Java after the city of Surabaya which has the number of patients as many as 2.154.

This study reveals a new spread of HIV/AIDS. Transmission occurs to housewives and toddlers, this is because the husband or father who often have sex with other women who have HIV/AIDS outside. This causes the HIV/AIDS virus to increase every year. The latest data in Malang 2014, the number of people living with HIV/AIDS 2.929 people. The majority of people living with HIV/AIDS are in six districts: Gondanglegi (143 people), Dampit (58 people), Sumberpucung (57), Sumbermanjing Wetan (46 people), Kepanjen (42 people), and Turen (40 people) [1]. Dinas Kesehatan Kabupaten Malang and Komisi Penanggulangan HIV/AIDS (KPA) join and works together makes a organization Warga Peduli AIDS (WPA) for support ODHA (Orang Dengan HIV/AIDS). People who have HIV/AIDS have anxiety about the development of viruses that exist in the body. Extension activities are considered an important strategy to address the problem. In addition to counseling, the role of the family plays an important role to inhibit and provide information about the case.

HIV / AIDS transmission can occur through three main routes of HIV infection into the body, through sexual contact, exposure to infected fluids or tissues (eg unsterile needle syringes and blood transfusions), drug use (Narcotics, Alcohol, Psychotropic and other addictive substances) as well as from mother to fetus or infant during pregnancy through the placenta, during labor through genital fluids and while breastfeeding through breastfeeding. Recent HIV / AIDS transmission is a housewife whose husband often travels out of town for long periods and distributes his biological needs to sex workers who have HIV / AIDS. This phenomenon causes tremendous anxiety to new HIV / AIDS sufferers because the mental is not ready to face reality.

Health Organization (Dinas Kesehatan) and Komisi Penanggulangan AIDS (KPA) Malang Regency continue to try to embrace the patient, that is by forming Residents Cares AIDS (WPA) in each sub-district. DHO frees the cost to pregnant women for HIV testing at puskesmas. This is important in order to prevent transmission to infants in the womb. In addition, the government also provides nutrition of low-fat milk as much as 2 boxes each month to the patient. In addition, peer support groups for ODHA are also important every three months as a forum for sharing and discussion. Thus, they have a passion. Not only that, it is also important to fend the stigma of HIV / AIDS in the eyes of the community through the forum of family welfare development (PKK) and forum pengajian, community forum is one way to reduce anxiety in people living with HIV.

Quality of life is a term to convey a sense of well-being, including aspects of happiness and overall life satisfaction [13]. Quality of life relates to a sufficiency of the material state of how an individual is satisfied with the circumstances of life. Usually refers to the extent to which a person's life is desired or undesirable [14]. Quality of life has good social relationships, helps and supports, home and neighborhood living that are considered to be fun, safe, neighboring and have access to local service and transportation facilities, hobbies and leisure activities and maintaining social activities and roles in the community; Have a positive psychological outlook and acceptance of irreversible conditions, have good health and mobility, have enough money to meet basic needs, to participate in society, enjoy life and maintain one's freedom and control life [15].

Social support refers to perceived comfort, care, self-esteem, or someone accepts help from other people or groups such as spouses, lovers, friends, family, co-workers or doctors. Family members, certain couples, appear to be the most important source of social support. Chronic illness can reduce the quality of life, especially in people with HIV and AIDS. Decline in the quality of life in HIV sufferers is caused by discrimination and deterioration and the possible rejection of the family [15].

HIV disease affects health so that VL and CD4 count are closely related to quality of life. CD4 cell count is a better indicator for monitoring disease progression than VL [16].

The focus of this study is to analyze the relationship between family communication and therapeutic communication to anxiety with the object of research that is people with HIV / AIDS who often called ODHA. This is because based on previous studies of people living with HIV have anxiety characteristics higher than the anxiety of other diseases.

This study selected the existing ODHA in Malang City, the reason for choosing Malang as the location of research, among others :
a. Based on data of health office of Malang City, the number of patients detected quite a lot

b. number of patients coming to Voluntary Conseling and Testing (VCT) In Malang City quite a lot

c. hospitals and Puskesmas in Malang City play an active role in serving the Voluntary Counseling and Testing (VCT) and make it easier for the public to check their health.

In general, there are still many people living with HIV / AIDS who have difficulty getting treatment according to the condition of the disease, so that ODHA often feel anxiety in self, to treat the anxiety ODHA do therapeutic to calm themselves and bring confidence effect, among others communication therapy with family And communicate with therapeutic. This makes health issues important for study through the field of Communication Science with the input of many health studies that emphasize the psychological and social aspects of the use of non-medical treatment known as Complementary and Alternative Medicine (CAM).

Anxiety is a form of unpleasant emotion, characterized by terms like concerns, concerns, and fears that are sometimes experienced in different levels. Ollendick [2] argues that anxiety refers to an opposing or unpleasant state of emotion, which includes subject interpretation and physiological stimulation (physical body reactions) e.g. faster breathing, palpitations and sweating. This physiological expression signifies that the anxiety in the individual is so high that the individual can not control the anxiety within the individual [3]. Conflicts, physical threats, threats to self-esteem, other forms of frustration and the pressure to do something beyond capacity are an anxious source [4]. This particular individual will trigger anxiety reactions. The main problems faced by almost every individual are shy and have no desire to communicate (willlingness to communicate) when dealing with others [5]. Shy dimension and willingness comunicate by McCroskey has been adopted from research conducted by Beck, further researcher refers to Beck Anxiety Inventory (BEI).

One way to overcome anxiety is by doing therapy or counseling. Therapy or counseling is a process of providing information through systematic interpersonal communication [6]. This counseling has several goals, such as relieving anxiety, curing emotional disorders, to achieving happiness and satisfaction, self-actualization, and removing and changing maladaptive behavior into adaptive behavior [6]. Cognitive Behavioral Therapy (CBT) is the most famous and most practiced form of modern psychotherapy. CBT is more develop when it mix with family and doctor, it called FCBT (Family Cognitive Behavioral Therapy). It an suppress anxiety rates greater than CBT [7].

According to Family Communication Patterns Theory (FCP) there are 2 orientations in family communication, namely social oriented and concept oriented. FCP categorizes families into four different types and creates models of family communication patterns, namely Protective (low on concept-orientation and high on socio-orientation), Pluralistic (low on social-orientation and high On concept-orientation), Laissez-Faire (low on both dimensions) and Consensual (high on both dimensions) [8]. Differences from each type of family are based on cohesion and adaptation (Family Adaptability and Cohesion Evaluation Scale IV) whereas cohesion and adaptation are rooted in the desire to communicate among family members, the researchers also refer to the FACE IV (Family Adaptability and Cohesion Evaluation Scale IV) That cohesion and adat are the dimensions of family communication.

Refers to FCBT, then the researcher will discuss therapeutic communication. Therapeutic communication is a cooperative relationship characterized by the exchange of behaviors, feelings, thoughts and experiences in fostering therapeutic intercours [9]. Measurement of communication is generally focused on physician-client interactions, whereas for other health professions have not been widely implemented [10]. It is therefore important to assess the instruments used in the interaction between nurse-clients. Researchers used a TCom-skill GP (General Practitioner) scale tool to see therapeutic communication between physicians and patients.

Adherence to ARV (antiretroviral) was aimed to siginificantly prolong the life expectancy of people living with HIV AIDS (PLHIV). ARVs fight against the infection by slowing down the reproduction of HIV in human body. Antiretrovirals (ARVs) have been recognized worldwide as drugs that can be used to treat HIV / AIDS. However, ARVs have not been able to cure HIV thoroughly.

ARVs work by controlling the replication process of HIV that attacks the immune system by making fake copies of DNA. It makes HIV seem like a normal part of the body that is not threatening, so the immune system can not detect the virus and the presence of HIV in the body remains safe. To get the benefits of

antiretroviral drugs, people living with HIV should take life-long drugs. Because, if not, the growth of the virus in the body is not controlled and can also appear resistance to the drug. However, before taking ARVs, patients should first consult a doctor. Patients who will be taking ARVs should also have people who can remind to always take medication or so-called Drinking Drug Watch (therapyst).When taking antiretroviral drugs, people with HIV will experience side effects such as headache, body feels floating, and have strange dreams. Furthermore, ARVs make people who consume at risk of degenerative diseases such as coronary heart disease, diabetes, cancer, stroke, to decreased kidney function. Although not yet able to cure HIV thoroughly, but so far ARV therapy is believed to reduce mortality and pain, improve the quality of life of people living with HIV, and increase community expectations. At the very least, ARVs carry a new image of AIDS, which is a controllable disease and is no longer considered a frightening disease.

The procees of drinking ARV and have consultation about the effect of drinking its called therapeutic communication.

Support is an aid to solve a problem according to which recomended. This support is usually obtained from someone nearest who can dependable, caring and loving and effective in relationships mutual trust. Family is the closest person who has an important element in

life, because therein lies the role and function of that family member interconnectedness and dependence in giving support, compassion and attention harmoniously to achieve common goals [17].

According to that explanation, the problem formula are (a) Is there a correlational family communication as a support system to the anxiety of people living with HIV? (b) Is there a correlational therapeutic communication between the patient (ODHA) and therapist to the anxiety? (c) Is there a common role to reduce anxiety?.

Based on the background and previous literature review that explains the relationship of family communication as a support system and therapeutic communication to anxiety People with HIV-AIDS (ODHA), as done in previous research by McCroskey (2001), it can be formulated hypotheses in this study are as follows:

1. **Ho**: There is no correlation of family communication as support system to the anxiety of ODHA.

Ha: There is a correlation of family communication as a support system to the anxiety of ODHA.

2. **Ho**: There is no correlation of therapeutic communication between the patient (ODHA) and the therapist to the anxiety of ODHA.

Ha: There is a correlation of therapeutic communication between the patient (ODHA) and the therapist to the anxiety of ODHA.

3. **Ho**: there is no correlation of the joint role between family communication and therapeutic communication to the anxiety of ODHA.

4. **Ha**: there is a correlation of the joint role between family communication and therapeutic communication to the anxiety of ODHA.

MATERIAL AND METHOD

Research with quantitative approach quantitative data measuring and objective statistics through scientific calculations derived from a sample of people or residents who were asked to answer a number of questions about the survey to determine the frequency and percentage of their responses [11].

Based on the formulated hypothesis, it can be seen that this research includes correlational research. Correlational research is a study that aims to investigate the extent to which variations in one variable relate to variables in one or more other variables.

The normality assumption test aims to test whether residuals in the regression model follow normal distribution or not. A good regression model is a model in which the residual follows a normal distribution. Hypothesis applicable in this test that is:

H0 : The observed residuals were normally distributed

H1 : The observed residuals are not normally distributed

To test this assumption. Used the Kolmogorov-Smirnov method. The test criterion used is reject H0 if significance value <0.05 and vice versa receive H0 if significance value> 0.05. Normal data test results are presented as follows:

Variabel	Sig	Status
Residual	0,602	Normal

From the table obtained value significance Kolmogorov-Smirnov test at regression = 0.602. It can be seen that in all three regression results have significance value Kolmogorov-Smirnov> 0.05. This shows that the distribution of assessed data from the residuals on the regression is normal (Accept H0).

Data Collection

Researcher did heterokedasitas test, to see is there problem with data or no. Aim of heterokedasitas test is to find out whether in a regression equation there is a variance inequality between residuals between observations [12].

Scatterplot
Dependent Variable: Kecemasan
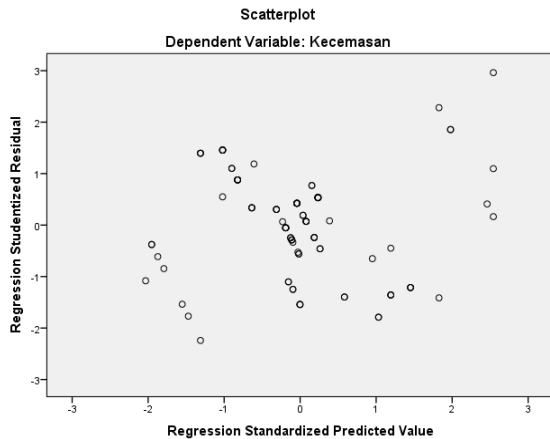
The heterocedasticity test aims to find out whether in a regression equation there is a variance inequality between residuals from one observation to another or not. In this test is not expected to occur heterokedastisitas. The method used in heteroscedasticity assumption test using heterokedasitas test between residual (Y) with independent variable. The hypothesis used in this assumption is:

H0: no case of heterokedastisitas
H1: a case of heterokedastisitas

If sig test value is obtained t> 0,05 then in tested model there is no problem of heteroscedasticity (H0). According to that diagram, is shown that there is no heterokedasitas problem, so reseaercher could use and continue to the next step.

Hasil Korelasi
Correlations

		X1	X2	Kecemasan
X1	Pearson Correlation	1	.814**	-.909**
	Sig. (2-tailed)		.000	.000
	N	100	100	100
X2	Pearson Correlation	.814**	1	-.888**
	Sig. (2-tailed)	.000		.000
	N	100	100	100
Kecemasan	Pearson Correlation	-.909**	-.888**	1
	Sig. (2-tailed)	.000	.000	
	N	100	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,944ᵃ	,891	,889	1,13089

a. Predictors: (Constant), X2, X1

Correlation test conducted to answer research question that is:

a. Is there any corelation of family communication as support system to the anxiety?
b. Is there any therapeutic communication relationship between patient (ODHA) therapist to handle the anxiety of ODHA?
c. Is there a common role between family communucation and therapeutic communication to reduce ODHA's anxiety?

According to correlation table, it shown that X1 to Y is significant and there is -0.909 effect to Y. X2 to Y is significant and there is -0.888 effect to Y. R is also significant amount 0,944.

Hypothesis test in this research using Simple Linear Regression by using F test at 5% significance level by using SPSS version 22.0 for windows. Hypothesis test results in this study are presented in the table below :

ANOVAᵃ

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	1018.703	4	254.676	202.620	.000ᵇ
Residual	119.407	95	1.257		
Total	1138.110	99			

a. Dependent Variable: Kecemasan

b. Predictors: (Constant), Tindakan, Adaptasi, Respon, Kohesi

That table explains whether there is an influence between family communication and therapeutic communication to anxiety levels with a significance level of 0.000 <0.05, then the regression model can be used to predict the level of anxiety and can be stated that there is influence of family communication and therapeutic communication to the level of anxiety

Tabel 1.13

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	65,386	1,025		63,822	,000
	X1	-,378	,040	-,550	-9,535	,000
	X2	-,622	,082	-,441	-7,636	,000

a. Dependent Variable: Kecemasan

It can be seen that column B on constant (a) is 65,386 while free variable value is -0.378, so the regression equation is Y = a + b1X1 + b2X2 is Y = 65,386 + (-0,378) X1 + (-0,662) X2. In b is a positive sign it is an addition that states the average change of variable Y for each change of variable X for one unit. In testing the hypothesis obtained :

Decrease in anxiety is affected by -0,378 family communication and -0,622 therapeutic communication.

Based on the results of correlation and regression analysis above, then obtained the results of this study has a significance value <0.05 then it is concluded that accept Ha, as follows:

1. Ha :There is a correlation of family communication as a support system to the anxiety of ODHA.
2. Ha : There is a correlation of therapeutic communication between ODHA with their therapist to the anxiety of ODHA.
3. Ha : There is a correlation of the joint role between family communication and therapeutic communication to the anxiety of ODHA.

RESULT AND DISCUSSION

To answer the formulation of the problemS, the researcher conducted a survey on ODHA in Yayasan Sadar Hati Kota Malang by using three measuring tools that is, FACE IV (Family Adaptability and Cohesion Evaluation Scale IV) to measure family communication that happened in ODHA family, TCom-skill GP (General Practitioner) scale to measure communication between therapist and patients and see support physicians or therapists who deal with people living with HIV, and BEI (Beck Anxiety Inventory) to see the anxiety reactions that arise in people living with HIV.

Researchers describe the dimensions of family communication, namely cohesion and adaptation, indicators of shared cohesion and individual commitment to norms and general values, while indicators of adaptation are loss of motivation, pattern changes and mental fatigue. Therapeutic communication dimension in this research is response and action with indicator of response dimension is cognitive and affective while indicator of action dimension is konatif, warmth, guiness and empathy. Furthermore, the dimension of anxiety is willingness to communicate and shy, indicator of shy is withdrawal and self improvement (repair) while indicator of willingness to communicate that is self evaluating in negative (negative self evaluation) and pressure.

The survey results of these three measuring instruments show this regression model obtained R2 = 0.895 or 89.5%. Sehinga said that the amount of family communication and therapeutic communications contribution of 89.5% while the other 10.5% is caused by other variables that can not be used in research.

Based on the Family Communication Patterns (FCP) theory, families create a shared reality through two processes, orientation conversations and an appropriate orientation. The orientation of a conversation is characterized by frequent interaction, spontaneous, unrestricted interactions that allow family members to discover the meaning of symbols and objects.

There are 2 orientations in the family communication, the social oriented in this orientation parents have great power and authority so that children are able to be controlled by parents, family oriented social conditions tend to be harmonious and avoid conflict with parents. Next concept oriented, this orientation turned with social oriented. Concept oriented tend to emphasize individual ideas, beliefs and feelings.

This orientation encourages all family members to participate in defining social reality, this is characterized by uniformity of beliefs and

attitudes. Family interaction focuses on maintaining harmonious relationships that reflect obedience to parents, often manifested in the pressure to approve and maintain a family hierarchy.

Families who play a role in the growth and personal development of a child, have the function to receive, nurture and educate a child. The family becomes the first educational place a child needs and the way that education will determine the perception of a child judging something. Because education in principle is to lay the foundation and direction for a child, a good education and understanding will develop the child's personal maturity, embedded in an independent personality, full of responsibility for his duties and responsibilities, respect for his fellow human beings and live according to his dignity and image.

Conversely, the wrong education can bring bad consequences for the child's personal development. One of the wrong education is spoiling children. Unequal parents' justice for children can be a difference in the provision of facilities to children and the difference of affection. For a child who feels unfairly treated can cause a child's disappointment to his or her own people and will feel jealous of his / her sibling, in this relationship the child usually protests against his or her parents who are manifested in various forms of mischief.

The effect of mischief is free sex and drugs, it also has effect disease, in this research is HIV/AIDS. Transmission of HIV/ AIDS occurs most often through unhealthy sexual relations, especially sex between men, including transvestites who reached 60%, and transmission through syringes 30%. Sexual intercourse, both heterosexual and homosexual are the main models of HIV transmission. It is undeniable that sexual behavior in high-risk groups of transsexual community contributes significantly to HIV / AIDS transmission. Transmission of HIV through anal sex is reported to have 10 times higher risk of vaginal sex. According to the American AIDS Research Foundation, concluded that transvestites were 19 times more likely to contract HIV disease than the general population.

Some forms of HIV / AIDS transmission based on this research data are in accordance with FCP theory on the dimensions of cohesion and adaptation. Many studies have examined the role of families in various health-related behaviors, such as physical activity, nutritional patterns, and substance use, where each of these behaviors has a strong relationship with the development and maintenance of chronic diseases.

Based on meanings of therapeutic communcation, the goal of therapeutic communication is to encourage and encourage cooperation between nurses and patients through the relationship of nurses and patients.

The therapeutic communication stage is the pre-interaction stage, the orientation stage, the working stage and the termination stage. Therapeutic communication characteristics have warmth (warmth), genuiness (sincerity) and empathy (empathy). Referring to this exposure, in accordance with the therapeutic communication dimensions and indicators expressed by this study, namely response and action. Indicators of the response dimension are cognitive and affective, while indicators of the response dimension are conative, warmth, guiness, emphaty.

Based on the results of this study, shows that the decision taken there is a significant influence between action on anxiety in parsia is negative, meaning that if the response and action decreased then the anxiety will also decrease.

People who are vulnerable to HIV / AIDS should conduct consultation through Voluntary Counseling and Testing (VCT), the communication process that occurs during VCT takes place is one application of therapeutic communication. This VCT test is important for good treatment, care and prevention (if done correctly and from the beginning). Most people living with HIV get tests and counseling only when they have had severe clinical illness, thus requiring longer treatment than those who had tested earlier.

VCT is one manifestation of therapeutic communication that exists between patient and doctor or therapist. Some research related to therapy or counseling done to overcome psychological problems and give a positive impact, improve self-understanding, social skills, increase motivation, so that people do not feel desperate and still have the spirit to live.

Supportive therapy is also an alternative form of therapy that aims to help the subject adapt to the problems encountered, one of the therapies is to make intense communication between ODHA with family and therapist who handles ODHA. People living with HIV / AIDS have great anxiety when early knowing the disease in their body, to overcome the anxiety of ODHA in this research stated that the importance of family

role as support system and role of doctor or therapist to increase self confidence of ODHA.

Based on the data that researchers found, the therapy that has been done previous researchers in Sadar Hati Foundation, among others, drawing therapy, writing diary therapy and one of speech therapy. According to Communication Science speech therapy pertained to the study of Therapeutic Communication, in brief therapeutic communication is a communication that occurs between doctors and patients with the aim of improving the patient's recovery. While in the study of Communication Studies berdasrkan socio-psychological perspective known as FCBT therapy (Family Cognitive Behavioral Therapy).

Researcher argue that open communication patterns can help children to think and determine attitudes, especially tolerance. While in a family that develops a closed communication pattern can result in the lack of creativity of family members to think and act as well as being cooperative. The researcher's opinion is supported by Duvall's research which shows that the open communication pattern that the parents run will shape the tolerance of the child.

Furthermore, research's explaination the communication between patients and therapists called therapeutic communication, therapeutic communication is a cooperative relationship characterized by the exchange of behavior, feelings, thoughts and experiences in fostering intercourse therapeutic. The researchers found that the previous research gap focused more on customer satisfaction (CSR) on services that have been given by the hospital. Meanwhile, research on the influence of good cooperation between the family and therapist to achieve patient recovery is rarely done.

Researcher's assume that therapeutic communication processes are also necessary for openness in communication, but this will be a problem when patients are not open because of embarrassment to the illness suffered so as not to have a good response to the therapist's explanation. As a result the patient's recovery process is slow.

So, according to the theory FCBT (Family Cognitive Behavioral Theraphy) and connected with Family Communication Pattern and also Therapeutic Communication, there is interconnected in lowering anxiety ODHA. Research findings data, family communication and therapeutic communications have a shared role to reduce the anxiety of ODHA. Therapeutic communication is more dominant in reducing anxiety than family communication.

CONCLUSION
- There is a correlation of family communication to anxiety which means there is a very strong family communication influence to the anxiety of ODHA with negative correlation direction.
- There is a correlation of therapeutic communication to anxiety which means there is a very strong therapeutic communication effect on the anxiety of ODHA with negative correlation direction.
- There is a shared role between family communication and therapeutic communication to anxiety of ODHA meaning that this joint role has a very strong correlation to anxiety.

Furthermore, this study has limitations in the aspect of variables that affect anxiety in socio-psychology perspective, so researchers recommend some things for further research as follows:
1. This study measures the relationship between family communication, therapeutic communication and communication anxiety as a support system for people living with HIV.
2. Measuring tool to see anxiety used by researchers is a scale of Beck.
3. It is hoped for further research to find other variables that affect anxiety.
4. Limitations of respondents in this study only 100 respondents and conducted in Malang.
5. In addition, the interesting thing to do is to explore demographic differences that can produce different effects as well as to see if there is a difference between the way men and women think in the face of anxiety.
6. In this research use quantitative method with survey research design. In subsequent research, it is hoped that there will be other methods of socio-psychology research such as using experimental research to see firsthand how communication processes are influenced by different ways of thinking that can be observed from verbal and non verbal.
7. Develop socio-psychological research in other areas of communication such as political communication, organizational

communication, visual communication, and others

8. Conducting the development of metariset on the development of research on socio-psychology studies in Indonesia. Metaretics is done by reviewing articles or journals with the core topics of studies in socio-psychology.

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