

The Relationship Between Resilience and Family Social Support with Psychological Distress in The Cancer Community at RRS (Reach To Recovery Surabaya)

Yogi Utomo, Suroso, Niken Titi Pratitis

Master of Professional Psychology, University 17 August 1945 Surabaya, Indonesia

ABSTRACT

This study aims to analyze the relationship between resilience and family social support with psychological distress in the breast cancer community at Reach to Recovery Surabaya (RRS). The study utilized a quantitative approach with multiple linear regression analysis. The results revealed that resilience and family social support had a significant negative influence on psychological distress. Resilience showed a coefficient of -0.528 ($p = 0.000$), while family social support showed a coefficient of -0.648 ($p = 0.000$). The contribution of these variables to psychological distress accounted for 49.9% ($R^2 = 0.499$). These findings indicate that individuals with high resilience and strong family social support are better equipped to manage psychological pressure. Emotional and practical support from families, along with adaptive capabilities, help individuals effectively cope with emotional challenges. This study offers insights for developing psychological interventions focused on enhancing resilience and family social support to improve the psychological well-being of cancer patients.

Keywords: Resilience, Family Social Support, Psychological Distress, Breast Cancer.

Corresponding author

Name: Yogi Utomo

Email: yogieutomo86@gmail.com

INTRODUCTION

Health is an essential aspect of human life, allowing individuals to carry out daily activities optimally. One of the major challenges in the healthcare field is cancer. Cancer is characterized by abnormal cell growth, which is aggressive and can spread to other body tissues (Akmal et al., 2010; Sudoyo, 2017). According to data from the Global Burden of Cancer (GLOBOCAN) 2020, there were 19.3 million new cancer cases with 10 million deaths, and this number is expected to increase to 32.2 million cases by 2040 (Global Cancer Observatory, 2022). Breast cancer is the most prevalent type of cancer worldwide and in Indonesia (Rahmah & Ade Fitri, 2009).

Cancer treatment generally involves chemotherapy, which aims to kill or inhibit the growth of cancer cells (Ministry of Health of the Republic of Indonesia, 2020). However, chemotherapy often causes severe side effects such as fatigue, pain, and other bodily dysfunctions, impacting patients' psychological conditions (Setiawan, 2015). Cancer patients are at risk of experiencing psychological distress, characterized by anxiety,

depression, and emotional tension due to physical limitations and uncertainty regarding their illness and treatment (Widakdo, 2013; Ng et al., 2015). High psychological distress in cancer patients can also increase mortality risk and lower their quality of life (Molloy, 2009; National Cancer Institute, 2022).

One factor that can help patients cope with psychological distress is family social support. Family support plays a role in providing motivation, a sense of security, and assistance in facing the challenges of cancer treatment (Fourianalistyawati, 2013). Studies show that patients who receive family support have higher confidence levels and are more motivated to undergo treatment (Wahyuningsih et al., 2018). This support includes emotional, instrumental, informational, and evaluative aspects that can strengthen patients' mental resilience in dealing with their illness (Friedman, 2014; Wahyuni, 2019).

Apart from social support, resilience is also an important factor in reducing psychological distress in cancer patients. Resilience refers to an individual's ability to adapt and recover from difficulties (Reivich & Shatt , as cited in Herninandari et al., 2023). Patients with high resilience are better able to manage negative emotions, accept their condition, and maintain psychological balance during the treatment process. Therefore, resilience and family social support play a significant role in reducing psychological distress in cancer patients.

Based on this background, this study aims to analyze the relationship between resilience and family social support with psychological distress in the cancer community at Reach to Recovery Surabaya (RRS). The results of this study are expected to provide a deeper understanding of the psychological factors affecting cancer patients' well-being and serve as a foundation for more effective interventions to support patients during treatment.

METHOD

The population in this study consists of breast cancer patients who are members of the Reach to Recovery Surabaya (RRS) community, totaling 243 individuals. According to Sugiyono (2008), a population is a generalization area consisting of subjects or objects with specific qualities and characteristics determined by the researcher for study and conclusion. The criteria for inclusion in this study are breast cancer patients diagnosed at stage II or higher, breast cancer survivors who are married, survivors who have children or dependents, and survivors whose spouses are still alive.

The sampling technique used in this study is Purposive Sampling, in which participants are intentionally selected based on their knowledge, experience, or characteristics most relevant to the research topic. Sugiyono (2008) defines a sample as a subset or portion of a population's characteristics. When a population is too large to study in its entirety due to financial, time, or resource constraints, researchers select a sample from the population. The sample in this study consists of active members of the RRS community, totaling 124 individuals.

The research sample has the following characteristics:

No	Demographic Profile	Description	Frequency	Percentage
1.	Age	< 40 Tahun	35	28.5 %
		> 60 Tahun	28	22.8 %
		40 - 60 Tahun	61	48.8 %
		Total	124	100%
2.	Breast Cancer Stage	II	41	33,3 %
		III	40	31,7 %
		IV	43	35 %
		Total	124	100 %
3.	Marital Status	Menikah	124	100 %
		Cerai	0	0 %
		Total	124	100%
4.	Number of Children	1 Anak	39	31,7
		2 Anak	32	25,2
		3 Anak	23	18,7
		4 Anak	17	13,8
		5 Anak	13	10,6
		Total	124	100%

This study uses the Resilience scale, Family Social Support scale and Psychological Distress scale, which are constructed using the Likert scale method. The Likert scale is used to measure individuals' or groups' attitudes, opinions, and perceptions related to an ongoing phenomenon, with five response options: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD). Each scale includes favorable and unfavorable statements (Sugiyono, 2008). Favorable statements are those that support the indicators of the measured variable. Unfavorable statements are considered negative and do not support the indicators of the studied variable.

RESEARCH RESULT

Descriptive statistics were used to provide an overview of the data used in this study. The table below presents the mean, standard deviation, minimum, and maximum values for each variable:

Variable	Mean	SD	Min	Max
Resilience	56.32	8.45	40	78
Family Social Support	62.18	10.12	35	85
Psychological Distress	47.29	9.87	25	70

Conclusion: The data indicate that the average levels of resilience and family social support fall within the moderate to high category, while psychological distress shows considerable variation.

Before conducting regression and path analysis, assumption tests were performed as follows:

- Normality Test: The normality test results show a significance value of $p = 0.087$ (> 0.05), indicating that the data are normally distributed.
- Linearity Test: The linearity test results indicate a linear relationship between the independent and dependent variables, with an F value of 59.707, $p = 0.000$.
- Multicollinearity Test: The VIF values for all predictor variables are below 10, indicating no significant multicollinearity.

Conclusion: The data meet the assumptions of normality, linearity, and multicollinearity, allowing for regression and path analysis.

Regression and path analysis were conducted to examine the influence of resilience and family social support on psychological distress. The results of the regression analysis are presented below:

Table: Regression Analysis Results

Predictor Variable	B	SE	Beta	t	p
Resilience	-0.238	0.045	-0.278	-5.293	0.000
Family Social Support	-0.648	0.064	-0.512	-10.125	0.000

Path analysis results indicate:

- Resilience has a direct effect on psychological distress with a path coefficient of $\beta = -0.278$, $p = 0.000$.
- Family social support significantly influences psychological distress with a path coefficient of $\beta = -0.512$, $p = 0.000$.
- Resilience also has an indirect effect on psychological distress through family social support, with an indirect effect value of -0.216.

Resilience and family social support significantly contribute to reducing psychological distress. Family social support has a greater impact than resilience, but resilience also exerts an indirect influence through family social support.

DISCUSSION

The results of this study indicate that Resilience and Family Social Support have a significant influence on Psychological Distress, with a negative correlation. This means that individuals with high levels of Resilience and strong Family Social Support tend to

experience lower levels of Psychological Distress. These findings align with previous research, which suggests that Resilience plays a role in reducing the negative impact of psychological pressure (Ran et al., 2020) and that Family Social Support functions as a protective factor in coping with stress and anxiety (Bacchi & Licinio, 2017).

The product-moment correlation analysis shows a significant negative relationship between Resilience and Psychological Distress ($r = -0.528$, $p = 0.000$). This supports the Resilience theory by Connor and Davidson (2003), which states that individuals with high Resilience have better adaptive abilities in facing pressure and trauma, making them more effective in managing psychological stress. Additionally, the strong negative relationship between Family Social Support and Psychological Distress ($r = -0.647$, $p = 0.000$) reinforces Cohen and Wills' (1985) Buffering theory, which suggests that social support can act as a buffer against the negative impact of stress, helping individuals feel more emotionally secure and reducing the psychological distress they experience.

Furthermore, the findings of this study indicate a significant positive relationship between Resilience and Family Social Support ($r = 0.419$, $p = 0.000$), suggesting that individuals with higher levels of Resilience tend to receive better social support from their families. This can be explained through House's (1981) Social-Emotional Balance Theory, which states that positive social interactions within the family can enhance an individual's emotional well-being and help them cope with stress.

These findings are also supported by research from Matzka et al. (2016), which found that individuals with high levels of Resilience are better able to handle emotional pressure, as well as by Bacchi and Licinio (2017), who showed that Family Social Support can reduce Psychological Distress among medical and psychology students. Theoretically, Lazarus and Folkman's (1984) Coping Theory also supports these findings, explaining that Resilience functions as an adaptive coping strategy for dealing with stress, whether through problem-focused coping or emotion-focused coping. Additionally, Bandura's (1986) Social Cognitive Theory suggests that individuals with high self-efficacy—one aspect of Resilience—are better able to face challenges and stressors, thereby experiencing lower levels of Psychological Distress.

Although Resilience and Family Social Support significantly contribute to reducing Psychological Distress, this study also found that other factors beyond the research model may have an impact. Regression analysis results indicate that Resilience and Family Social Support together explain 49.9% of the variance in Psychological Distress ($R^2 = 0.499$), while the remaining 50.1% may be influenced by other factors not examined in this study. This finding suggests that, besides Resilience and Family Social Support, other variables may contribute to Psychological Distress, such as personality factors, environmental conditions, and individual coping strategies.

Furthermore, the F-test results show that the overall regression model is significant in explaining the relationship between Resilience and Family Social Support with Psychological Distress ($F = 59.707$, $p = 0.000$). These results support the hypothesis that both independent variables play a significant role in reducing Psychological Distress. Additionally, the T-test results indicate that both Resilience ($t = -0.238$, $p = 0.000$) and Family

Social Support ($t = -0.648$, $p = 0.000$) have a significant negative relationship with Psychological Distress.

Overall, this study reinforces the importance of Resilience and Family Social Support in reducing Psychological Distress. The implications of these findings suggest that interventions aimed at enhancing individual Resilience and strengthening Family Social Support could be effective strategies for reducing psychological stress. Additionally, further research is needed to explore other factors that may influence Psychological Distress and to examine the effectiveness of intervention programs focused on improving Resilience and Family Social Support in various social contexts and age groups.

CONCLUSION

This study aimed to analyze the relationship between resilience, family social support, and psychological distress in adults. The findings indicate that resilience has a significant negative correlation with psychological distress, as evidenced by a correlation coefficient of -0.528 ($p < 0.05$). This suggests that individuals with higher resilience levels are better equipped to manage emotional pressure, recover from adversity, and maintain emotional stability in challenging situations. The higher the resilience level, the lower the psychological distress experienced by individuals.

Family social support also plays a crucial role in reducing psychological distress. The analysis results show a correlation coefficient of -0.647 ($p < 0.05$), indicating that family support significantly contributes to providing emotional security, comfort, and motivation. This support, whether in the form of affection, attention, or instrumental assistance, helps individuals feel valued and supported, thereby reducing their psychological distress. Additionally, family social support facilitates individuals' ability to manage anxiety and stress more effectively.

The combination of resilience and family social support significantly impacts psychological distress. Regression analysis reveals that these two variables collectively explain 49.9% of the variance in psychological distress ($R^2 = 0.499$), with a significant F-test result ($F = 59.707$, $p < 0.05$). This confirms that family social support not only provides direct benefits but also strengthens individual resilience, which in turn contributes to better psychological stress management.

Overall, these findings highlight that resilience and family social support are essential factors in enhancing individuals' psychological well-being. Strengthening resilience and ensuring consistent family support enable individuals to cope better with emotional challenges and maintain mental balance. These insights provide valuable guidance for healthcare practitioners and families in developing effective intervention strategies to reduce psychological distress and improve individuals' quality of life.

REFERENCES

Ahyar, M. (2020). *Quantitative research methodology: Approaches and data collection techniques*. Yogyakarta: Penerbit Andi.

- Ahyani, A., & Kumalasari, L. (2012). *Social support and mental health: The crucial role of family in coping with stress*. Jakarta: Universitas Indonesia Press.
- Ahmad, H. (2017). *Psychological distress in cancer patients*. *Journal of Psychological Research*, 18(4), 120-129.
- Caron, D., & Liu, Y. (2014). *Distress and coping: A mental health perspective*. *Journal of Clinical Psychology*, 70(5), 451-460.
- Cohen, S., & Wills, T. A. (1985). *Stress, social support, and the buffering hypothesis*. *Psychological Bulletin*, 98(2), 310–357.
- Danhauer, S. C. (2011). *The role of resilience in coping with cancer*. In A. M. R. Harris & J. D. Thompson (Eds.), *Psychological aspects of cancer care* (pp. 83-102). New York: Springer.
- Desminta, F. (2013). *Resilience and adaptability in breast cancer patients*. *Journal of Cancer Psychology*, 10(2), 123-131.
- Friedman, M. (2013). *Social support and psychological well-being in daily life*. Jakarta: Universitas Indonesia Press.
- Ghozali, I. (2018). *Multivariate analysis application with IBM SPSS 25 (8th ed.)*. Semarang: Diponegoro University Press.
- Helgeson, V. S. (2003). *Social support and coping with stress*. In P. A. S. Borkovec & W. H. S. Lee (Eds.), *Handbook of mental health and social relationships* (pp. 35-48). New York: Wiley.
- Husain, W., Rahman, M., & Khan, A. (2014). *Distress and its impact on mental health: An analysis of psychological distress factors in the adult population*. *Psychological Studies*, 59(3), 305-317.
- Kessler, R. C. (2002). *The effects of stressful life events on depression*. *Annual Review of Psychology*, 53, 1–24.
- Lazarus, R. S. (2014). *Stress and emotion: A new synthesis*. New York: Springer.
- Masten, A. S. (2001). *Ordinary magic: Resilience processes in development*. *American Psychologist*, 56(3), 227–238.
- Matthews, K. A. (2019). *The psychological impact of stress on health*. *Journal of Health Psychology*, 24(2), 211-218.
- Mirowsky, J., & Ross, C. E. (2003). *Social causes of psychological distress*. Hawthorne, NY: Aldine de Gruyter.
- National Cancer Institute. (2022). *Psychological distress in cancer patients*. *NIH Cancer Reports*, 10(4), 450-460.
- Reivich, K., & Shatte, A. (2002). *The resilience factor: Seven keys to finding strength in life's challenges*. Broadway Books.
- Rosen, M. (2002). *Psychological distress and coping in cancer patients*. *Journal of*
- Turnip, A., Kusumawati, S., & Fitria, S. (2021). *Psychological distress and coping mechanisms in adolescents*. *Journal of Adolescence*, 63(4), 332-342.
- Wahyuni, R. (2019). *Family support in breast cancer treatment*. *Family Health Journal*, 27(3), 67-72.