

The Effect of Social Support and Gratitude on Resilient Persons with Disabilities in Makassar City

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ABSTRACT: This study examines the relationship between social support and gratitude for resilience among individuals with physical disabilities. Tests of social support, gratitude, and resilience were conducted on 30 adults with physical disabilities at the Bina Daksa Wirajaya Social Institution Makassar. Researchers hypothesized that aspects of social support and gratitude will affect resilience. The data were analyzed using multiple regression analysis. The results indicate that social support and gratitude have a positive effect on resilience. Specifically, the greatest contribution was made from emotional support and abundant gratitude. The implication of the findings of this study is to present an intervention to increase the level of resilience among adults with physical limitations.

KEYWORDS: Resilience, Social Support, Gratitude, Physical Limitations.

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I. INTRODUCTION

Resilience is included in an individual's internal ability that is realized by researchers and finally began to develop in the 1970s. The definition of resilience itself is the result of successful adaptation to adversity. The idea of resilience that individuals can bounce back from negative life experiences and often even become stronger during the coping process, emerged in research on this (Henderson & Milstein, 2017). Resilient individuals seem to have a special policy about life, far from a cynical view of life (Davis & Asliturk, 2017).

In the success of individuals to become resilient, there are two concepts called risk factors and protective factors. Risk factors are environmental and psychological biological hazards that increase the likelihood of maladaptive impacts (Werner in Murray, 2018). On the other hand, protective factors become sources as an effort to modify the impact of exposure to risky experiences and change these conditions (Werner & Smith in Murray, 2018).

The importance of protective factors becomes a reference for researchers to determine the effect of the components of protective factors on the success of individuals to become resilient. There have been many studies linking resilience with components of protective factors, such as research on coping (Dumont & Provost, 2017; Heiman 2016), social support (Dumont & Provost, 2017; Heiman, 2016; Mummery, Schofield & Perry, 2017), positive emotions (Tugade & Fredrickson, 2017; Tugade, Fredrickson & Barret, 2016; Bergeman, Bisconti & Wallace, 2017), future expectations (Heiman, 2016), optimism (Heiman, 2016), self concept (Mummery, Schofield & Perry, 2017), self-esteem (Dumont & Provost, 2017).

This study tries to relate and see the effect of social support and gratitude on resilience. Social support is usually defined as the presence or presence of people who can be expected, care, value, and love us (I.G. Sarason, Levine, & Basham, 2010). Besides wanting to know the effect of social support, this research will also look at the effect of gratitude on resilience. Gratitude is a form of positive emotion. The presence of positive emotions is also important in predicting an individual's ability to become a resilient person in overcoming stressful conditions (Tugade & Fredrickson, 2017; Bisconti & Wallace, 2016). One of the studies conducted by Lambert that supports gratitude as a form of positive emotion. The research was conducted on students aged between 17-22 years with a high lecture load. In this study, gratitude was associated with symptoms of depression experienced by female students.

The results show that increasing the frequency of gratitude over time increases positive emotions and prevents an increase in depressive symptoms (Lambert, Fincham & Stillman, 2016).

The question that then arises is whether these two factors, social support and gratitude also show their influence on the resilience of people with physical disabilities. Confirmation of this phenomenon comes from studies of people with spinal cord injury (SCI).

In general, low levels of social support are associated with individuals who like to blame themselves for their illness (Wilson, 2015). This means that his ability to cope with difficult situations cannot be achieved due to a lack of social support. For other persons with disabilities, the regression results showed no significant relationship between the severity of disability and the type of social support (Forouzan, A. Mahmoodi, Shushtari & Sajjadi, 2016). The existence of these inconsistent results strengthens the reason for researchers to conduct further research on the relationship between social support and resilience. On the other hand, although there is clear evidence of the importance of gratitude for people with disabilities, not much has been revealed in previous studies. Therefore it is also important to know the effect of gratitude.

Resilience

Resilience is the process of managing the source of stress or trauma, managing it or dealing with it effectively. Capital and resources in individuals, lives and environments facilitate the capacity to adapt and bounce back (Windle, 2016). Resilience in terms of outcomes has the meaning of maintaining normal developmental functions despite exposure to serious stress or trauma that increases the risk of adaptation failure such as mental disorders (Luthar & Rosenvinge, 2015).

Meanwhile, from a process perspective, resilience means all the factors and mechanisms that spearhead and form useful coping and successful adaptation (Friborg, et al, 2016). Six different resilience factors that can increase the likelihood of good outcomes, namely (a) four aspects that indicate intrapersonal sources in the form of positive self-perceptions, positive perceptions of the future and trust, social competence and warmth, structured style of task completion, and (b) two aspects that indicate interpersonal sources through the cohesiveness and presence of family support, as well as reinforcement from family members and friends and social support (Friborg, et al, 2016).

This research emphasizes more on the notion that resilience is a process of forming useful coping and adaptability, which Friborg et al (2016) also stated. Furthermore, the researcher also assessed that from the two main sources of resilience, intrapersonal and interpersonal aspects. The intrapersonal aspect consists of a positive self-perception and perception of the future as well as positive trust, social competence and warmth as well as a structured style in problem solving (Friborg, 2003).
et al., 2009).

Social Support

Social support is defined as information from other people who are loved and cared for, respected and valued, and part of a communication network and shared obligations from parents, spouse or loved ones, other relatives, friends, social contacts, and the community (Rietschin in Taylor, 2003). , 2003) or even certain pets (JM Siegel in Taylor, 2003). People with high levels of social support are categorized as less stressed when faced with stressful experiences, and can cope more successfully (Taylor, 2003).

Social support proposed by Sarafino and Smith (2011) means actions that are actually shown by other people or called received support. In addition, social support also means an understanding or perception that comfort, care and help are there if needed, namely perceived support. On the other hand, Sherbourne and Stewart, (1991) see that the availability of support focuses on the availability of functional support when needed. For them one's perception of the availability of support is important. Social support has been described as an important factor in several resilience domains. The short definition includes both the objective quantity of social resources and the process of maintaining relationships.

Social support is a transaction between individuals and their environment. Therefore, the definition of social support does not only concern the number or function of social relationships but also includes perceptions of support (Westphal & Charney, 2010). Armstrong in his research suggests that social support functions as a stress mediator that makes individuals more resistant to the adverse effects of stress (Birnie Levcovitch & Ungar, 2005).

Based on the results of existing research, social support is one component of a protective factor (Henderson & Milstein, 2003). The various meanings given by the characters and the research above lead the researcher to the conclusion that social support is functional support given by other people (sources of support) to someone who is in a situation that causes pressure when needed.

This conclusion is also in accordance with the understanding put forward by Sherbourne and Stewart (1991). The relationship between social support and resilience can be seen from research on mothers who care for children with chronic physical conditions, the perception of the number of people available to them and their satisfaction with the existence of social support will be negatively related to stress-causing factors (Horton & Wallander, 2001). This means that social support is able to make a positive contribution to individual resilience. One study stated that social support reduces harmful behavior, encourages active prevention, reduces loneliness,

increases feelings of self-worth and resilience and helps a person put problems in a certain perspective (Haglund, Cooper, Southwick & Charney, 2007).

Sherbourne and Stewart (1991) list the forms of social support in the form of functional support into five forms: (a) emotional support, which can be provided through the expression of positive feelings, empathetic understanding, and encouragement to express feelings; (b) informational support, a person is said to provide informational support when he or she offers advice, information, guidance or feedback; (c) tangible support from the provision of material assistance or assistance in the form of behavior/actions; (d) affectionate support includes expressions of love and care; and (e) positive social interaction, namely the presence of other people to do fun things together. These forms of social support are able to act as protective factors in achieving a resilient individual life.

Gratitude

The word gratitude means, generosity, or grace. Gratitude is conceptualized as an emotion, attitude, moral, habit, personality, and response (Pruyser in Emmons, McCullough & Tsang, 2004). Gratitude is an emotional feed that arises from a variety of scopes that include a more positive and appreciative view of life, (b) a positive bias in paying attention to social situations, (c) an orientation of life in a positive direction in the world, and (d) aspects of life. aspects of transactions and interpersonal relationships (Linley, 2008).

The general definition of gratitude is the feeling experienced when someone who gets help receives benefits from someone who gives help (Lambert & Fincham, 2011). Emmons (2004) defines gratitude as an acknowledgment and appreciation of offering. Gratitude is a general tendency to recognize and benefit each individual with grateful emotions into positive experiences and the results obtained (Tsang, 2002).

As a form of emotion, gratitude is studied as an affection, which means how a person tends to experience special emotions. Every grateful individual may not feel the experience of gratitude all the time but the experience of gratitude comes in certain situations. Individuals who are grateful can be said to be at the lowest gratitude threshold so that gratitude must be seen as a relationship between the disposition of gratitude and feelings of gratitude (Stone, 2003). Gratitude can be a tendency to feel gratitude in appreciating the favors received (Guralnik in Watkins, 2003). As a psychological condition, gratitude means feeling feelings of gratitude, gratitude, and appreciation for life. Gratitude can be expressed primarily to God as well as to other people as well as impersonal sources such as nature and animals (Shelton, 2002).

On the other hand, Crumpler (2000) argues that gratitude is an emotional condition and attitude towards life that is a human strength in improving personal and related to well-being.

In this study, the meaning of gratitude used by researchers is based on the thoughts put forward by Watkins (2003) which states that gratitude is a tendency to experience feelings of gratitude in appreciating the blessings received.

Some studies say that gratitude is a form of positive emotion. The presence of positive emotions is also important as a protective factor in predicting an individual's ability to become a resilient person in overcoming stressful conditions (Bisconti & Wallace, 2006).

Watkins (2003) reveals what characteristics an individual should have that can be said to be grateful. Below are described the four, namely:

(a) a feeling of contentment, meaning that a grateful individual does not feel lost in life; (b) social appreciation, a grateful person appreciates the contribution of others to his or her welfare; (c) appreciation of simple pleasures, every grateful individual can be characterized by a tendency to appreciate simple pleasures. Individuals who appreciate simple pleasures should be more likely to experience feelings of gratitude because they experience subjective gain more often in daily life; (d) expression of gratitude, grateful individuals should recognize the importance of experiencing and expressing gratitude.

For people with physical disabilities, they are faced with the fact that there are weaknesses and limitations in carrying out movement activities. However, the existence of social support that comes from their environment cannot be denied being able to help them to get back up, become resilient individuals and resume their lives. An equally important factor is the existence of a form of positive emotion that leads people with disabilities to bounce back after experiencing a stressful situation. This form of positive emotion is called gratitude. People with disabilities who have a high level of gratitude will appreciate the potential they still have to be able to continue their life. They as beneficiary will also appreciate the help they receive from the benefactor.

Hypothesis

Researchers assume that:

H1: There is a significant effect between social support and gratitude on resilience in persons with disabilities.

Ho: There is no significant effect between social support and gratitude on resilience in people with disabilities.

In more detail, the researchers put forward the hypothesis, namely:

1. H1: There is a significant effect between social support (emotional support) associated with resilience in people with disabilities.
2. H1: There is a significant effect between social support (information support) with regard to resilience in persons with disabilities.
3. H1: There is a significant effect between social support (real support) is related to resilience in people with disabilities.
4. Ho: There is no significant effect between social support (real support) which is associated with resilience in persons with disabilities.
5. H1: There is a significant effect between social support (positive social interaction) with regard to resilience in persons with disabilities.
6. H1: There is a significant effect between social support (affectionate support) with regard to resilience in persons with disabilities.
7. H1: Gratitude (simple appreciation) has a significant effect on resilience in people with physical disabilities.
8. H1: Gratitude (sufficient feeling) has a significant effect on resilience in people with disabilities.
9. H1: Gratitude (appreciation for others) has a significant effect on resilience in people with disabilities.

II. METHODS

Samples and Procedures

Thirty adults with disabilities were selected at random using probability sampling technique from the social institution Bina Daksa Wirajaya Makassar City. Respondents completed a questionnaire package containing instruments for measuring resilience, social support, and gratitude. The sample consisted of 15 men and 15 women with an average age of 17 – 62 years.

Instrument

The Resilience Scale for Adults. The RSA developed by Friborg et al (2009) consists of items (favorable-unfavorable) that are assessed through a 5-point semantic-differential scale. Six factors owned by RSA are a). Intrapersonal: positive self-perception, perception of the future, positive trust, social competence, warmth, and structured style in completing tasks; b). Interpersonal: cohesiveness and presence of family support, reinforcement from family members and friends and social support were then adapted and selected 14 items representing the four intrapersonal factors used in the study. Through this adaptation, the researcher calls the resilience measurement instrument The Resilience Scale for Adults-short form. Adaptation to the language used is also carried out so that respondents are able to understand the meaning of each item.

The Medical Outcomes Study Social Support Survey, Sherbourne and Watkins (1991) developed the MOS-SSS to determine the availability of perceived functional support based on five aspects of social support (emotional, informational, tangible support, positive social interaction, and affectionate support).

The Gratitude Review and Appreciation Test. The instrument developed by Watkins et al (2003) was not entirely used in this study with the consideration that a large number could burden the respondent especially due to its specificity. Therefore, the researcher only used a shortened version of the GRAT. The assessment of the answers on this instrument is based on a 4-point Likert scale. The system applied is the strongly agree option is represented by point 4. On the other hand for unfavorable items point 1 represents the choice strongly agrees and point 4 represents the choice strongly disagrees.

III. RESULTS

Resilience in the results of the CFA analysis with modifications shows that the RSA-short form instrument is all declared valid, where according to the criteria described, it indicates that a model with one factor can be used. It is accepted that all items measure only one factor, namely resilience.

Social support on the results of the CFA analysis of each dimension of social support shows that emotional support, information support, real support, positive social interaction, and affectionate support declared valid as a whole.

Gratitude on the results of CFA's analysis of each dimension of social support shows that simple appreciation, sense of abundance, and appreciation for others are also valid.

Hypothesis testing

Hypothesis testing using multiple regression technique shows that 26.5% of the variance in resilience is represented by social support and gratitude variables, while the other 73.5% is represented by other variables outside of the two variables.

The IV used in this study is that there is an effect of social support and gratitude on resilience in persons with disabilities.

The conclusion that can be drawn is that the null hypothesis (Ho) which states that there is no effect of social support and gratitude on resilience in persons with disabilities can be rejected.

The calculation of the proportion of the variance of resilience contributed by each dimension of the independent variable shows the consistency of the results with the hypothesis testing previously described. Emotional support and a sense of abundance seem to make a significant contribution to the ability of people with disabilities to be resilient.

IV. DISCUSSION

Analysis of the overall effect of independent variables on resilience states that there is an effect of social support and gratitude on resilience in people with disabilities. This kind of influence can also be seen from various previous studies (Finchman & Stillman, 2011).

It was mentioned earlier that in this study, social support had a significant effect on resilience and this result appears to be directly proportional to the results of previous studies (Horton & Wallander, 2001). Social support itself is defined as the availability of perceived functional support. This functional support refers to the extent to which interpersonal relationships are able to provide certain functions according to Horton & Wallander (2001) for example in their research on mothers with children with cerebral palsy and spinal bifida found that mothers' perceptions of the availability of social support will negatively correlate with factors that cause stress. This means that social support will support a higher level of resilience.

More specifically, of the five forms of social support that are the dimensions in this study, only emotional support has a significant effect on the dependent variable (resilience). Confirmation of these results, the researchers obtained from a study conducted by the Canadian Institute for Health Information (CIHI).

The study states that emotional support appears to act as a support in dealing with stress-causing factors and as a protective factor when facing difficulties (CIHI, 2012). Seeman (1996) also states that emotional support is a more consistent predictor of neuroendocrine function than informational support. In addition, it was found that those who received daily emotional support had a higher effect on resilience.

When viewed from the contribution to the proportion of variance in resilience, emotional support showed significant results. According to the researcher, such results can occur because through emotional support, people with disabilities can be more motivated to get up and build their lives in dealing with stressful situations. Unlike the case if other support is given to them, what happens is that they will depend a lot on the supports provided without trying to stand on their own feet.

Contrary to the significant effect produced by the emotional support dimension, other dimensions of social support, namely real support information support, positive social interaction, and affectionate support were not able to have a significant effect on resilience even with the proportion of the variance. Although information support is able to have a positive effect, it is not significant. Contribution of variance proportion of information support or resilience also did not show significant results.

There are several possible reasons why information support is not able to have a significant effect on the development of an individual's ability to be resilient. First, with regard to information support, the researcher assumes this is because the respondents studied have reached a mature age so that in an effort to make decisions on what to do, they rarely ask for advice from the people around them.

Like family, friends, or other relatives. Respondents also include people who are independent in seeking information and sometimes they know better what to do for themselves and the people around them. This is especially true for male respondents, most of whom are married. Based on the brief discussion that the researchers conducted with the respondents, those who live in the Binadaksa Wirajaya social rehabilitation center can work more and develop themselves.

Different from the two supports previously described, real support, positive social interaction, and affectionate support they get, the lower their ability to be resilient. This makes sense for people with physical disabilities because the more they get help from the people around them, the easier it is for them to depend on their families or relatives. Of course, this is contrary to the concept of resilience, which means the ability to rise from stressful situations and through the accompanying mechanisms to live a new life with the abilities that they still have.

Likewise, if the positive social interaction obtained by people with physical disabilities is high, then they no longer think that they have to organize their lives to be able to adapt to the current situation better. This condition allows people with disabilities to depend on their interactions with other people so that other people will later help meet their needs without having to be resilient. The Canadian Institute for Health Information also stated that social support related to affection was not shown to be a significant factor when transitioning out of psychological stress (CIHI, 2012). Everything turned to the basic support they need more, namely emotional support. However, this result does not show a significant effect. This means that the higher the disabled people with disabilities get real support in establishing positive social interactions and affectionate support as a form of support they need. Support that gives them the impetus to be able to be self-sufficient on their own.

Furthermore, another variable in this study, namely gratitude, as mentioned earlier is a protective factor that comes from within the individual himself. As with social support, the results of the study also show that there is a significant effect of the gratitude variable on the dependent variable, resilience. Gratitude in positive psychology is a form of goodness from the power of transcendent character, which is related to belief in and commitment to non-material aspects of life (universal, ideal, sacred, or divine) (Peterson & Seligman, 2004). Therefore, gratitude can be said to directly connect individuals to goodness (Peterson & Seligman, 2004). The meaning of gratitude in this study is the tendency to experience feelings of gratitude in appreciating the kindness received (Watkins, et al, 2003).

As a domain in positive psychology, resilience is a strength-based perspective. Thus, the goodness (virtue) and strength (strength) put forward in positive psychology can be said as the basis for resilience (Chung, 2008). Research conducted by Pentz (in Chung, 2008) reveals that gratitude helps adults in dealing with difficulties. Chung (2008) himself did the test on what character strengths affect resilience, states that statistically a high level of gratitude for persons with disabilities can contribute to a high level of resilience as well. Furthermore, the dimension of gratitude which is positively significant to resilience is given by a sense of sufficiency. A sense of sufficiency is important in strengthening gratitude. An important aspect related to the sense of sufficiency is the ability to remember the benefits received in the past.

V. CONCLUSIONS

It can be concluded that the essence of the quality of gratitude is the tendency to remember and enjoy positive life events. In connection with the results of the study, where only emotional support and feelings of sufficiency showed a positive significance, this might arise due to factors other than the sample's response to questionnaire. The difference in the sample used allows for the difference in the responses given. The sample that has sufficient social support may have different responses than the sample who really wants to get social support but does not get it. Likewise with the gratitude of the research sample. When the sample feels gratitude is important, the response will be different from the sample who does not think gratitude is important. In addition, on the instrument, respondents complained about the number of items given because it was still quite a lot. Therefore, this may lead to less accurate answers from respondents.

Alternative suggestions can be applied considering the emergence of limitations related to research results, including:

- 1). Considering that the proportion of resilience variance contributed by social support and gratitude variables is only 25.8%, while 74.2% is contributed by other variables, it is hoped that the next research will be able to explore further about other variables that contribute to resilience. Other variables can be in the form of variables that act as risk factors or protective factors. Other demographic factors such as marital status, employment status, or ethnicity can also be related to a person's level of resilience, so research on these demographic factors can also be experienced. The development of research on resilience can also be carried out on other groups who are at risk of getting stressful situations, both medical groups (chronic disease sufferers, parents with children with disabilities, victims of natural disasters) and non-medical (overseas students, social service employees, field journalist, child victim of parental divorce).
- 2). If the next researcher wants to conduct further research on groups with vulnerable health histories (people with disabilities, chronic disease sufferers, the elderly) then the researcher will need to think about the number of statement items to be submitted. The number of statement items should not be too many so that it does not burden the respondent. The results obtained by the researchers will also be more leverage. Furthermore, the respondent should be given assistance so that the understanding desired by the researcher and the response given by the respondent can be in line. In addition, this can avoid the lack of a number of questionnaires being distributed with returnees.
- 3). In relation to a sense of sufficiency, people with disabilities are required to carry out daily self-evaluations (can be assisted by social institutions or psychologists). In addition to calculating blessings, this evaluation can be used as a parameter for people with disabilities to live a better and more useful life. Not only counting blessings, a reflection of a sense of well-being can be shown by utilizing the potential that is still owned and developing it into a business. In this way, it is hoped that they can become independent individuals and be able to meet their own needs.
- 4). On the other hand, increasing resilience can also be obtained from emotional support, therefore between inmates need to improve communication with each other so that strong and mutually supportive family ties are established. They are expected to be able to share their joys and sorrows more often so that they no longer feel alone.
- 5). In order to increase the resilience of the inmates, between social institutions can visit each other. Thus, each individual with a physical disability can take positive values from others and this can spur gratitude for each of the inmates. In addition, the inmates can also build emotional support for each other.
- 6). Considering that emotional support is the most important support for the formation of resilience in people with physical disabilities, the researchers suggest that for inmates who still have families, it would be better if social institutions were able to facilitate inmates and their families to be closer. However, the attention given by the family will be much more beneficial for the successful adaptation of persons with disabilities.
- 7) Every Sunday, the social institution is expected to be

able to hold counseling sessions for psychologists for people with physical disabilities. The goal is to help people with physical disabilities to evaluate themselves for what goodness they have received and that they should be grateful for. In addition, through this counseling session, the obstacles that are still experienced by people with physical disabilities can be found solutions and minimize these obstacles. This action will be an important form of emotional support for persons with disabilities. 8) Emotional support can be provided through the provision of psychologists to help people with disabilities when they are in difficult times accepting themselves as people with disabilities. In addition, the presence of a psychologist can help people with physical disabilities explore abilities that can still be utilized and optimize these abilities in order to build independence. 9) In order to help increase the feeling of self-sufficiency which is automatically directly proportional to the increased resilience of persons with disabilities, social services in providing supporting facilities for persons with disabilities are not only given in orphanages or certain places. These supporting facilities are absolutely necessary in a wider environment, so the social service is expected to be able to bridge the provision of supporting facilities for persons with disabilities in every public space. These supporting facilities are also expected to be spread evenly throughout Indonesia. In this way, the possibility of persons with disabilities experiencing a sense of deprivation (the lack of a feeling of being sufficient) will be minimized. 10) Provide encouragement that family members still have other advantages to be developed as a resource that can help them live a better life. It is also important to accompany and not leave family members who are physically disabled in going through the most difficult times after getting a disaster. Another reflection of emotional support that it can be shown that relatives of people with physical disabilities can help manage the resources within their family members that can still be used to the fullest. 11) On the other hand, so that people with physical disabilities do not depend on others, families must give freedom to their family members to survive in the wider community. Leaving people with physical disabilities alone at home will actually cause depression for them due to feelings of worthlessness. 12) Meanwhile, by inviting persons with disabilities to carry out religious activities together, such as worshiping together in places of worship according to their religion or praying together, it creates gratitude in the form of feelings of sufficiency.

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