

THE EFFECT OF SOCIAL SUPPORT AND HOPE ON RESILIENCE IN ADOLESCENTS

Novi Hidayat¹; Siti Rohmah Nurhayati²

^{1,2}Pascasarjana Psikologi, Universitas Negeri Yogyakarta
Jl. Colombo No. 1, Karang Malang, Sleman, Daerah Istimewa Yogyakarta 55281, Indonesia
¹novihidayat.2017@student.uny.ac.id; ²stiroma@yahoo.com

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ABSTRACT

This study intended to investigate the effect of social support and hope simultaneously and independently on resilience in adolescents. This study used quantitative methods with ex post facto design. Multistage random sampling techniques were used, which resulted in a sample of 291 adolescents in junior high school from Pagentan district, Central Java, Indonesia. They completed three questionnaires of social support, hope, and resilience. The validity of the instruments used was measured by psychology measurement experts (content validity). Then, the reliability of the instruments was analyzed using Cronbach's alpha. The Cronbach's alpha for each instrument was 0,854 (social support), 0,835 (hope), and 0,778 (resiliency). Data were analyzed using multiple regression at the significance level of 0,05. The results of the study reveal that there is an effect of social support and hope simultaneously and independently on resilience in adolescents. There are effective contributions of social support and hope to the resilience of about 41% (from social support 13,2% and hope of 27,8% respectively).

Keywords: social support, hope, resilience, adolescents

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood. At this period, there are physical, psychological, hormonal, and social changes. The appearance of secondary organs marks one of the physical changes. Apart from this, adolescents also experience changes in social relations that are characterized by the emergence of conflicts with parents (boys minimize the relationship with their mothers, and girls often experience conflicts with their mothers). Furthermore, adolescence is also characterized by hormonal changes that can lead to behavioral changes (Batubara, 2016; Soeroso, 2016).

The changes in adolescence can cause risky behaviors such as the use of tobacco or cigarettes (Legleye, Janssen, Beck, Chau, & Khlal, 2011), drug abuse, excessive alcohol consumption (Feinstein, Richter, & Foster, 2012), and risky sexual behaviors (Soeroso, 2016). It harms their health (physical and mental) and causes addiction, accidents, aggressive or violent behaviors, unwanted pregnancies, sexually transmitted diseases, and acute or chronic diseases (Feinstein et al., 2012; Soeroso, 2016).

The results of a study by Wijayanti and Dewi (2017) on 94 respondents aged 10-19 years show that 20% of adolescents are smokers. They have an average number of

5-6 cigarettes per day with a smoking intensity of around 2-3 years. Around 95% of these teenagers are not willing to stop smoking. Based on the Narcotics Division survey, from 2011-2012, it is found that 52,9% of teenagers consume drugs and smoke. Meanwhile, 49,6% of teenagers state that they smoke and drink (Loke, Mak, & Wu, 2016).

Saputra and Sary (2013) have stated that smokers who continue to smoke in the long term have death risk three times higher than those who are not smokers. Most individuals start smoking because of influence from the social environment such as friends, parents, and media.

Research conducted by Pratama (2013) on 49 adolescents shows that 58,1% of adolescents get involved in risky actions such as alcohol abuse to reduce daily life pressure. The results of the study conducted by Pratiwi and Basuki (2010) show that 3,6% of adolescents have already had sex. This is certainly very worrisome because they are not adults yet physically and mentally in their reproductive health.

Setyadani (2013) reveals that adolescents at the age of 14-16 have known and practiced free sex in various places. Similarly, Hidayangsih, Tjandrarini, Mubasyiroh, and Suparmi (2011) find that 6% of 400 female students and 20% of 400 male students have already had sexual intercourse.

Some opinions indicate that the problems mentioned causing negative effects such as anemia and low physical fitness. It can also lead to anxiety, loneliness, irritability, feelings of less affection, and boredom. This can cause stress, which may eventually lead to depression. Apart from that, teenagers also experience learning difficulties, emotional disorders, which may lead to reduced self-confidence and aggressive behaviors (Saputra & Sary, 2013; Soeroso, 2016).

The problems mentioned show that resilience ability is important for adolescents because they are considered immature emotionally. They are very easy to be affected by changes in the social environment. The definition of resilience in the broad sense is conveyed by Windle, Bennett, and Noyes (2011). It is defined as the ability of individuals, families, and groups to negotiate, manage, and adapt to problems that can cause stress and trauma to rise again and feel more positivity.

In general, resilience can be interpreted as the ability to bounce back from stressful conditions (Perry, 2002), negative experiences (Bonanno, Westphal, & Mancini, 2011), calamity, deterioration, and frustration (Ledesma, 2014). In this study, resilience in adolescents/students is defined as the psychological ability not to give up easily in facing environmental stress, failure, and the adverse effects of the school and social environment (Lopez, Pedrotti, & Snyder, 2018).

Resilience is a positive adaptation in dealing with risks and difficulties. It is also the dynamic ability to recover from negative conditions (Rutter, 2013; Wright, Masten, & Narayan, 2013). In addition, it is related to how individuals develop positive emotions and strengthen themselves to face new experiences (Ruswahyuningsi & Afiatin, 2015).

According to several researchers, it is important for individuals to have resilience because they will experience less difficulty in their life, have cognitive skills, better social-emotional skills, quality relationships with parents and other adults, positive temperament, academic performances, and good health. Therefore, they can be flexible and adaptive in using internal resources such as insight, appreciation, self-confidence, patience, empathy, and the ability to socialize (Ahern, Ark, & Byers, 2008; Masten & Tellegen, 2012; Rutter, 2012; Skodol, 2010).

There are several factors that can affect resilience such as optimism, self-esteem, social support, internal locus of control, psychological fortitude, hope, the ability to express and experience positive emotions that have been identified and related to positive adjustments (Helgeson & Lopez, 2010; Herrman et al., 2011; Skodol, 2010). There are two factors as the main focus of this study. Those are social support and hope.

One of the factors that influence resilience is social support (Pahlevi, Sugiharto, & Jafar, 2017). Resnick, Gwyther, and Roberto (2011) show that social support is associated with resilience. Taylor (2015) mentions that social support is a sense of love from others, feeling cared for, valued and respected, feeling like a part of the communication network, and reciprocal obligations.

According to Mattanah et al. (2010), social support enables individuals to cope with difficulties. They can also handle crises (Chi et al., 2011). Then, it can increase students' participation in extracurricular activities in schools (Wang & Eccles, 2012). Conversely, individuals who do not get social support from the environment result in increasing anxiety (Grav, Hellzèn, Romild, & Stordal, 2012). Social support from close relationships, such as family and friends,

is widely known to play a central role in the relationship between social ties and health (Friedman, 2011; Umberson, Crosnoe, & Reczek, 2010).

Some studies show that individuals who receive social support from others experience less psychological stress after a traumatic event. It can also reduce stress levels in a person (Benight, 2004; Kim, Sherman, & Taylor, 2008). Conversely, individuals who do not get social support from the environment will experience anti-social behavior (Simanullang & Daulay, 2012).

Another factor in influencing resilience is hope (Hughes, Lee, McDonagh, O'Leary, & Higgins, 2012). Hope is defined as a person's belief in the ability to achieve goals, especially in situations deriving from personal abilities or strengths (Bernardo, Salanga, Khan, & Yeung, 2016; Braune, 2014). According to Snyder and Lopez (2009), hope is a perceived ability to produce pathways to achieve desired goals and self-motivation to use those pathways.

Some researchers define hope as an individual's ability to create a path in overcoming a problem to achieve the desired goal. High levels of hope enable individuals to achieve difficult goals (Daniels, 2013; Hefferon & Boniwell, 2011), even in adverse situations (Maholmes, 2014).

Several studies have shown that hope is an important factor for resilience, alleviates the effects of stress on health, becomes a positive source for the present and future (Granek et al., 2013; Werner, 1993). On the other side, low hope can cause concern for future life, experiencing health problems, and giving up when problems appear. It can also allow the occurrence of premature death (Graham & Pinto, 2019).

Based on the description, the researchers are interested in examining the influence of social support and hope on resilience in adolescents. The importance of this research is to obtain empirical evidence regarding resilience. It is thought to be influenced by social support and hope in adolescents. Therefore, it can be used as consideration for psychologists to provide interventions that are appropriate to the problems faced by adolescents. The hypothesis in this study is the influence of social support and hope as significant predictors of resilience in adolescents.

METHODS

This study uses a quantitative approach with ex post facto design (Creswell & Creswell, 2017). This study is carried out in Pagentan district, Banjarnegara, Central Java, Indonesia. There are no peer counseling services in the school. Thus, the students do not have the opportunity to get help in their daily difficulties. Multistage random sampling is used. The researchers identify the clusters first from one district and randomize the research sites in schools located in the Pagentan district. The sample is 291 junior high school adolescents aged 11-15 years from the total students of 1.221 using the Morgan and Krejcie tables.

Data collection in this study uses three questionnaires. Those are questionnaires of resilience, social support, and hope. The research questionnaire is outlined as follows. First, the resilience questionnaire consists of 31 items referring to Connor and Davidson (2003). Those items are divided into five aspects. Those are (1) personal competence, (2) a person's belief in instincts and tolerance for negative influences, (3) positive self-acceptance of change and good relations with others, (4) control, and (5) spiritual influence.

The questionnaires are stated to be valid by content validity using the assessment of two psychology measurement experts. Then, the researchers use the Gregory formula with a very high validity category of 1 and Cronbach's alpha of 0,778.

Second, the social support questionnaire consists of 29 items referring to Sarafino (1990). It consists of four aspects, namely (1) emotional support, (2) award support, (3) instrumental support, and (4) information support. Questionnaires are valid by content validity using the assessment of two psychology measurement experts. Then, the researchers use the Gregory formula with very high validity categories of 1 and Cronbach's alpha of 0,854.

Third, the hope questionnaire consists of 24 items referring to Lopez et al. (2018). It consists of three components, namely (1) goal, (2) pathway thinking, and (3) agency thinking. Questionnaires are valid by content validity using the assessment of two psychology measurement experts. Gregory formula with very high validity categories of 1 and Cronbach's alpha of 0,835 are used.

For data analysis, multiple linear regression is performed. The researchers conduct a normality test with the Kolmogorov Smirnov technique. The hypothesis test is done using the SPSS program.

RESULTS AND DISCUSSIONS

Table 1 shows the results of the normality test of the three variables. It shows the results of a significant value ($p = 0,200$). Then, the results of the normality test show that the variables of social support, hope, and resilience have a normal distribution that is $p > 0,05$ (a significance value is greater than 0,05, which is $0,200 > 0,05$). So, the three variables are normally distributed because the significant value of each variable is $> 0,05$.

Table 1 Normality Test Results

	Kolmogorov-Smirnov ^a		
	Statistic	df	Sig.
Unstandardized Residual	0,041	291	0,200*

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 2 shows the results of the average statistical analysis (Mean), standard deviation, minimum, and maximum. Table 2 shows that the mean score of resilience (mean = 121,23, SD = 11,312), social support (mean = 110,06, SD = 13,808), and hope (mean = 93,48, SD = 11,029). The range of data values of resilience, social support, and hope is 82-147; 55-139; and 59-117.

The results of data analysis in Table 3 show the regression line equation obtained in this study. It is $Y = 54,180 + 0,209X_1 + 0,471X_2$ with the value of constant number t (11,316) and social support = 4,639, and hope = 8,328. The results of the analysis of social support have a value of $p = 0,000$. It is smaller than Cronbach's alpha value (0,05). Moreover, the hope p -value is 0,000, which is smaller than the Cronbach's alpha value (0,05). It means that social support and hope can also predict resilience in adolescents separately.

Table 3 also shows the results of the VIF test of 1,482 and the tolerance value of 0,675. This means that

the VIF value of 1,482 is less than 10. Meanwhile, the tolerance value of 0,675 is higher than the value of 0,10, so multicollinearity does not occur.

Table 2 Results of Data Description

Statistic	Resilience	Social Support	Hope
Mean	121,23	110,06	93,48
Std. Deviation	11,312	13,808	11,029
Minimum	82	55	59
Maximum	147	139	117

Table 3 Results of Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error			
1	(Constant)	54,180	4,788		11,316	0,000
2	Social support	0,209	0,045	0,256	4,639	0,000
3	Hope	0,471	0,057	0,459	8,328	0,000

Table 4 shows the results that social support and hope together provide an effective contribution of 41%. The remaining variables that are not examined are 59%. The results of the data analysis show that there are contributions to social support and hope for resilience. Social support provides an effective contribution to the resilience of 13,2%. Moreover, hope contributes to resilience around 27,8% effectively.

Table 4 The Coefficient of Determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0,640a	0,41	0,406	8,72

a. Predictors: (Constant), social support, and hope

b. Dependent Variable: Resilience

The results show that social support and hope influence resilience in adolescents. This is in line with Reivich and Shatté (2002). They agree that resilience is influenced by social support and hope. According to Herrman et al. (2011), resilience is influenced by social support and hope. The existence of social support and hope can provide feelings of help and support from the others, and hope for the future life. This can enable them to overcome stressful events and to adjust and rise again.

The results of the study agree that social support affects resilience. This is in line with several studies that show that social support affects resilience (Stewart & Yuen, 2011). Social support is a multidimensional concept. The main providers of social support are families, social institutions, and communities (Rodrigo & Byrne, 2011). The existence of social support serves as a place to share feelings with others, who give them social support by suggesting solutions to their problems and expressing

appreciation and understanding (Jeong, Shin, Kim, Yang, & Park, 2016; Sinclair & Grieve, 2017).

Bennett (2010) has found that social support is a critical factor for the resilience of individuals. The social support that is felt can influence the way people perceive problems (Thoits, 2011). The existence of social support from a warm and supportive environment and a close relationship with others helps individuals to develop positive emotions that are useful in dealing with stress (Stewart & Yuen, 2011). In line with this, Donnellan, Bennett, and Soulsby (2015) suggest that social support from friends is a key factor for the resilience of caregivers of dementia patients.

In addition, social support from colleagues can produce some psychological and physiological benefits for individuals. It is in the context of work, mental health, and has an important role in improving adjustment and psychosocial well-being (Moshki & Cheravi, 2016).

Adolescents need social support because it can reduce the bad consequences of perceived stress, pressure, or tension. It increases their ability to adapt to stress (Beehr, Bowling, & Bennett, 2010), generates new perspectives, and gets the positive meaning to experience and enlightenment (Silva, Crespo, & Canavarró, 2012). This is because teenagers need great social support from the surrounding environment (Cullum, Howland, & Instone, 2016).

Social support can provide the resources needed to enable individuals against difficulties by strengthening capabilities. Therefore, it prevents certain conditions that may bring pressure (Park et al., 2013). For example, Karataş (2012) finds that female students need higher levels of social support from teachers and friends. Meanwhile, Zhang, Yan, Zhao, and Yuan (2015) suggest the importance of social support resources from family, friends, and other support in overcoming a stressful situation.

Another factor that affects resilience is hope (Mariani, 2017). Hopeful adolescents will tend to maintain and achieve goals. The problems are considered as a challenge. They become happier because they have better-coping skills. Thus, they experience faster recovery from physical problems and fewer fatigue in activities such as doing assignments or working. They believe in their ability to achieve success in the future (Alarcon, Bowling, & Khazon, 2013; Snyder, 2000).

Adolescents are concerned with their development of identity since it affects their adult lives later (Zhang, Chen, Yu, Wang, & Nurmi, 2015). Therefore, adolescents begin to think about the future in terms of future goals and fears (Elliot et al., 2012). Adolescents who have hope will focus on the future about the desired prospects and achieve them. Meanwhile, those who have fears about the future focus on unwanted prospects and guide them away from things that hinder goals (Dickson & MacLeod, 2004; Elliot et al., 2012). Some studies show that individuals who have hope relate to education and future work and fear (Massey, Gebhardt, & Garnefski, 2008; Zhang, Bécarea, Chandola, & Callery, 2015; Zhang et al., 2015).

Hopeful individuals will be successful in the future, more resistant to face problems and stress in their lives because they focus and pursue what is in front of them. They will face all obstacles to achieve something valuable in the future. Conversely, pessimistic people, do not have an orientation towards the future. They will fall and despair easily, which, in the end, it is impossible for them to pursue their dreams (Mariani, 2017). When adolescents experience stressful conditions and happiness, it can also be related to

hope (Alarcon et al., 2013).

Adolescents need to have hope because they are vulnerable to helplessness and pessimism. They may also experience family conditions that are not appropriate. The poor family environment is the factor that influences the achievement of academics in schools and depression (Kintanar & Bernardo, 2013; Morales, 2000).

Specifically, with a positive goal orientation, pathway, and agency thinking, hope can stimulate encouragement and create a sense of purpose in adolescents. It helps to control impulsive behaviors and reduce the occurrence of problematic behaviors (Gerard & Booth, 2015). Protective factors play an important role in mitigating the negative effects of the environment that are detrimental and influence resilience (Dewanti & Suprapti, 2014).

Other researchers show that individuals who have hope will strive to achieve goals. The goals that are to be achieved make adolescents more motivated to achieve them, even for individuals who do not care about achieving the desired goals and facing failure (Oyserman, Destin, & Novin, 2015). This can be explained by the fact that individuals consciously know that not all desired goals are easily achievable. However, they still strive to achieve them are more likely to be resilient (Connor & Davidson, 2003). This is supported by research conducted by Satici (2016), which shows that hope is related to resilience.

CONCLUSIONS

This study shows that social support and hope are the predictors of resilience in adolescents. The higher level of social support and hope is, the higher resilience in adolescents will be.

The limitation of this study is in the respondents. There are only a few respondents. Thus, the findings cannot be generalized to all adolescents. However, it still contributes theoretically to the existing literature.

The results of this study propose several recommendations for future researchers. First, other variables should be analyzed, such as self-efficacy, self-esteem, and optimism. Second, future researchers should use a different approach like qualitative methods and different respondents to address this issue.

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