

The Relationship between Family Social Support and Self-disclosure with Resilience to People with Acquired Physical Disability in Early Adulthood

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Abstract—Permanent physical disability due to acquired factors have a major impact on individual psychological conditions. This study aims to determine (1) the relationship between family social support and self-disclosure with resilience, (2) the relationship between family social support and resilience, (3) the relationship between self-disclosure and resilience to people with acquired physical disability in early adulthood. The sample in this study is all members of the population of 52 beneficiaries in the BBRSD Prof. Dr. Soeharso Surakarta. The instruments used were resilience scale ($r_{xx} = 0.932$), social support scale ($r_{xx} = 0.940$) and self-disclosure scale ($r_{xx} = 0.796$). The result of multiple linear regression analysis showed a strong relation between family social support and self-disclosure with resilience, with value F -count = 34,438 ($> F$ -table 3,187); sig value 0.000 ($p < 0.05$) and value of $R = 0.764$. $R^2 = 0.584$ or 58.4%, with effective contribution of family social support = 46,2944% and self-disclosure = 12,1104%. Partially, there is a strong correlation between family social support and resilience ($p < 0.05$; $r_{xy} = 0.736$) and there is a moderate relationship between self-disclosure and resilience ($p < 0.05$; $r_{xy} = 0.522$). The conclusion of this study is that there is a significant relationship between family social support and self-disclosure with resilience to people with acquired physical disability in early adulthood. Also, there is a positive and significant connection between family social support and resilience and between self-disclosure and resilience to people with acquired physical disability in early adulthood.

Keywords—Resilience, family social support, self-disclosure

I. INTRODUCTION

Every human being expects a perfect physical condition to be able to live life well. This expectation sometimes cannot be fulfilled due to certain factors, there are some individuals who have disabilities on their physical states. Physical disability can be grouped into two types based on the causal factors, physical

disability due to congenital factors and physical disability due to acquired factors [1]. that fall into the acquired factor may include accidents, chronic illness, etc. Accidents are one of the unexpected events that can damage the perfection of one's body [2]. Accident events can include accidents while driving, work accidents, injuries caused by disasters as well as daily activities, while diseases-based factors that can lead to disability in the physical of an individual can be caused by such as polio, venereal disease, tuberculosis, leprosy, diabetes, and others [3].

The number of accidents in Indonesia is still considered high. PT Jamsostek noted that in 2010 there have been 98,711 cases of work accidents in Indonesia resulting in 6,667 experienced permanent physical disability [4]. In the same year it was also found that there were about 66,000 victims of permanent physical disability due to traffic accidents in Indonesia [5]. According to data from the Directorate of Social Rehabilitation of People with Disabilities, in 2014 there were 1,282,281 people with physical disabilities due to leprosy [6].

The physical disability condition is generally easier to recognize, thus when looking at people with physical disabilities, people will tend to focus more on assessing those who have different physical [7]. Yusuf in [2] stated that the judgments that appear to individuals with physical disabilities may be compassionate and often also negative judgments from the public such as persons with physical disabilities who are perceived as incapable, useless, and merely expect the mercy from others. Stigma or negative judgment of the environment may make individuals with physical disabilities caused by acquired factors increasingly difficult to accept their physical changes [8].

The attention of education for people with disability still needs to be improved, including in individuals with permanent physical disabilities due to acquired factors. The psychological burden felt by individuals with permanent physical disabilities due to acquired factors greatly affects the motivation and spirit of their education. Therefore, resilience through the provision of quality education services without discrimination is needed. Resilience is the ability to stand up and move on when under pressure or difficult situations [9].

Physical disabilities due to acquired factors that occur in early adulthood of

The rest of this paper is organized as follow: Section II describes proposed research method of this work. Section III presents the obtained results and following by discussion in section IV. Finally, Section V concludes this work.

II. METHODS

The subjects of this study were all members of the population of 52 beneficiaries at the Center for Social Rehabilitation of Bina Daksa (BBRSBD) Prof. DR. Soeharso Surakarta, aged 18-40 years. This research uses quantitative approach with three scale that is resilience scale, family social support scale, and self-disclosure scale. Resilience scale is a modification of the scale compiled Rofatina in [10] with a reliability coefficient of 0.932. Family social support scale is the scale of adaptation from scale compiled by Zahrah in [11] with a reliability coefficient of 0.940. Scale of self-disclosure prepared by researchers based on the aspects proposed by DeVito in [12] with reliability coefficient of 0.796. Data analysis in this research is done by using multiple linear regression technique.

III. RESULT

A. Hypothesis testing

1) Simultaneous Test F

TABLE I. SIMULTANEOUS TEST RESULT F

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8837.474	2	4418.737	34.438	.000 ^b
	Residual	6287.199	49	128.310		
	Total	15124.673	51			

a) Dependent Variable: Resilience

b) Predictors: (Constant), Self-disclosure, Family Social Support

From Table I above, the results of simultaneous test *F* in the above table note that the value of significance (*p*-value) in the column significance is 0.000 with a significance level of 0.05. *F* test results known that the value of *F*-count of 34.438, while the value *F*-table with a significance level of 0.05 amounted to 3.187. Based on these results, it can be concluded that there is a significant relationship between family social

support and self-disclosure with resilience to people with acquired physical disability in early adulthood.

2) Partial Correlation Test

TABLE II. PARTIAL CORRELATION TEST RESULT

Model	Coefficients ^a		Beta	t	Sig.
	Unstandardized Coefficients	Standardized Coefficients			
	B	Std. Error			
1 (Constant)	37.937	11.883		3.192	.002
Family Social Support	.634	.105	.629	6.059	.000
Self-disclosure	.580	.259	.232	2.239	.030

a. Dependent Variable: Resilience

The Table II above shows that the Sig. value of the family social support variable is 0.000 and the Sig. value of self-disclosure variable is 0.030 with significance value less than 0.05 (*p* value <0.05). Based on these data, it can be concluded that family social support. Also, self-disclosure has a significant relationship with resilience

B. Descriptive Analysis

TABLE III. DESCRIPTIVE ANALYSIS

Variable	Categorization	Σ	%
Resilience	High	35	67.31%
	Moderate	17	32.69%
	Low	0	0%
Family Social Support	High	24	46.15%
	Moderate	28	53.85%
	Low	0	0%
Self-disclosure	High	17	32.69%
	Moderate	34	65.39%
	Low	1	1.92%

Based on the Table III above, it is known that most of the resilience of people with acquired physical disabilities are in a high category (67.31%), family social support and self-disclosure are in a moderate category (53.85% and 65.39%).

The research also found an effective contribution of family social support to resilience is 46.2944% and an effective contribution of self-disclosure to resilience is 12.1104%. Total contribution of family social support and self-disclosure to resilience is shown by R Square value of 0.584 or 58.4%.

C. Additional Analysis

Additional analysis was used to determine the difference of resilience based on the degree of physical disability and the cause of physical disability. Using an independent sample t-test resulted significance value of 0.450 (*p* value > 0.05), it can be concluded that there was no significant difference in resilience score based on degree of physical disability. The significance value of 0.970 (*p* value > 0.05) indicated that there was no significant difference in the resilience score based on the causes of physical disability. Additional analysis is also used to

determine differences in self-disclosure by gender and result showed that there was a significant difference in self-disclosure score based on gender (significance value 0.008 i.e. p value < 0.05).

IV. DISCUSSION

This study shows that there is a significant relationship between family social support and self-disclosure with resilience to people with acquired physical disability in early adulthood. Based on the value of effective and relative donations, family social support variables are more dominant in affecting resilience than self-disclosure variables. That is because family is the closest social group to individual, so the social support gained from the family has an important role for the individual. In accordance with the opinion put forward Friedman in [13] stated that family social support can make individuals more functioning in a social environment, thus further improving their health and adaptation in life. In addition, family social support can help individuals adapt themselves to the facts or life events that are full of stressors [14].

The results of the second hypothesis test show that there is a positive and significant relationship between family social support and resilience to people with acquired physical disability in early adulthood, it means that the higher the social support of the family, the higher the resilience. This is in accordance with research conducted Prasetyo and Kustati in [15], namely the ability of individuals to be able to achieve resilience is relying on social family support.

The third hypothesis test results in line with research conducted Yamashita and Yoshioka in [16] stated that self-disclosure has a positive correlation with resilience, it is the higher self-disclosure the higher the resilience. The study explains that self-disclosure can provide recovery effects to individuals. Self-disclosure can also provide satisfaction for individuals as well as catharsis, so self-disclosure can lead individuals to healthy personalities [17].

Most people with physical disability due to early adulthood acquired factor in BBRSD Prof. Dr. Soeharso has resilience ability which is in high category. The high level of resilience can be caused by physically disabled people due to acquired factors have been under the support of BBRSD who play a role in implementing various social rehabilitation programs. Social rehabilitation is given in the form of creativity development activities in the form of skills training to empower people with physical disabilities. The above program is given so that people with physical disabilities have the skills and ability to develop themselves, so they can meet their own needs and not depend on others. It can indirectly increase their confidence Naibaho, *et al.*, in [18] stated that Confidence is one aspect of resilience, when individuals have good self-confidence it will further support the individual to become a resilient individual [9].

V. CONCLUSION

Based on the obtained results from the research, it can be taken several conclusions as follows: (1) There is a significant relationship between family social support and self-disclosure

with resilience to people with acquired physical disability in early adulthood; (2) There is a positive and significant relationship between family social support and resilience to people with acquired physical disability in early adulthood; (3) There is a positive and significant relationship between self-disclosure and resilience to people with acquired physical disability in early adulthood.

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