

Optimism and Perceived Social Support as Predictors of Posttraumatic Growth Among Emerging Adults After the Death of a Parent

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ABSTRACT

For an individual in emerging adulthood (the transitional stage between adolescence and adulthood), the experience of a parent's death can be a traumatic event that challenges the individual's way of understanding the world. However, the experience can also bring positive changes as a result of the individual's struggle with the crisis of parental death. That change, called posttraumatic growth, can be influenced by personal factors, such as optimism, and environmental factors, such as perceived social support. This study aimed to examine whether optimism and perceived social support predicted posttraumatic growth. The study design was a quantitative and cross-sectional study using the Posttraumatic Growth Inventory (PTGI), revised Life Orientation Test (LOT-R), and Multidimensional Scale of Perceived Social Support (MSPSS) as measurements. Participants were 66 emerging adults aged 18–25 years who experienced a parent's death in the past 6 months to 3 years before the study. Results of regression analysis showed that optimism did not predict posttraumatic growth, whereas high perceived social support predicted high posttraumatic growth. Moreover, perceived social support from the family was the only source that positively predicted posttraumatic growth. This study suggests that social support is important to promote posttraumatic growth. Based on these results, mental health professionals can arrange intervention to increase social support to foster a better mental health condition for emerging adults who recently lost a parent.

Keywords: death of a parent, emerging adulthood, optimism, perceived social support, posttraumatic growth.

1. INTRODUCTION

Experiencing a parent's death at any stage of life is difficult, and it may result in a significant impact because parents are those with whom individuals form the primary attachment (Newton, 2012; Tyson, 2013). The loss may result in negative physical, social, and psychological impact, such interference with the activities of daily living, disruption in relationships with family and other people, and feelings of distrust,

disappointment, and anger (Fauziah & Kahija, 2017; Pasaribu, 2017; Suprihatin, 2013). A parent's death can be a traumatic event, defined by Tedeschi and Calhoun (2004) as a psychologically seismic event that severely threatened one's schematic structures. The experience of a parent's death is particularly if when the death occurs outside of the typical timeframe of the parent and child life spans, such as when the surviving child is in a transitional stage between adolescence and adulthood,

a stage called *emerging adulthood* (McCoyd & Walter, 2016). Emerging adults who experience a parent's death may feel alone in their grief and do not know how to deal with the loss because not many of their peers are coping with this issue (McCoyd & Walter, 2016).

When parental death occurs, family members are often unable to meet the needs of one another, and additional demands may be placed on emerging adults to meet the family's needs and perform tasks that are usually done by adults (Lattanzi-Licht, 2004). At the death of one parent, the surviving parent may not be able to provide the support needed by an emerging adult due to the adult survivor's own grief (Servaty-Seib & Taub, 2010). Also, cultural factors can affect how emerging adults deal with loss (Papalia & Martorell, 2014). In Indonesian society, Pohan (2004) found that people who experienced loss tended not to express their grief. This withholding is because talking about death is considered taboo, and some cultures teach survivors not to recall people who died. With all these conditions, emerging adults who lost their parents may not exhibit the opportunity to reflect and process their grief (McCoyd & Walter, 2016; Patterson & Ranganadhan, 2010).

Although generally associated with negative impacts, a parent's loss can also bring about positive changes, as found in several qualitative studies in Indonesia. In one case study, an emerging adult admitted that she was able to find the meaning behind her mother's death in which after a difficult period of grieving she experienced significant changes, such as a greater concern for her family and other people around her (Fauziah & Kahija,

2017). In another qualitative study, two emerging adults also reported feeling a positive change after losing their mother, in which they both became more independent (Kalesaran, 2016). The positive transformation as a result of the individual's struggle with a very challenging event is defined with the term *posttraumatic growth* (PTG) by Tedeschi and Calhoun (2004). Individuals who experience this growth develop in some areas beyond the previous state in which they had not yet struggled with the crisis.

Next, posttraumatic growth can develop in five domains: *personal strength, new possibilities, relationships with others, relating to others, appreciation of life, and spiritual change* (Calhoun & Tedeschi, 2006). After experiencing a traumatic event, individuals may discover that they exhibit an inner strength, which reflects the *personal strength domain*. They can also develop new interests and activities, even change their life paths significantly, which represents the *new possibilities domain*. Meanwhile, changes in *relationships with others* are reflected in a greater feeling of intimacy and closeness in *relating to others*, compassion for those who suffer, and openness to others. In terms of the *appreciation of life*, people may become more grateful for life and change their priorities. In the spiritual domain, individuals can experience *changes in spiritual or religious matters*, such as becoming more aware of their purpose and meaning in life, feeling satisfied, and obtaining answers to their pre-existing fundamental existential questions.

Calhoun, Tedeschi, Cann, and Hanks (2010) describe the process of this positive transformation in the context of loss and

bereavement. The death of a significant other can challenge or even shatter one's assumptions about the world so that the person must reassess the principles of how the world is assumed to work. By performing cognitive processing, which is influenced by internal and external factors, the individual can rebuild the beliefs and assumptions about the world. Success in reconstructing these assumptions is believed to be related to posttraumatic growth.

According to Schaefer and Moos (1992), several general factors influence posttraumatic growth: *characteristics of the life crisis, personal factors, environmental factors, and coping responses*, which are constantly shifting cognitive and behavioral efforts to regulate specific internal and external demands that are considered to exceed people's capacity (Lazarus & Folkman, 1984). Personal factors in the form of personality variables represent relatively stable individual characteristics. Therefore, the study of individual differences is promising because it may lead to an understanding of why not every individual experience posttraumatic growth (Bostock, Sheikh, & Barton, 2009). Optimism is one of the personal characteristics that is often studied and found to be related to posttraumatic growth (Agyei, 2018; Martauli, 2015; Prati & Pietrantonio, 2009; Shigemoto & Poyrazli, 2013). It is an individual predisposition that represents the extent to which a person demonstrates favorable expectancy in general for the future (Carver, Scheier, & Segerstrom, 2010). According to Carver et al. (2010), optimism is a bipolar unidimensional construct with pessimism at the opposite pole. Optimistic people anticipate that

good experiences will happen to them in the future, whereas the pessimistic people expect the contrary to occur.

In the context of bereavement, people who are more optimistic tend to be more positive and to find meaning from the loss (Davis, Nolen-Hoeksema, & Larson, 1998). Optimistic individuals are also found to be more likely to use effective coping strategies, such as solving problems and expressing emotions, as well as being flexible in their coping styles, adjusting to the form of stress that is being experienced (Nes & Segerstrom, 2006; Nolen-Hoeksema & Larson, 1999). This flexibility may be related to the finding that optimistic people are inclined to focus on the issues that are imperative to address and to stay away from issues that are uncontrollable or unattainable (Aspinwall, Richter, & Hoffman, 2001). Therefore, the use of effective and flexible coping strategies can make optimistic people adapt themselves better when facing difficult situations. Then, this adjustment provides a conducive basis for them to experience posttraumatic growth.

In addition to internal factors, external factors can also influence positive changes after a crisis. Social support is a major element from the environment that plays a part in the occurrence of posttraumatic growth (Schaefer & Moos, 1998). This type of support is often found to be positively related to posttraumatic growth (Jia, Liu, Ying, & Lin, 2017; Octaviani, 2015; Rzeszutek, 2017). Social support is a broad construct and exhibits several different concepts (Barrera, 1986). In one of its classifications, social support is divided into two types: *received social support*, which describes specific supportive behaviors given to individuals

by their social environment (Haber, Cohen, Lucas, & Baltes, 2007), and *perceived social support*, which describes one's perception of the general availability of support and satisfaction with the support provided (Sarason & Sarason, 1985). Some previous studies discovered that perceived social support is a better predictor of a person's psychological state than received social support (Eagle, Hybels, & Proeschold-Bell, 2018; Haber et al., 2007; Sarason, Sarason, Potter, & Antoni, 1985). Therefore, the concept of perceived social support is better used in studying the role of social support for individuals.

A study conducted by Cadell, Regehr, and Hemsworth (2003) on bereaved caregivers of patients with HIV/AIDS found that perceived social support contributed positively to posttraumatic growth. Perceiving support from others may make these individuals feel that they are part of a larger community that respects, understands, and cares about the loss they experienced and is there for them when needed (Tyson-Rawson, 2004). Additionally, perceived social support also may facilitate the use of more adaptive coping strategies that leads to posttraumatic growth (Tedeschi & Calhoun, 2004). Next, Nolen-Hoeksema and Larson (1999) discovered that after facing the death of a significant other, individuals with good social support tended to use effective coping strategies, such as reaching out to others, appraising the situation positively, and expressing their emotions. Furthermore, according to Calhoun and Tedeschi (2006), posttraumatic growth can be promoted when the person speaks about the traumatic experience to others,

subsequently receiving supportive responses and different perspectives. These kinds of support can make it easier for individuals to process the loss, find its meaning, and experience posttraumatic growth.

In Indonesia, a few qualitative studies discovered positive changes among emerging adults who faced their parents' death. Some of those studies also found that one's tendency to expect positive outcomes in the future and high perceived support from others helped the person to experience positive changes after the loss (Fauziah & Kahija, 2017; Kalesaran, 2016). However, those studies used a qualitative method, so the result cannot be generalized. Therefore, by using a quantitative method, this study aims to investigate whether optimism and perceived social support predict posttraumatic growth among emerging adults who experienced the death of a parent. Studying this topic is important to identify the factors that may promote better mental health for bereaved emerging adults and subsequently lead them arranging an appropriate intervention. The result of this study can also help the preparation of materials related to death education that has not been widely provided in institutions, such as schools and colleges, community groups, and special groups throughout Indonesia (Astuti, 2005).

2. METHODS

2.1. Sample

Participants recruited for this study were 74 emerging adults aged 18–25 years who experienced the death of a parent in the past 6 months to 3 years. Time since the parent's death was controlled in this

study based on the results of previous studies that showed time since the traumatic event influenced the degree of posttraumatic growth experienced. The level of posttraumatic growth experienced by people who experienced a traumatic event fewer than 6 months before the study was significantly different from the level of growth experienced by those who experienced a traumatic event more than six months before the study (Wu et al., 2018). Likewise, the level of posttraumatic growth experienced by people who lost a significant other within the past 3 years was significantly different compared with those who lost a significant other more than 3 years before the assessment (Hogan, Greenfield, & Schmidt, 2001). From the 74 recruited participants, only 66 participants matched the study criteria. Participants were recruited through purposive sampling and snowball sampling techniques.

2.2. Research Design

The study design was cross-sectional and quantitative research with two predictor variables and one outcome variable.

2.3. Instrument and Measurement

This study used the Posttraumatic Growth Inventory (PTGI), the revised Life Orientation Test (LOT-R), and the Multidimensional Scale of Perceived Social Support (MSPSS) as measurements.

2.3.1. Posttraumatic Growth Inventory (PTGI)

This instrument measures positive changes in life as a result of a crisis (Tedeschi & Calhoun, 1996). It consists of 21 items and is divided into 5 domains: *personal strength* (4 items), *new*

possibilities (5 items), *relating to others* (7 items), *appreciation of life* (3 items), and *spiritual change* (2 items). All items are in the form of a statement with a 5-point scale response ranging from 0–5, in which 0 indicates that the individual did not experience the change as a result of the crisis, and 5 indicates that the individual experienced the change to a very great degree as a result of the crisis. To obtain the total score, all items are added. The PTGI score range is 0–105. In this study, the PTGI was adapted first through the back-translation procedure. Cronbach's coefficient alpha for the PTGI was .84. For the validity test, the corrected item-total correlation was used.

2.3.2. Revised Life Orientation Test (LOT-R)

This instrument measures the tendency to anticipate positive or negative outcomes in general in one's life (Scheier, Carver, & Bridges, 1994). It consists of 10 items with 3 favorable items (items 1, 4, and 10), 3 unfavorable items (items 3, 7, and 9), and 4 filler items which serve to disguise the purpose of the instrument from respondents (items 2, 5, 6, 8). Respondents are inquired to indicate the extent of their agreement to the items' statements on a 4-point scale with response ranging from 0–4; 0 means "strongly disagree," and 4 means "strongly agree." For the scoring, only the favorable and unfavorable items that are added to obtain the total score. For unfavorable items, the score only calculated after the score values are reversed (0 on the original score = 4 on the reversed score, 1 = 3, 2 = 2, 3 = 1, 4 = 0). The LOT-R score ranges from 0–24. In this study, the LOT-R that was adapted by Lidya (2013) was used. Cronbach's coefficient alpha for the LOT-R was .56.

The corrected item-total correlation was also used for the validity test.

2.3.3. Multidimensional Scale of Perceived Social Support (MSPSS)

This instrument measures perceived social support from three sources: family, friends, and significant other (Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS consists of 12 items with each source of support measured by 4 items in the form of a statement. The response is a 7-point scale where 1 indicates very strongly disagree, and 7 indicates very strongly agree. The MSPSS total score can be obtained by adding the score of all the items. The instrument’s score range is 12–84. In this study, the MSPSS adapted by Grasia (2009) was used. This instrument exhibited Cronbach’s coefficient alpha .81. For the validity test, the corrected item-total correlation was used.

2.4. Procedure

Data collection was conducted offline and online. Each participant was contacted personally through a messaging application. Those who were reachable and available were met in person and asked to complete a physical questionnaire ($n = 19$). The rest of the participants were asked to complete a Google form ($n = 55$).

2.5. Results

The sex distribution of the participants was 75.80% female ($n = 50$) and 24.20% male ($n = 16$). Most participants were age 18–22 years (68.18%, $n = 45$) and graduated from high school (60.60%, $n = 40$). Among the participants, 66.70% ($n = 44$) experienced a father’s death. Demographic data for participants are shown in **Table 1**.

Table 1. Demographic Data for the 66 Study Participants

Demographic Aspect		Frequency	Percentage (%)
Gender	Male	16	24.20
	Female	50	75.80
Age	18–22	45	68.18
	23–25	21	31.82
Education	High school	40	60.60
	Diploma	3	4.50
	Bachelor	23	34.80
Deceased parent	Father	44	66.70
	Mother	22	33.30

Regression analysis was performed to determine whether optimism predicted posttraumatic growth and whether perceived social support predicted posttraumatic growth. Results showed that optimism was not significant in predicting scores on the PTGI ($F [1, 64] = 2.733, p >$

$.05$). However, perceived social support was significant in predicting scores on the PTGI ($R^2 = .069, F [1, 64] = 4.723, p < .05$), which meant it accounted for 6.9% of the variance in the PTGI scores. Perceived social support predicted posttraumatic growth positively ($\beta = .262, p < .05$).

Furthermore, regression analysis was also performed to test whether each source of perceived social support predicted posttraumatic growth. The result showed that perceived social support from the family was significant in predicting scores on the PTGI ($R^2 = .128$, $F [1, 64] = 9.395$, $p < .01$), which meant it accounted for 12.8% of the variance in the PTGI scores. Perceived social support from the family predicted posttraumatic growth positively ($\beta = .358$, $p < .01$). However, perceived social support from a significant other was not significant in predicting scores on the PTGI ($F [1, 64] = 0.307$, $p > .05$), and perceived social support from friends was also not significant in predicting scores on the PTGI ($F [1, 64] = 3.351$, $p > .05$).

3. DISCUSSION

The results of this study showed that high optimism did not predict high posttraumatic growth; thus, these findings are not aligned with those of other studies conducted on different samples, such as the study by Agyei (2018) in patients with breast cancer and the study of Shigemoto and Poyrazli (2013) in students who experienced various traumatic events—both of those studies discovered that optimism predicted posttraumatic growth positively. However, the results of this study are consistent with other study findings that optimism was not a strong predictor of posttraumatic growth (Abdullah, 2019; Arpawong, Oland, Milam, Ruccione, & Meeske 2013). Because of the differences among these findings, seeing the combination of individual personality traits is important, such as realistic/unrealistic and optimistic/pessimistic, rather than seeing them separately when studying the role of

individual characteristics in posttraumatic growth (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018). Next, this approach is needed because people who are pessimistic, but more realistic, can also experience growth after experiencing a traumatic experience, just as optimistic people can, even though they may experience it in different areas.

This study found that high perceived social support predicted high posttraumatic growth, which is consistent with several other studies (Cadell et al., 2003; Jia et al., 2017; Rzeszutek, 2018). Next, social support may encourage posttraumatic growth through the use of more adaptive coping strategies (Tedeschi & Calhoun, 2004). Nolen-Hoeksema and Larson (1999) discovered that bereaved people who perceived high social support tend to use more adaptive coping strategies, such as expressing feelings and solving problems, to deal with the loss (Nolen-Hoeksema & Larson, 1999). In addition, supportive responses from the environment may help individuals process the traumatic event experienced more easily, find meaning, and experience positive growth (Calhoun & Tedeschi, 2006).

From the three sources of perceived social support, only support from the family predicted posttraumatic growth in this study. Previous research conducted on students who experienced the death of a family member found that most of them talked about the loss to their family and found the activity helpful for them to deal with the situation (Balk, 1997). According to Walsh (2016), support from the family is an important source for individuals to be able to adapt in difficult situations. When the family exhibits a warm relationship,

cares for one another, and helps each other, the family members can adapt better and experience positive changes after experiencing a crisis. Also, this study found that perceived support from the family explained the bigger variance of posttraumatic growth rather than general perceived social support. This may be because posttraumatic growth is a process that takes time, and family support generally does not decrease over time after the loss, whereas the support from friends tends to decrease over time (Li & Chen, 2015).

This study found that the perceived social support among those experienced the traumatic loss of a parent positively predicted posttraumatic growth. Therefore, future studies can examine the mechanism that explains how perceived social support predicts posttraumatic growth, such as through coping or cognitive processing.

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These results suggest that improving social support is important to foster posttraumatic growth for emerging adults who are faced their parent's death. Mental health professionals can help by arranging interventions that enhance social support, especially from the family members, to promote better mental health for bereaved emerging adults.

4. CONCLUSIONS

Based on these results, the conclusion exists that high optimism did not predict high posttraumatic growth, whereas high perceived social support predicted high posttraumatic growth among emerging adults who experienced a parent's death. Moreover, high perceived social support from the family was the only source of support that predicted high posttraumatic growth.

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