THE PERCEIVED SOCIAL SUPPORT AND RESILIENCE OF LONG-TERM AND NEW CLIENTS OF A THERAPEUTIC COMMUNITY FOUNDATION: A CORRELATIONAL STUDY

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ABSTRACT

Perceived social support, encompassing individuals' perceptions of aid from friends, family, and others during times of need, is a crucial factor in mental health. This study examines the intricate complex of perceived social support, resilience, and subjective well-being as contributors to mental health outcomes. Adopting a social support theory perspective, the study investigates factors influencing these elements in individuals facing psychological challenges, focusing on long-term and new clients of Rebirth Philippines Therapeutic Community Foundation Inc. in Wakas, Pilar, Bataan. The study aims to identify significant relationships between perceived social support and resilience, revealing a generally high level among clients. However, specific demographic factors like duration of stay, age, sex, and socio-economic status play roles. Correlational analysis indicates a moderate positive correlation of 0.565 between perceived social support and resilience. Utilizing a quantitative approach, the research employs numerical data to elucidate distinctions and impacts, ultimately contributing to understanding the critical role of perceived social support in strengthening mental and physical well-being, particularly in rehabilitation environments.

Keywords: *clients, perceived social support, psychological challenges, resilience*

INTRODUCTION

In our interconnected world, individuals have the opportunity to create genuine connections and ensure fair treatment, appreciating and valuing one another for who they are. This fosters a culture of kindness and equity, despite the challenges posed by bias and unfairness in society. Referred to as perceived social support, the perception of individuals regarding their significant relatives or acquaintances is deemed vital during unfortunate circumstances, as they provide mental and physical support. Case in point, one's overall well-being, including mental and physical health, profoundly benefits from acknowledged social support. According to the main effect model of social support, whereas social support is beneficial for mental health, eliciting an increased sense of well-being and life satisfaction. In recent years, perceived social support has been confirmed to be an important indicator of life satisfaction in a wide range of population groups, such as individuals with substance use disorder (Yang et al. 2020). Rutter M (2019) considers psychological resilience to be an important component of positive psychology, which argues that resilience is a dynamic process. Tugada et al. (2020) define resilience as the ability to "bounce back" from stressful experiences quickly and effectively, to adapt to and evolve in response to volatile conditions such as crises, work pressures, trauma, and other adversities.

As a result, in adverse circumstances, highly resilient people easily adapt to and recover from setbacks, whereas less resilient people are less likely to adapt to and recover from stressful experiences. Relational and social elements such as family bonding and supportive relationships could build resilience (Howard S. 2019). As a result, perceived social support is commonly recognized as an external protective factor for resilience, as proven by numerous prior studies of psychopathologies.

Furthermore, perceived social support is positively connected with resilience (Asian J. 2020). A more recent study (Yhang et al. 2020). The current study was prompted by previous research that found resilience strongly moderated the association between perceived social support and life happiness in people with drug use disorders. Because perceived social support is linked to resilience, and both resilience and perceived social support are predictors of life satisfaction, the potential mediating effect of resilience on the link between perceived social support and life satisfaction should be investigated to strengthen our understanding of the mental health system.

A cross-sectional study by Muoz-Bermejo et al. (2019) confirmed that perceived social support was important in preventing the appearance of depressive symptoms. In addition, several studies have shown that people with higher levels of perceived social support were at lower risk of developing depressive symptoms. Depression is recognized to be one of the most common mental disorders and refers to a state of negative emotion, such as sadness, helplessness, loneliness, poor appetite, drowsiness, etc. thus, psychological resilience may help to prevent the onset of depression in certain individuals. The Rebirth Philippines Therapeutic Community Foundation Incorporated in Bataan is an institution where the demands for social support and resilience are necessary.

Hence, the researchers strive to investigate the probable relationship between social support and resilience among long-term

and new clients of rehabilitation centers. The researchers believed that social support was crucial to maintaining good physical and mental health. The majority of those in rehabilitation in the Philippines are substance abusers (Lasco & Yarcia, 2022). Substance abuse is one of the most significant global problems, affecting many aspects of economic, social, physiological, and emotional well-being, and is regarded as one of the most challenging issues of the present time, with most nations failing to address it. Life stress has a large influence on behavior and has been linked to several clinical disorders. It has been linked to anxiety, depression, and substance abuse (Andersen, 2018).

THEORETICAL FRAMEWORK

This study is anchored in the 3 P's Model of Martin Seligman (1990), which was found to examine personalization, pervasiveness, and permanence as influential factors in resilience. Personalization involves distorted thought processes and self-blame, while pervasiveness relates to pessimistic views across various life aspects, and permanence deals with the belief in the persistence of negative experiences. This defines resilience not only as a personality trait but also as a strategic and process-oriented approach. In addition to that, Southwick et al. (2014) highlight the dynamic nature of resilience, acknowledging that individuals may exhibit varying levels of resilience across different aspects of their lives and at different points in time. This adaptability aligns with the capacity of a dynamic system to succeed in adaptation (Masten, 2014; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Bhattachaya (2013) affirms that resilience is shaped by various factors, including a positive attitude, optimism, emotional regulation, and the ability to perceive failure as constructive feedback, as recognized by psychologists. The model also assumes that failure, a common life trauma, triggers diverse responses: some individuals rebound and progress, while others grapple with anxiety, depression, and fear of the future (Seligman 2011).

THE PRESENT STUDY

Exploring the effectiveness of resilience interventions in the context of overcoming self-despair and dealing with mental health challenges is mostly looked at in the Philippines. Thus, this study aims to provide empirical evidence for measuring the correlation between perceived social support and resilience, generated by the 3 P's model, that is attributed to various clients in rehabilitation in the Philippines.

In the Philippines, rehabilitation is essential due to its significant impact on overall well-being. Life stress, linked to anxiety, depression, and substance abuse, plays a substantial role in behavioral and clinical disorders (Lasco & Yarcia, 2022; Andersen, 2018). The positive association between perceived social support and resilience (Asian J. 2020), supported by a recent study (Yhang et al. 2020), is influenced by previous research revealing that resilience moderates the connection between perceived social support and life happiness. Investigating the potential mediating effect of resilience on the link between perceived social support and life satisfaction is crucial for understanding the mental health system.

This study will provide empirical evidence on the relationship between perceived social support and resilience, encouraging active discourse. In addition to that, the present study aims to determine the significant correlation between long-term and new clients by examining perceived social support and resilience. Specifically, the study seeks to understand the correlation attributed by both long-term and new clients to these characteristics.

Therefore, the present study hypothesizes that both perceived social support and resilience have a significant relationship with long-term and new clients.

METHODS

Design

The study used as correlational design, also it uses a quantitative approach, in which numerical data will be collected and used to examine the variables and describe their significant relationship through total enumeration. The survey research design examined the respondents in terms of 1.) age, 2.) sex, and 3.) socio-economic status. The undertaking also determined the level of perceived social support of long-term and new clients of Rebirth Philippines Therapeutic Community Foundation, Inc. Additionally, the level of resilience of long-term and new clients of Rebirth Philippines Therapeutic Community Foundation Inc. was aimed at being examined. Lastly, it identified any significant relationship, if there was any, between the resilience of long-term and new clients, as well as perceived social support.

Subjects

Rebirth Philippines Therapeutic Community Foundation Inc., located in Wakas, Pilar, Bataan, accommodated both new and long-term patients as subjects. As the study adopted a quantitative approach, this benefited the target population. Criteria for inclusion were employed to differentiate between long-term and new patients. Long-term clients in rehabilitation who had been there for more than 3 months and new clients who had been there for less than 1-2 months were identified based on these criteria.

Measures/Materials

The Multidimensional Scale of Perceived Social Support (MSPSS) and Connor-Davidson Resilience scale (CD-RISC). This was utilized for participant assessment.

MSPSS. This is a 12-item scale originally designed to assess social support from three different sources: family, friends, and significant others (ie, romantic, subordinate or other particularly close relationship).

CD-RISC. This comprises of 25 items and is designed that the resilience may be viewed as a measure of stress coping ability and, as such, could be an important target of treatment in anxiety, depression, and stress reactions.

Data Gathering Protocol

Recruitment.

The subjects were recruited inside the rehabilitation facility. After properly distributing and receiving the questionnaires, the subjects were able to access the experiment that was embedded in a survey form.

Modality.

The recruited subjects completed the experiment using a pen and paper. Additionally, subjects were instructed to read carefully and understand each statement from their respective questionnaires.

As previously mentioned, subjects directly accessed the

started. assessment via surveys or questionnaires. Hence, upon checking, various message stated, which included the rationale, ethical guidelines, and further instructions for the test. Once finished reading the preceding information, instructions, and reminders, the first questionnaire immediately

Since the experiment investigates personal implications, subjects might get uncomfortable with it; thus, they were informed that they can withdraw at any point of the experiment.

Qualification of Data.

Upon completion of the entire experiment, all the responses were directly stored in the researcher's storage file that can be transferred in the local storage of the researcher's personal computer in the form of an excel file for further analyses. A complete experiment entailed that a subject has successfully undergone and responded to each of the questionnaire within the embedded experiment. On the other hand, the responses of the subjects who withdrew from or were interrupted amidst the experiment were classified as incomplete.

Termination.

In the questionnaire completion process, participants were provided with a debriefing statement displayed on the LCD screen. This statement aimed to elucidate the conditions and manipulations pertaining to each variable and concept studied, ensuring participants were informed about their exposure. Upon reaching the requisite number of subjects for each variable, the recruitment process for the test within the survey was concluded, leading to the termination of the survey.

The gathered data from the downloadable excel file from the server were stored locally in the researcher's personal computer. In addition to that, the data were stored in Google Drive for contingency purposes just in case the researcher's computer will be corrupted or accidentally destroyed. The data will also be shared to the researcher's adviser for statistical consultation and other analyses so that they can be utilized for the purpose of the study's discussion. Upon the completion of this study, it will be sent out to prospective journals or publications. If the prospective journals require to submit the gathered data, then they will be shared accordingly. Once published, all the stored data, locally and virtually, will be permanently deleted by erasing all the files from the local computer and online storage. To ensure permanent deletion, they will be removed from the recycle bin of the local computer, and from the recently deleted section of the Google Drive.

Data Analysis

The standardized questionnaire, along with the corresponding raw data, has been extracted and consolidated within a compressed file. This file includes an Excel spreadsheet containing the survey questionnaire data and a separate sheet of the subjects. This study utilizes planned correlational analysis, specifically Spearman's rank correlation coefficient (Spearman's rho), to discern the existence of a statistical relationship.

Ethical Considerations

The researcher strictly adhered to the ethical values in developing and conducting the experimental study. Thus, privacy, confidentiality, and anonymity in the entire experimental process and the gathered data were strongly upheld. To ensure, the researcher adhered to the following ethical considerations:

Privacy, Confidentiality, and Anonymity

The researcher, along with their duties and responsibilities, strongly abided by the Republic Act of 10173 (the Philippine Data Privacy Act of 2012). Hence, the gathered data were treated with the utmost privacy, confidentiality, and anonymity. The data were solely used for the purpose and duration of the entire research process. Furthermore, the data did not contain any personal information about the subjects. The data were properly disposed of after the data collection had concluded. In addition to that, all the data related to the study was treated as confidential. Anonymity was granted so that the experiment would not require their names and identities to be included.

RESULTS

Table 1. Descriptive statistics of the Perceived Social Support and Resiliency of the Clients of Rebirth Rehabilitation according to their demographics

			n	Mean	Std. Deviation
Perceived Social Support	Duration	Long-term	8	5.792	0.686
		New	4	6.667	0.403
	Age	18 to 24	6	6.083	0.828
		25 to 34	4	5.938	0.671
		35 to 44	1	7.000	Null
		55 to 64	1	5.750	Null
	Sex	Male	3	5.389	0.699
		Female	9	6.315	0.603
	SES	Middle Class	10	6.075	0.690
		Lower Class	2	6.125	1.237
Resiliency	Duration	Long-term	8	4.455	0.324
		New	4	4.450	0.465
	Age	18 to 24	6	4.380	0.356
		25 to 34	4	4.600	0.255
		35 to 44	1	4.840	Null
		55 to 64	1	3.920	Null
	Sex	Male	3	4.240	0.394
		Female	9	4.524	0.333
	SES	Middle Class	10	4.424	0.367
		Lower Class	2	4.600	0.339

The statistical tests performed on the perceived social support and resilience data from the clients of Rebirth Rehabilitation yield valuable insights. Table 1 presents the statistical analysis of the perceived social support and resilience of clients at Rebirth Rehabilitation reveals distinct patterns across various demographics. For perceived social support, long-term clients averaged a score of 5.792 with a standard deviation of 0.686, indicating a relatively consistent sense of support among this group. New clients, though fewer in number, reported a higher average score of 6.667, but with less variation (standard deviation of 0.403), suggesting a strong initial perception of support.

When examining age, younger clients (18 to 24 years) scored an average of 6.083 in perceived support, while those in the 25 to 34 age brackets had a slightly lower average of 5.938. Notably, only one respondent each in the 35 to 44 and 55 to 64 age groups provided data, with scores of 7.000 and 5.750, respectively, making these findings less representative. A gender-based difference was also apparent, as female clients (average score of 6.315) perceived more support compared to male clients (average of 5.389).

Socio-economic status (SES) also influenced perceived support. Clients from the middle class averaged 6.075, while those from the lower class scored slightly higher at 6.125. However, the lower class had a larger standard deviation (1.237), indicating a wider range of experiences within this group.

In terms of resilience, long-term clients reported a mean score of 4.455, with a standard deviation of 0.324, showing a stable level of resilience. New clients had a nearly identical average resilience score (4.450), but with slightly more variability (standard

deviation of 0.465). Age-wise, younger clients (18 to 24) had a resilience score of 4.380, while those aged 25 to 34 reported a higher average of 4.600. As with perceived support, data from the age groups 35 to 44 and 55 to 64 were
based on single respondents, limiting the generalizability of these figures. Gender differences were again evident in resilience, with female clients averaging 4.524, higher than the male average of 4.240.

Finally, looking at SES, middle-class clients averaged a resilience score of 4.424, while lower-class clients had a slightly higher average of 4.600, paralleling the trends seen in perceived social support.

These findings suggest that while there is a generally high level of perceived support and resilience among the clients, specific demographic factors like the duration of stay, age, sex, and socio-economic status can influence these perceptions and experiences. The data underscores the importance of considering these demographic factors in tailoring rehabilitation programs to better meet the diverse needs of clients.

Table 2. Test for Normality

	Shapiro-Wilk	p-value
Perceived Social Support and Resiliency	0.855	0.042

Table 3. Correlational Analysis of the Perceived Social Support and Resiliency of the Clients of Rebirth Rehabilitation

	Spearman's rho	p-value
Perceived Social Support and Resiliency	0.565	0.056

The Shapiro-Wilk test results in table 2, with a p-value of 0.042, suggest that the distribution of the combined perceived social support and resilience scores does not follow a normal distribution, as the p-value is below the conventional threshold of 0.05. This indicates that the data is significantly different from what would be expected in a normal distribution, which may have implications for the types of statistical analyses that are appropriate for these data.

The correlational analysis using Spearman's rho shows a moderate positive correlation of 0.565 between perceived social support and resilience, although this result is marginally outside the standard level of significance with a p-value of 0.056. This indicates that while there is a tendency for higher levels of perceived social support to be associated with higher levels of resilience, the relationship is not statistically significant at the 0.05 level. However, the p-value is very close to the threshold, suggesting that there is a trend worth considering even if it does not meet the strict criteria for statistical significance. This trend may warrant further investigation with a larger sample size or additional research to explore the relationship between these two important factors in the context of rehabilitation.

DISCUSSION

This study explores the link between social support, resilience, and demographic factors among Rebirth Rehabilitation clients. Studies confirmed that, generally, social support enhances resilience in the face of various difficulties (Yildirim and Belen, 2019), as well as helping individuals protect their mental health against trauma-related psychopathology (Henry et al., 2019). Findings show that long-term clients consistently feel sustained support, while new clients initially perceive heightened support. Moreover, perceived social support can provide clients with psychological relief by helping them handle stressful experiences and regulating the emotions associated with them (Lepore et al., 2000), thus increasing resilience.

Younger clients (ages 18 to 24) report higher support and resilience. Kaufman et al. (2006) said that the evidence for such a gene-environment interaction is related to social support. Their findings suggest that social support could enhance resilience to stress by mitigating genetic vulnerabilities for depression, particularly in maltreated children. Women exhibit more support and resilience than men, and lower-class clients. Some studies found a significant association between gender and resilience, as females scored higher on resilience than males, such as in a sample of 845 healthcare employees in the United Kingdom that included social workers (Sull et al., 2015), which showed slightly higher averages with greater variability. Despite high overall support and resilience, specific factors like duration of stay, age, gender, and socio-economic status significantly influence experiences.

Longer stays correlate with more positive perceptions, emphasizing the need for tailored interventions. While a moderately positive correlation between social support and resilience is observed, statistical significance is marginally missed. Further exploration with a larger sample size is suggested to understand this relationship better. The study highlights the strong connection between resilience and improved mental health, providing valuable insights into the role of support systems in mental well-being in rehabilitation contexts.

CONCLUSION

In conclusion, the findings of this study, which looked into descriptive statistics of perceived social support and resiliency among Rebirth Rehabilitation clients, revealed a complex knowledge of the processes at work. While there was an overall enhanced degree of perceived support and resilience among the clients, the difficulties lie in the influence of individual demographic characteristics. Individuals undergoing rehabilitation's perceptions and experiences were shaped by factors such as length of stay, age, gender, and socioeconomic position.

These findings emphasize the importance of including demographic characteristics in the design and implementation of rehabilitation programs. Recognizing the impact of factors such as length of stay, age, gender, and socioeconomic status is critical in tailoring interventions that not only address the client's primary needs but also cater to the diverse and unique requirements resulting from these demographic distinctions. As a result, a more tailored and effective rehabilitation approach can be established that ensures that the spectrum of support and resilience provided is precisely aligned with the different backgrounds and circumstances of the people seeking help at Rebirth Rehabilitation. In short, the study emphasizes the importance of a detailed and context-specific rehabilitation strategy that embraces the diversity inherent in client demographic profiles, resulting in more holistic and tailored treatment.

Furthermore, using Spearman's rho, the correlational analysis revealed a visible and moderately positive relationship between perceived social support and resilience. As in the study of Howard S. et al. (2012), the majority of research focuses on examining the effects of perceived social support on resilience,

suggesting that individuals with high perceived social support are reported to have a higher level of resilience. Although the association is marginally outside the usual limitations of statistical significance, the p-value's proximity to the predefined threshold suggests a compelling trend worthy of consideration. While not fulfilling the strict significance requirements, the observed trend demands further investigation, implying the potential importance of the link between perceived social support and resilience in the context of rehabilitation. Future studies could benefit from a larger sample size to strengthen the consistency of these findings and develop more solid conclusions, allowing for a more complete understanding.

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