Measuring the Link: Family Resilience and Negative Emotional State in Elderly Aisyiyah Banyumas

Suwarti[1], Ayu Kurnia S[2] , Dyah Astorini Wulandari[3], Nadaa Rihhadatul Aisya[4], Fajrin Aldina Fezihisya[5]

{suwartidarman@gmail.com, ayukurnias@gmail.com, rinirifqi@gmail.com, nadaarihhadatulaisy@gmail.com, fajrinafezih@gmail.com}

Faculty of Psychology, Universitas Muhammadiyah Purwokerto, Banyumas Regency, Indonesia[1,2,3,4,5]

Abstract. Elderly commonly encounter various challenges related to negative emotional states. Previous research highlights the crucial role of family support in mitigating these issues among the elderly. This study investigates the correlation between family resilience and negative emotional states. Employing a quantitative research design, the study included 30 elderly participants from Aisyiyah Banyumas selected through random sampling. Two instruments were utilized: the Walsh Family Resilience Questionnaire and the Depression Anxiety Stress Scale. The findings indicate a weak and statistically insignificant relationship between family resilience and negative emotional states (depression, anxiety, and stress) among the elderly in Aisyiyah Banyumas, with correlation coefficients of 0.204, 0.036, and 0.056 respectively. Additionally, a majority of participants (56.67%) reported that religious practices such as prayer, reliance on God, and engaging in religious rituals like nightly prayers and Quran recitation are commonly used coping strategies during stressful situations. These results suggest a need for further research exploring the impact of spiritual factors on negative emotional states in the elderly.

Keywords: Elderly Aisyiyah Banyumas, Family Resilience, Negative Emotional State

1. Introduction

The Law of the Republic of Indonesia No. 13 of 1998 defines elderly as those aged 60 (sixty) years and older. This phase of life is characterized by both physical and psychological decline [1]. Physically, elderly people often experience fatigue, reduced stamina, stooped posture, wrinkled skin, graying hair, tooth loss, decreased digestive function, and joint calcification [2]. As individuals age, they are more likely to experience feelings of loneliness due to psychological stress from abandonment by children, relatives, or life partners [1]. Lovibond and Lovibond [3] introduced the concept of negative emotional states, which encompass an inability to manage positive emotions within oneself.

Negative emotional states typically manifest as stress, anxiety, and depression, influenced by external stimuli and an individual's coping abilities [3]. Elderly individuals, in particular, are susceptible to these states due to changes in physical health, psychological well-being, and social interactions [4]. Symptoms may include emotional instability, irritability, feelings of disappointment, sadness, loss, and worthlessness. Factors contributing to negative emotional states in the elderly include declining self-esteem, reduced activity, loss of social connections, physical

dependency, chronic illness, medication side effects, fear of mortality, changes in daily routines or living environments, and lack of social support [5]. Elderly experiencing anxiety may exhibit clinical symptoms such as dry mouth, dizziness, restlessness, palpitations, and feelings of impending doom [6]. Prolonged stress, anxiety, and depression can lead to existential questions, emotional instability, and cognitive decline if left untreated [7].

Previous studies have indicated a connection between family resilience and reduced negative emotional states among the elderly [8]. Elderly individuals supported by resilient families tend to experience overall well-being, both physically and mentally [9]. According to Gunawan and Sulasti [9], addressing negative emotional states in the elderly significantly involves the family's role. The prevalence of negative emotional states among the elderly, often linked with vulnerability, underscores the family's responsibility in providing care and social support in daily life and elderly services. Positive familial relationships contribute to the elderly feeling secure and content, fostering joy and motivation in their later years [10]. This perspective aligns with the findings of Pospos and Khairani [11], highlighting the elderly's reliance on social support within the family to buffer against psychological pressures. Offering social support to elderly family members provides them with a profound sense of support, care, and companionship, aiding them in navigating life's challenges [12] Resilient families are adept at perceiving crises as opportunities rather than succumbing to stress, anxiety, or depression [12]. Nonetheless, addressing negative emotional states in the elderly involves consideration of other factors such as biology, education, spirituality, and social environment [13].

Aisyiyah is an autonomous organization within Muhammadiyah and one of Indonesia's largest, with 33 regional leaders at the provincial level, 370 at the district level, 2,332 at the sub-district level, and 6,924 at the village level. Aisyiyah Banyumas encompasses members across various age groups, including adults and the elderly. The elderly members of Aisyiyah Banyumas engage in diverse activities such as regular recitations, social gatherings, and health check-ups. Initial data collected through interviews with Aisyiyah managers revealed that there has been no specific study conducted on the psychological profile of the elderly, particularly exploring the impact of family resilience on their negative emotional states. However, various programs aimed at enhancing family resilience have been implemented [14]. Conducting research specifically on the influence of family resilience on the negative emotional states of elderly Aisyiyah Banyumas members can provide valuable insights and recommendations for future organizational policies. This study aims to investigate the relationship between family resilience and the negative emotional states experienced by the elderly in Aisyiyah Banyumas.

2. Literature Review
2.1 Family resilience
Family resilience refers to a family system's ability to adapt, recover, and grow stronger when facing adversity [15]. Rather than the absence of dysfunction, it emphasizes positive adaptation through shared belief systems, organizational flexibility, and effective communication [15; 16]. From a systemic perspective, family resilience arises from interactions among members and contextual resources that help maintain stability under stress [17].

Empirical studies demonstrate that higher family resilience predicts better psychological well-being, life satisfaction, and mental health [18]. During crises such as the COVID-19 pandemic, resilient families exhibit stronger communication, optimism, and collective coping, buffering

negative psychological impacts [19]. Therefore, family resilience serves as a protective mechanism that enables families to sustain functioning and emotional balance during challenging times.

2.2 Negative emotional state

Negative emotional states refer to affective experiences characterized by distress, sadness, anxiety, anger, or frustration [20]. Although normal in daily life, persistent negative emotions can impair well-being, social functioning, and health [21]. Such states often arise from stress, unmet needs, or social isolation and are associated with increased vulnerability to depression and reduced life satisfaction [22].

Recent findings indicate that resilience mitigates the effects of negative emotional states, suggesting that emotional regulation and supportive relationships buffer individuals from stress [23]. In the context of aging, negative emotions such as loneliness or anxiety may worsen mental health, highlighting the importance of interventions promoting optimism, connection, and resilience.

3. Method

3.1 Design and sample

This research used a quantitative approach to investigate how family resilience correlates with negative emotional states. The study involved 30 elderly participants from Aisyiyah Banyumas, Indonesia, selected using random sampling methods.

3.2 Research instruments

There were two measurement instruments used in this study, namely the measurement tool developed by Walsh [15] is known as the Walsh Family Resilience Questionnaire, which originated from her extensive clinical experience and review of literature on family resilience processes. It consists of 32 Likert-format items categorized into three subscales: belief systems (13 items), organizational processes (9 items), and communication processes (10 items). Responses range from "almost always" (5) to "rarely" (1), with higher scores indicating greater family resilience. Item 32 differs from the others as it is an open-ended question: "What beliefs and/or practices does your family have that are particularly helpful to you when dealing with stressful situations?" Descriptive analysis was used specifically for this item in the research.

The Depression Anxiety Stress Scale (DASS-21), developed by Lovibond and Lovibond [3] is designed to assess negative emotional states including depression, anxiety, and stress. The scale comprises 21 items divided into three subscales. It has been adapted into Indonesian by Damanik (2014), with Cronbach's alpha coefficients reported as 0.85 for depression, 0.84 for anxiety, and 0.84 for stress. Spearman-Brown coefficients were also noted as 0.84 for depression, 0.83 for anxiety, and 0.85 for stress. An example item from the DASS-21 is "I feel my lips are often dry." Responses are on a Likert scale with four categories: never (0), sometimes (1), often (2), and very often (3). Scores are interpreted across five severity categories: normal, mild, moderate, severe, and extremely severe for depression, anxiety, and stress. Higher scores indicate higher levels of these negative emotional states.

3.3 Procedures

The research utilized an offline method. Data collection was carried out on June, 2024. Before filling out the instrument, the participants had to complete a research consent approval and filling

in their identity. Furthermore, they had to fill out the instruments: Walsh Family Resilience Scale (WFRQ) and Depression and Anxiety Stress Scale (DASS-21).

3.4 Data analyses

In this study, IBM Statistical Package for Social Sciences (SPSS) version 27.0 was employed for data analysis. The qualitative variables examined included age, marital status, employment, and education. Prior to hypothesis testing, tests for linearity and normality were conducted. To compare scores from the Depression Anxiety Stress Scale (DASS-21) and the Walsh Family Resilience Questionnaire (WFRQ) domains, Spearman's Rho correlation was utilized. A significance level of $p \leq 0.05$ was set for statistical significance. All participants completed the offline form without missing data, ensuring comprehensive data for analysis. Notably, for item 32 of the WFRQ, which involved an open-ended question, descriptive analysis was performed to present the data effectively.

4. Result

4.1 Demographic participants

Table 1 displays the demographic data of the study participants. The majority of participants were aged 60-65 years (46.66%), were divorced due to spousal death (53.33%), were unemployed (93.55%), and had completed junior high school as their highest level of education (36.66%).

Table 1. Demographics participants

Variable	n	%
Age		
- 60-65 year	14	46.66%
- 66-70 year	9	30%
- >70 year	7	23.33%
Marital status		
- Married	12	40%
- Divorce due to the death of a husband	16	53.33%
- Divorce (while the husband is still alive)	2	6.66%
Employment status		
- Work (entrepreneurship)	2	6.66%
- Unemployment	28	93.33%
Education		
- Not completed in primary school	2	6.66%
- Primary school	6	20%
- Junior High School	11	36.66%
- Senior High School	5	16.66%
- Associate Degree	1	3.33%
- Bachelor Degree	5	16.66%

4.2 Hypothesis test results

Based on the hypothesis testing results presented in Table 2, correlation coefficients were obtained for depression, anxiety, and stress, which were 0.204, 0.036, and 0.056, respectively. These values

indicate a weak correlation between family resilience variables and depression, anxiety, and stress. Furthermore, the significance value (1-tailed) was found to be greater than >0.05, indicating that the observed relationships were not statistically significant.

Table 2. Hypothesis test results

Variable		Depression	Anxiety	Stres
Family Resilience	Correlation Coefficient	,204	,036	,051
	Sig. (1-tailed)	,140	,425	,395
	N	30	30	30

*. Correlation is significant at the 0.05 level (1-tailed).

4.3 Negative emotional state among lansia Aisyiyah Banyumas

Table 3 illustrates the levels of negative emotional states among the participants, indicating that the majority of participants experienced moderate levels of depression (46.67%), low levels of anxiety (43.3%), and moderate to low levels of stress (33.3%).

Table 3. Negative emotional state among lansia Aisyiyah Banyumas

Level of Negative emotional state	Depression	Anxiety	Stress
very low	0	0	1 (3%)
Low	12 (40%)	13 (43,3%)	10 (33,3%)
currently	14 (46,67%)	9 (30%)	10 (33,3%)
High	1 (3,33%)	4 (13,33%)	6 (20%)
very high	3 (10%)	4 (13,33%)	3 (10%)

4.4 Desciptive analysis on item no 32 WFRQ

Table 4 presents practices undertaken by families that were particularly helpful to participants when facing stressful situations. The majority of participants (56.66%) identified religious practices such as praying, performing salah (Islamic prayers), and reciting Quran as significantly beneficial when dealing with pressure-filled situations.

Table 4. Practices were particularly helpful to participants when facing stressful situations

Aspect	Details	n	%
Beliefs	Belief that all problems can be overcome	4	14,33%
	All problems are faced happily and relaxed	7	23,33%
Practices	Pray, *Shalat* and recite the Al-Qur'an	17	56,66%
	Deliberation with Family	2	6,66%

5. Discussion

In this study, specifically 46.67%, exhibited moderate levels of depression. This finding is consistent with Ari's research [24], which similarly identified 32.1% of respondents experiencing moderate depression. According to the World Health Organization (WHO), approximately one in ten elderly individuals may suffer from depression, making it the second leading cause of physical and psychosocial disability among this demographic. Depressive symptoms can manifest in older adults due to medication use or as a result of psychiatric disorders such as obsessive-compulsive disorder or panic disorder [25]

Regarding anxiety, 43.33% of participants in this study reported low levels of anxiety. The accumulated life experience among the elderly often contributes to greater emotional resilience, reducing susceptibility to anxiety. These anxieties can deplete already limited resources among the elderly, hindering their psychological adaptability and perpetuating distress throughout their lives. Participants had a stress level of 33.33% which was categorized at a moderate level. This is supported by research conducted by Kaunang [6] which found that 84.3% of the elderly experienced mild psychological stress. This is because the elderly sometimes or never feel disturbed by the shadows of a bad past, get angry over trivial things, find it difficult to relax, are easily offended, find it difficult to feel calm, feel fear without any clear reason, feel lonely, easily agitated, find it difficult to rest, feel that life is no longer meaningful.

This study shows an insignificant relationship between family resilience and negative emotional state in the elderly at Aisyiyah Banyumas. The findings in this study are in line with the findings of Ahn et al. [25] which states that family resilience is not related to negative emotional state. However, this finding is also different from several other research results which state that there is a relationship between family resilience and negative emotional state [12]

Based on descriptive analysis of filling out the WFRQ scale item number 32, most participants (56.67%) said that the practices that participants often do when facing stressful situations are praying, tawakkal and carrying out religious routines such as tahajud prayer and reciting the Koran. The research findings of Sari et al [26] state that one of the factors that can suppress negative emotional states in the elderly is spirituality. The characteristics of spirituality are formed by religion, belief, knowledge, sincere love, a sense of connection with the universe, respect for life and the provision of personal strength. Research by Arifuddin et al [24] explains that a good level of spirituality in the elderly can increase the meaning and hope of life, and reduce anxiety and fear. Spirituality is not only the relationship between humans and God, but also the relationship between humans and humans. In addition to increasing the frequency of worship, the elderly do something busy, forming interactions or social relationships with others. Through social relationships, the elderly can confide in each other and share experiences related to the things they feel, so that the elderly do not feel that they are alone and excessive anxiety can be avoided. Musmiler [27] also revealed the same thing that the elderly believe that religion can provide a way to solve life's problems, religion also functions as a guide in life, and reassures their hearts. The elderly try to reduce stress, anxiety, and depression by seeking support from their religious beliefs or spirituality. Shalat, prayers, reading the holy book Al-Quran and other religious practices help fulfill high spirituality needs [27]. Aspects of spirituality that are fulfilled in the elderly are able to formulate a positive meaning of the purpose of their existence in the world, develop the meaning of suffering and believe in the wisdom of an event or suffering, live a positive and dynamic relationship through

faith, self-confidence and love. Research conducted by Pratiwi et al., [28] explains that spirituality-based mindfulness is an adaptive coping strategy to mitigate various negative psychological reactions including negative emotional states by responding to stressors experienced by the body to build self-awareness that every problem experienced today is a scenario of Allah / God. This means that the elderly in Aisyiyah Banyumas have indications to be healthy independently from negative emotional state conditions by realizing that the stress, anxiety, and depression experienced are God's scenarios and only God can overcome them. However, this study has not been able to reveal quantitatively the relationship between spirituality and negative emotional state in elderly Aisyiyah Banyumas. This can be a recommendation for further research.

The limited number of participants can also be a factor in different research findings. This study used 'Aisyiyah elderly participants with 30 elderly subjects. This is a limitation of this research greeting. The limited number of participants can affect the results of the study, in line with research conducted by Hair et al [29] providing recommendations regarding the minimum sample size required to conduct research analysis. For example, exploratory factor analysis cannot be performed if the sample has less than 50 observations (which still depends on other factors), while simple regression analysis requires at least 50 samples and usually 100 research samples for the most part in different situations. Meanwhile, according to Guilford [30] an absolute minimum of 200 samples is required for Pearson Correlation analysis. Bujang and Baharum [31] added that a sample size of 782 is required to be able to detect a correlation coefficient of 0.1 with an alpha of 0.05 and a power of 80.0%. Future research can increase the number of participants by involving various groups of elderly people in several regions to produce findings with a wider range.

6. Conclusion

This study aimed to examine the relationship between family resilience and negative emotional states among the elderly in Aisyiyah Banyumas. The research conclude a lack of significant relationship between family resilience and negative emotional states in the elderly at Aisyiyah Banyumas. Despite the lack of significance, descriptive analysis revealed that a majority of participants (56.67%) reported engaging in practices such as prayer, relying on God, and performing religious routines like nightly prayers and Quranic recitation when facing stressful situations. Spirituality, perceived not only as a connection between individuals and God but also among individuals themselves, may play a dominant role in influencing negative emotional states among the elderly in Aisyiyah Banyumas. This underscores the need for further research to explore the relationship between spirituality and negative emotional states.

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