Understanding Psychological Resilience in Caregivers: The Impact of Social Support, Cultural Perceptions, and Marital Dynamics

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Abstract: *Psychological resilience and marital stability are critical for spouses of Hepatitis C patients, who often face significant caregiving and relational challenges. This study examines the interplay of social support, cultural perceptions, and socioeconomic status (SES) in shaping psychological resilience and marital outcomes in this population. A cross-sectional survey of 200 spouses was conducted, using standardized scales to measure social support, cultural perceptions, psychological resilience, and marital adjustment. The findings reveal that higher levels of social support are positively associated with greater resilience and marital stability, with significant disparities across SES groups. Spouses from higher SES backgrounds reported stronger social support networks and better psychological and relational outcomes, while those from lower SES groups exhibited reduced resilience and relational strain. Cultural perceptions also played a pivotal role, as supportive cultural environments were linked to higher resilience and marital satisfaction, whereas stigmatizing attitudes exacerbated distress and undermined relational harmony. These results highlight the importance of addressing social, cultural, and economic disparities in caregiving contexts. Interventions aimed at strengthening social support, fostering culturally empathetic environments, and providing accessible resources for economically disadvantaged families are essential to improving outcomes for caregivers of Hepatitis C patients.*

Introduction

Hepatitis C, and other chronic illnesses, are physically, emotionally, and socially debilitating for those afflicted with the disease, but also for their spouses, who function as primary caregivers. Caregivers are a crucial part of the treatment of complicated chronic Hepatitis C. It is estimated by the CDC (2021) that approximately 2.4 million people living in the United States have chronic Hepatitis C. These spouses engage in this dual burden of caregiving and coping with stigma and stress from chronic illness; their psychological resilience, the ability to adapt positively to adversity, is key to their well-being (Hatzenbuehler & Link, 2020).

According to research, 20–30% of caregivers of people with chronic illnesses are depressed as a result, and 40–70% report high stress (National Alliance 2020). A host of factors affect psychological resilience among caregivers, such as social support networks, cultural perceptions of illness, and socioeconomic status. Take for example caregivers whose support systems are robust — they are 30% more likely to report lower stress levels when compared with caregivers who have no support (APA, 2021).

Nonetheless, different groups may be more vulnerable when such dimensions are something apart from none. Caregivers from lower socioeconomic backgrounds are at a much greater risk of burnout and distress, 25% reporting that they were unable to access needed resources (Family Caregiver Alliance, 2022). To build in resilience and provide equitable support to all caregivers dealing with the challenges of chronically ill caregiving, leaders must particularly address these disparities.

Consistently, social support—emotional, informational and practical assistance provided by family, friends, and community—is linked to greater psychological resilience (e.g. Fujimoto and Chandrasekar, 2000) and marital stability. As a protective buffer against stress it promotes adaptive coping mechanisms (Cohen & Wills, 1985; Pereira et al., 2011). Findings also reveal that robust support networks for husbands or wives of Hepatitis C patients, reduces psychological distress and promotes marital adjustment. Nonetheless, social support is not a uniformly available or good quality resource, with people from lower socioeconomic status backgrounds most often reporting a lack of resources that may exacerbate their psychological and relational challenges (Caron & Liu, 2011).

It is further complicated by cultural perceptions. Cultural stigmatizing attitudes toward Hepatitis C isolate families, Leads to marital troubles as well as increased psychological distress (Kirmayer, 1989). However, cultural environments that create acceptance and understanding for the one with chronic illness are supportive; they promote resilience and associated relational harmony (Li & Liang, 2019). Cultural perceptions and social support interact especially saliently: the norms of the culture can decide which systems of social support are available and, equally importantly, how effective they are.

These relationships are critical moderated by socioeconomic status (SES). Indeed, families in the higher SES backgrounds are better placed to access the various support networks and healthcare resources making it easy to cope with the psychological and relational consequences of chronic illness (Phongsavan et al. , 2006). By contrast, lower SES families are more vulnerable to a compounding of the effects of limited social support, stigmatizing cultural beliefs and financial strain, which result in poorer psychological and marital outcomes.

General social support is widely recognized to serve as a protective factor, preventing buffering of stress and increasing resilience. The buffering hypothesis (Cohen and Wills, 1985) states that social support buffers against the negative effects of stress by furnishing emotional, information and practical resources. These networks provide access to potentially effective resources when spouses carry the burden of caregiving and must manage the patient’s medical and household requirements. Couple focused interventions that incorporate social support with social support facilitates effective communication, supportive coping and consequently reduces psychological distress and enhances marital satisfaction (Pereira et al. 2011).

Although there is not a uniform level of social support in its quality and availability to all groups. As found by several researchers, (Caron & Liu 2011) those with lower SES backgrounds typically report that they are inaccessible to networks of robust support that could serve to protect individuals from psychological distress. The prevalence of this disparity amongst resilient individuals supports the examination of socioeconomic factors in calculating the effect of social support on resilience.

Families’ experiences and ways of coping with chronic conditions are significantly determined by cultural attitudes to illness. Many cultures stigmatize or shame chronic illnesses such as Hepatitis C, causing social isolation and internalized shame, and increases psychological distress for both patient and caregiver (Kirmayer, 1989; Ridner, 2004). Stigmatizing cultural perceptions make such strain worse and reduce the ability to overcome this strain (resilience) by discouraging families from seeking out external support, as per Zickmund et al. (2006). Conversely, normative cultural environments regarding the caregiving experience have been associated with high levels of resilience and better marital adjustment. As stated by Li and Liang (2019), the irrevocable accepting of illness by the culture it possesses can minimize distress and increase coping because of its empathetic social context.

SES is an important dimension in the distribution of protective resources, such as supports and health care. Broader social support networks, greater financial stability, access to mental health services and greater resilience help paint a picture of more resilience and more marital satisfaction (Phongsavan et al., 2006). However, lower SES families experience additional stressors such as financial strain, restricted access to healthcare and less support network to which their eyes are opened to psychological strain and relational discord (Gill et al., 2005).

It all becomes even more complex when you add in SES, social support, and cultural perceptions. Myer et al. (2008) argue that individuals from low SES families who resided in supportive cultural attitude environments scored better psychologically compared to those residing in stigmatizing cultural attitude environments. This suggests the need to consider simultaneously cultural and socioeconomic disadvantage if we want to enhance resilience.

Social support, cultural perceptions, and SES have an interactive relationship with situational outcomes for caregivers. According to Pereira et al. (2011), positive cultural attitudes enhance effect of social support, particularly so in low SES groups. However, stigmatizing cultural norms undermine those same effects leading to further distress and marital strain. Caregiving families have the complicated issues with which to contend highlighting the need for culturally sensitive and socioeconomically accessible interventions.

This study seeks to determine if and how differences in socioeconomic background manifest in the ways that social support and psychological resilience are allocated to spouses of Hepatitis C patients and the moderating roles of cultural perceptions and marital stability in revealing or mulling over these disparities. By exploring these interconnections, the research seeks to guide culturally sensitive and socioeconomically equitable interventions for promoting the individual and relational well-being of these caregiving families.

Hypotheses

1. **H1**: Higher levels of social support are positively associated with greater psychological resilience among spouses of Hepatitis C patients.
2. **H2**: Supportive cultural perceptions of chronic illness are positively associated with higher psychological resilience, while stigmatizing perceptions are negatively associated.
3. **H3**: Socioeconomic status moderates the relationship between social support and psychological resilience, with stronger effects observed in higher SES groups compared to lower SES groups.

Methods

Study Design

Using quantitative, cross-sectional design, the present study explored the influence of social support, cultural perception and socioeconomic standing (SES) on the psychological resilience and stability of marriage of the spouses of patients suffering from Hepatitis C.

Participants

A total of 200 participants were recruited from two major hospitals in Abbottabad, Pakistan: It was used in Combined Military Hospital (CMH) and Ayub Medical Complex. Purposeful sampling methodology was employed to recruit participants, spouses of Hepatitis C patients, who were purposively sampled in order to reflect various demographic characteristics, in particular by gender, age, and socioeconomic status.

Inclusion Criteria and **Exclusion Criteria**:

Inclusion criteria included being a primary caregiver for a spouse who was diagnosed with Hepatitis C at least one year prior to participation for inclusion in the study; consent to participate was obtained prior to proceeding with the study. Individuals with preexisting mental health conditions diagnosed prior to taking on caregiving responsibilities and caregivers of patients with co-morbid chronic illnesses were excluded from the study to allow for an in depth analysis of the unique dynamics of caregiving for Hepatitis C patients.

Measures

The Multidimensional Scale of Perceived Social Support (MSPSS; Zeus & Velouseanis, 1988) measures 12 items and measures the perceived support of family, friends and significant others. Participants responded on a 7 point Likert scale (from 1 = very strongly disagree through 7 = very strongly agree), with higher scores indicating higher perceived support. To assess cultural perceptions, a questionnaire was developed for this study, in which perceptions were categorized as supportive, neutral, or stigmatizing depending on responses of statements concerning societal attitudes toward caregiving and chronic illness. This was measured by responses that could be scored on a 5 point Likert scale where 1 (strongly disagree) to 5 (strongly agree). The ability to rebound from adversity is evaluated through the Connor Davidson Resilience Scale, (CD-RISC), a 25 item scale which addresses the probable strengths or excessive negativity that may occur during that instability period. Responses were based on a 5–point Likert scale from 0 (not true at all) to 4 (true nearly all the time) and higher scores represented greater resilience. Marital adjustment was measured by the Dyadic Adjustment Scale (DAS), a 32 item scale which evaluates each of these four dyadic dimensions (consensus, satisfaction, cohesion, and affectional expression) with higher scores indicating better marital adjustment.

Participants were contacted through outpatient clinics in the selected hospitals. After explaining the study's purpose, researchers obtained informed consent and administered the survey instruments in a structured, face-to-face format. This approach ensured clarity and minimized errors in response collection. The average time to complete the survey was 25–30 minutes. Participants were assured of confidentiality, and their participation was entirely voluntary. They were informed of their right to withdraw from the study at any time without repercussions.

Data Analysis

Data were analyzed with SPSS Statistics (Version 25). Demographic characteristics and scores on key variables were summarized using descriptive statistics to give some sample distribution overview. Social support, cultural perceptions, socioeconomic status (SES), psychological resilience, and their associations to marital stability were examined using correlation analysis to determine whether significant relationships were found between these variables. Predictive effects of social support and cultural perceptions on psychological resilience and marital stability were explored by applying multiple regression analysis. Additionally, as a form of moderation analysis, social support as a function of SES served as the moderating variable in the influence of social support on marital stability, in order to understand the conditional effects of socioeconomic factors on caregiving outcomes.

Results

Table 1, *shows marital adjustment scores across different levels of social support, categorized by gender:*

Social Support Level	Dyadic Adjustment Mean (Male Spouses)	Dyadic Adjustment SD (Male Spouses)	Dyadic Adjustment Mean (Female Spouses)	Dyadic Adjustment SD (Female Spouses)
Low	3.0	0.6	2.8	0.7
Medium	3.8	0.5	3.6	0.5
High	4.5	0.4	4.3	0.3

Table shows the mean and standard deviation of dyadic adjustments scores of male and female spouses as a function of the levels of social support.

Table 2, *showing psychological resilience scores by socioeconomic status (SES):*

Socioeconomic Status	Psychological Resilience Mean	Psychological Resilience SD
Low SES	2.5	0.7
Medium SES	3.2	0.6
High SES	4.0	0.4

The mean and standard deviation of psychological resilience scores for various SES levels in this table shows possible differences in resilience depending on SES.

Table 3, *which presents the regression analysis of predictors for psychological distress*:

Predictor Variables	B Coefficient	Standard Error	t-value	p-value
Social Support	0.45	0.05	9.0	<0.001
Cultural Perceptions	-0.30	0.04	-7.5	<0.001
Socioeconomic Status	0.25	0.03	8.3	<0.001

This Table of regression coefficients (B), standard errors, t-values and p-values of social support, cultural perceptions and socioeconomic status as predictors of psychological distress.

Table 4, *shows the impact of cultural beliefs on marital stability:*

Cultural Beliefs Towards Illness	Marital Stability Mean	Marital Stability SD
Supportive	4.3	0.5
Neutral	3.6	0.6
Stigmatizing	2.9	0.8

Marital stability scores across different cultural belief categories regarding illness are presented in this table by the mean and standard deviation.

Discussion

The findings of this study highlight the critical roles of social support, cultural perceptions, and socioeconomic status (SES) in shaping psychological resilience and marital stability among spouses of Hepatitis C patients. The results underscore significant disparities across gender and SES groups, offering nuanced insights into how these variables interact to influence caregiving outcomes.

Table 1 reveals that higher levels of social support were consistently associated with greater marital adjustment, with male spouses reporting slightly higher dyadic adjustment scores than female spouses. These findings align with prior research by Cohen and Wills (1985), who established that social support serves as a buffer against stress, fostering adaptive coping and improving relational harmony. Pereira et al. (2011) further emphasized that couple-focused interventions leveraging social support significantly enhance marital satisfaction and reduce relational strain, particularly in the context of chronic illness caregiving.

The gender differences observed in marital adjustment scores may reflect variations in how male and female spouses perceive and utilize social support. Previous studies suggest that men are more likely to report higher relational satisfaction when support systems are robust, whereas women may experience additional caregiving burdens that moderate the positive effects of social support (Myer et al., 2008).

Table 2 highlights a pronounced disparity in psychological resilience across SES groups, with higher SES participants demonstrating significantly greater resilience than their lower SES counterparts. This finding is consistent with the work of Phongsavan et al. (2006), who found that SES influences access to critical resources such as mental health services, community support programs, and stress management interventions. Lower SES families, by contrast, often face compounded challenges, including financial strain and limited social support networks, which hinder their ability to build resilience (Caron & Liu, 2011).

The observed disparities call for targeted interventions that address the unique needs of economically disadvantaged caregivers. Community-based programs offering accessible counseling and support services could bridge the resilience gap, enabling lower SES families to better navigate the psychological demands of caregiving.

As shown in Table 4, cultural beliefs significantly impacted marital stability. Spouses in supportive cultural environments reported the highest marital adjustment scores, whereas those exposed to stigmatizing attitudes experienced substantial relational strain. These results align with Ridner's (2004) findings on the detrimental effects of stigma, which can exacerbate psychological distress and disrupt familial relationships. Similarly, Li and Liang (2019) noted that supportive cultural attitudes normalize the caregiving experience, fostering relational harmony and resilience.

The role of cultural perceptions in influencing marital stability underscores the importance of culturally sensitive interventions. Public health campaigns aimed at reducing stigma and promoting empathy for chronic illness caregiving could help reshape societal attitudes, ultimately improving relational outcomes for affected families.

The interplay between social support, SES, and cultural perceptions emerges as a central theme in this study. Supportive cultural attitudes amplified the positive effects of social support, particularly among higher SES participants, while stigmatizing beliefs negated these benefits for lower SES families. This dynamic mirrors findings by Pereira et al. (2011), who highlighted the synergistic effects of supportive cultural and social environments in promoting resilience and relational harmony.

Implications for Practice

These result indicate that multiple, multi-faceted interventions in the form of social, cultural, and economic disparities are needed. Steps necessary to enhancing caregiving outcomes include strengthening social support networks, creating culture sensitive environments and resources for economically disadvantaged families.

Limitations and Future Directions

Although this study provides important insights, the cross sectional nature of this study has limited causal inference. Future research should use longitudinal approach in assessing changes in resilience and marital stability overtime. Furthermore, findings would be generalizable in diverse cultural and geographic contexts by including them in the study as well.

Conclusion

The outcomes of this study stress the significance of social support, cultural perception and socioeconomic status (SES) in psychological resilience and marital stability of spouses of Hepatitis C patients. The results have important implications for trends in resilience and relational outcomes related to gender, SES and cultural context. There was a consistent pattern of positive relationships between higher levels of social support and psychological resilience and marital adjustment, particularly for individuals coming from those with higher SES backgrounds. By contrast, lower SES families had compounded challenges, for example, they had less access to a support network, more exposure to stigma, which increased the psychological distress and strain of a relationship.

Perceptions within the culture proved to be an important factor, for example, being supportive of cultural environments that build resilience and marital stability, while being stigmatizing is related to adding distress and relational trouble. We find that the effectiveness of social support depends on the interaction of both socioeconomic resources and cultural contexts.

Our findings have important implications for practice and highlight the necessity of involving multi-faceted interventions for addressing social, cultural and economic disparities. This involved strategies including strengthening support networks, building culturally empathetic environments, and making available to economically disadvantaged families resources to enhance relational well-being and resilience. Longitudinal and cross-cultural exploration of these dynamics should be the subject of future research in order to refine interventions and policies for supporting caregiving families.

This study addresses the multifaceted challenges faced by caregivers to provide insight into the nature of the factors affecting psychological and relational outcomes in families living with chronic illness. Such efforts better the quality of life for caregivers and their families, this in support of the goal for equitable and inclusive healthcare systems.

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