



## **DYADIC COPING DYNAMICS OF PARENTAL COUPLES WITH CHILDREN DIAGNOSED WITH LEUKEMIA: A PHENOMENOLOGICAL STUDY WITHIN WALSH'S FAMILY RESILIENCE FRAMEWORK**

**Nana Aminah, Anna Armeini Rangkuti, Iriani Indri Hapsari**

Universitas Negeri Jakarta

Email: [nana\\_1802825033@mh.unj.ac.id](mailto:nana_1802825033@mh.unj.ac.id)

### **ABSTRACT**

This study explores how parental couples engage in dyadic coping during their child's leukemia treatment and how this process enables them to access and use social and economic resources within Walsh's Family Resilience Framework (2016). This study used a qualitative phenomenological approach and reflexive thematic analysis (Braun & Clarke, 2021). The participants were a couple whose child was undergoing leukemia treatment. Data were collected through semi-structured in-depth interviews, participant observation, and document analysis. The analysis yielded seven themes: (1) emotional responses and the couple's process of acceptance; (2) adaptive role reorganization within the couple; (3) stress communication patterns in the couple's relationship; (4) couple collaboration in maintaining the child's treatment adherence; (5) dyadic coping as a mechanism for accessing external resources; (6) economic pressure management: adaptive strategies of the couple; and (7) shared meaning construction as the foundation of couple resilience. Further research with a larger and more socioeconomically diverse sample is needed to strengthen these findings. Based on these results, this study recommends: (1) psychological services in pediatric oncology hospitals should adopt couple-based intervention approaches; (2) health professionals and counselors should assist couples in developing more effective and mutually validating stress communication; and (3) support programs should proactively connect families with relevant social support networks and foundations from the early stages of treatment.

**Keywords:** *dyadic coping, childhood leukemia, family resilience, social and economic resources, phenomenological*

### **INTRODUCTION**

Leukemia is one of the most common childhood blood cancers and has become a serious health concern both globally and nationally. This disease not only affects the child's physical condition but also carries significant psychological consequences for the family, particularly parents as primary caregivers. The lengthy, complex, and uncertain treatment process makes this experience one of the most severe life crises a family can face.

Data from the Hospital-Based Cancer Registry (HBCR) at RSUP H. Adam Malik, a national referral hospital, show that during 2021–2023 there were 344 pediatric cancer cases, with lymphoid leukemia being the most common (163 cases; 47.4%) and myeloid leukemia accounting for 40 cases (11.6%). Most cases occurred in the 2–5 age group (34.9%) and were more prevalent in boys (58.7%) than girls (41.3%) (Siregar et al., 2025). The five-year survival rate for childhood leukemia in Indonesia remains low, at 28.9% at RS Dharmais and 31.8% at RS Dr. Sardjito (Perdana et al., 2020). Evaluation of the ALL2016 protocol showed a four-year overall survival (OS) of 60.1% and event-free survival (EFS) of 49.5% (Sutaryo et al., 2022). OS measures the proportion of patients still alive at a given time point regardless of disease status, while EFS measures the proportion free from relapse, treatment failure, or death—meaning that only about half of treated children completed four years without a serious adverse event. Other studies show variable outcomes across centers; Ramadhan et al. (2024) reported a one-year OS of approximately 36% and one-year EFS of approximately 19% in a single center in West Java, reflecting differences in patient risk profiles and clinical settings rather than a direct comparison with four-year data. A toxic death rate of 21% and a treatment abandonment rate of 11% under the ALL2013 protocol have also been reported at unacceptable levels (Sutaryo et al., 2022), suggesting that family-level factors—economic burden, caregiver stress, and commitment to treatment—play a critical role in treatment continuity.

These data place parents in a state of complex stress. Parents of children with cancer frequently experience anxiety, fear of loss, emotional exhaustion, and financial and social pressure. Van Schoors et al. (2019a) found that parents of children with leukemia report symptoms of post-traumatic stress, emotional distress, and varying degrees of anxiety. Huang et al. (2025) further noted that many parents experience clinically significant psychological distress, while others manage to adapt. Parents also face multidimensional pressure, including emotional exhaustion, fear of loss, role changes within the family, disrupted couple relationships, and economic burden (Van Schoors et al., 2019b; Parsons et al., 2024).

From the perspective of family resilience, a family's capacity to face crisis depends not only on individual characteristics but also on the system's ability to organize and mobilize available resources. Walsh (2016) describes family resilience as a dynamic process enabling families to survive, adapt, and grow under extreme pressure. A key dimension of the Family Resilience Framework is organizational patterns, specifically the aspect of social and economic resources—the family's capacity to obtain, utilize, and sustain social support and economic resources during crisis.

Despite the importance of relational coping, most research on coping among parents of chronically ill children remains individually focused. Stress is not only experienced individually; it is also shared and managed jointly by marital couples (Skinner et al., 2003). Research on dyadic coping among parental couples with leukemic children is especially limited in developing-country contexts, including Indonesia, and perspectives of fathers as part of the dyadic system remain underrepresented (Van Schoors et al., 2019b).

Dyadic coping, as defined by Bodenmann (as cited in Regan et al., 2015), is an interpersonal process in which couples communicate stress, provide emotional and instrumental support, and collaborate in managing demands. It encompasses supportive dyadic coping, delegated dyadic coping, and common dyadic coping, all of which enable couples to face pressure together (Regan et al., 2015; van der Wal et al., 2024). Importantly, parental coping determines adherence to treatment procedures, directly influencing child outcomes (Deribe et al., 2023; Gondhowiardjo et al., 2021).

This study aims to understand how parental couples manage stress through dyadic coping during diagnosis and treatment, and how this process helps the family access, mobilize, and utilize social and economic resources. It further seeks to explore how dyadic coping contributes to family resilience. Specifically, the study addresses: How do parental couples experience and manage stress during their child's leukemia treatment? What forms of dyadic coping develop in the couple's relationship? How does dyadic coping help couples access social and economic resources? And how do couples make meaning of their experience to sustain family functioning?

## **METHOD**

This study employed a qualitative approach with a phenomenological perspective and reflexive thematic analysis as developed by Braun and Clarke (2021), as applied in qualitative psychological research (Levitt et al., 2018). The phenomenological perspective was chosen as the epistemological foundation because it enables exploration of the essential structure of lived experience and how individuals experience and make meaning of phenomena (Alhazmi & Kaufmann, 2022). The focus on lived experience allowed the researcher to explore how the couple experienced dyadic coping processes during their child's treatment, including emotional dimensions, stress communication, joint coping strategies, and relational dynamics.

Participants were selected using purposive sampling. The criterion was a married couple with a child currently undergoing leukemia treatment. For this study, one couple participated: their three-year-old daughter was in the maintenance phase of leukemia treatment at the time of the interview. Data were collected through semi-structured in-depth interviews, participant observation, and document analysis (including digital activity records and social media status updates with participant consent). A reflexive bracketing approach was employed throughout data collection and analysis to minimize researcher bias.

Data analysis followed the six-phase reflexive thematic analysis process: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2021). Member checking was conducted with participants to confirm the accuracy of emerging themes. A reflexive journal was maintained throughout the analysis process to document analytical decisions and researcher positionality. Ethical considerations included obtaining informed consent from both participants before data collection. Participant and child names used in this article are pseudonyms to protect anonymity.

Trustworthiness of the data was established through multiple strategies. Credibility was ensured through prolonged engagement with the data and member checking, in which participants reviewed and confirmed the accuracy of emerging themes. Transferability was supported through a thick description of the participant context and interview setting. Dependability was addressed through an audit trail of analytical decisions documented in the reflexive journal. Confirmability was strengthened through reflexive bracketing, in which the researcher continuously examined and disclosed personal assumptions and positionality throughout the analytical process (Levitt et al., 2018).

It is important to note that reflexive thematic analysis, as applied here, differs from other thematic approaches in its explicit acknowledgment of the researcher's active role in knowledge construction. Rather than viewing themes as emerging from data, this approach understands themes as constructed through the researcher's interpretive engagement with the data (Braun & Clarke, 2021). The researcher's background in family psychology and personal familiarity with the hospital context were therefore explicitly reflected upon and documented as part of the analytical process, rather than treated as sources of bias to be eliminated. This reflexive stance is consistent

with the phenomenological epistemological framework underpinning the study, which positions the researcher's subjectivity as a resource for interpretive depth rather than a threat to validity.

## RESULTS AND DISCUSSION

This section presents the results of a reflexive thematic analysis of in-depth interview data with parental couples (hereafter referred to as Husband/H and Wife/W) whose child was diagnosed with Acute Lymphoblastic Leukemia (ALL). The interview was conducted on May 25, 2026, when Fanny had entered the maintenance phase of treatment. Analysis focused on how the couple engaged in dyadic coping and how this process helped them access and utilize social and economic resources within Walsh's Family Resilience Framework (2016), particularly within the organizational patterns dimension on the social and economic resources aspect.

### *Emotional Responses and the Couple's Process of Acceptance*

The couple experienced an acute crisis period when the ALL diagnosis was confirmed. This became the emotional turning point for the Husband, who initially denied the diagnosis and questioned why his child had to experience this.

*"Yah, awalnya mah ga percaya, kanapa harus anak saya gitu istilahnya. Harus saya yang menerima ini. Tapi berjalannya waktu, nganter kemo, trus ketemu sama bapa-bapa yang lainnya juga.. sharing-sharing.. oh ternyata ada yang lebih parah dari saya.. Dari situ saya mulai terima..."* (H, p2/L27)

The acceptance process did not occur individually but through social interaction within the hospital environment. The Husband found meaning and strength through sharing with other fathers in similar situations. This represents an early form of supportive dyadic coping (Bodenmann, as cited in Regan et al., 2015), in which each partner seeks to understand and communicate distress, despite physical access limitations; the Husband could only wait outside the ward while the wife was accompanied inside. Within Walsh's framework, the couple's capacity to remain emotionally connected despite physical separation reflects the belief systems component of family resilience, which views crisis as a shared challenge (Walsh, 2016). The Husband's development of a comparative perspective ("others have it worse") functioned as a cognitive mechanism supporting acceptance and motivation.

This finding is consistent with Huang et al. (2025), who documented that families of children with leukemia undergo a resilience process in which the initial shock of diagnosis gradually transitions into acceptance through relational and social support. Their longitudinal study showed that parental meaning-making, often facilitated through peer interactions, is a key driver of emotional adaptation over time. Similarly, Lundgren et al. (2025) found that parents of children with cancer who sought psychological support commonly employed comparative thinking and social sharing as primary coping strategies, mirroring the Husband's use of downward social comparison as a cognitive reframing tool. The present study extends these findings by demonstrating that this process does not occur in isolation but is relationally mediated through the dyadic coping system, with each partner's individual coping shaped by and shaping the other's.

### ***Adaptive Role Reorganization within the Couple***

A central finding was the formation of an adaptive role division between the Husband and Wife in facing the demands of treatment. This division was not deliberately planned but emerged organically from situational constraints. The Husband worked as a daily-wage courier for Shopee Express, where each absent day meant a direct loss of income.

*"Ya udah, kata saya ikhlas ge narimakeun. Maksudnya ya udah kamu yang ngurus, saya yang kerja gitu. Kalau saya kebanyakan izin, kan kalau kurir mah kan per paket kan gitu. Kalau ga masuk ga dapet duit."* (H, p6/L172-174)

*"Takutnya malah ujung-ujungnya dipecat juga kan bahaya. Lagi kayak gini kan bahaya, jadi ga usah ini lah nyari aman aja gitu."* (W, p6/L175-176)

This pattern represents delegated dyadic coping (van der Wal et al., 2024; Regan et al., 2015), in which one partner takes over responsibilities previously shared, allowing the other to function in a different domain. The Wife assumed all medical caregiving, registration, accompanying to consultations, hospital stays, and medication management, while the Husband maintained the family's income. This adaptation was not immediate: the Husband initially accompanied the wife during early treatment to help her learn hospital procedures. Once she gained sufficient confidence, supported also by new social networks at the hospital, he gradually withdrew and returned to full-time work, demonstrating the dynamic, situationally-responsive nature of dyadic coping. In Walsh's terms, this flexible and adaptive role organization reflects organizational patterns that support family resilience (Walsh, 2016).

The role reorganization observed in this study resonates with findings from van der Wal et al. (2024), who demonstrated that in families with chronically ill children, delegated dyadic coping is a common and functionally important mechanism allowing the caregiving parent to focus on the child while the working parent maintains economic stability. However, van der Wal et al. noted that sustained delegation without adequate reciprocal support can generate relational strain over time, a tension also visible in this couple's communication patterns (Theme 3). Wang et al. (2022) similarly observed in Chinese caregiver-parent dyads that role reorganization was the most commonly reported adaptive strategy, though they noted it was most sustainable when accompanied by explicit couple communication about needs and expectations. The present study adds nuance to this literature by showing that in the Indonesian context, economic precarity (daily-wage employment) may accelerate and rigidify role delegation in ways that limit the couple's flexibility to renegotiate roles as circumstances evolve.

### ***Stress Communication Patterns in the Couple's Relationship***

Interview data revealed a distinctive stress communication pattern characterized by expressive asymmetry: the Wife tended to express distress verbally and emotionally ("I'm the one who talks a lot," "I get angry for no reason"), while the Husband responded passively, remaining silent and listening.

*"Diem aja, dirumah aja kayak marah-marah ga jelas... Ya gimana sih namanya orang cape tapi ga bisa diluapin ya..." (W, p9/L261-262)*

*"Yah udah dengerin aja. Saya ngerti aja... Kalau lagi cape saya ya udah mau marah-marah juga ga papa." (H, p9/L269, 272)*

Although seemingly unbalanced, this pattern functioned as a reasonably effective emotion regulation mechanism. The Wife had space to express exhaustion, while the Husband avoided escalating conflict. However, the Wife identified a deeper unmet need—to be actively understood, not merely allowed to speak.

*"Kadang aku ngerasa kok aku ga dingertiin ya, aku capek kok. Dia ga ngerti aku. Ooo, ternyata dia juga capek kerja. Dia juga nyari sampingan juga gitu kan buat nambah-nambahin uang. Dia juga pengen dimengerti akunya ga ngerti... gitu sebenarnya." (W, p13/L399-402)*

This quotation reveals the Wife's metacognitive awareness of the couple's dynamic: she recognized that both parties were equally exhausted, yet neither had found a way to communicate this effectively. This reflects what Bodenmann describes as not-yet-functional stress communication—where stress has been expressed but not responded to in a way that feels adequate to both parties (Van Schoors et al., 2019a). Notably, conflicts did not lead to relational rupture; instead, the Husband's silence functioned as a conflict-avoidance strategy, while the Wife channeled stress through external social networks (siblings, in-laws). While not optimal from a dyadic coping standpoint, this served as a relational buffer maintaining marital stability during a prolonged crisis.

These communication dynamics align with findings from Van Schoors et al. (2019b), who found that among couples dealing with pediatric blood cancer, dyadic coping quality, particularly the degree to which partners felt understood by each other, was a significant predictor of both individual well-being and couple adjustment. Their study showed that negative dyadic coping patterns, including hostile or superficial responses to a partner's stress signals, were associated with poorer psychological outcomes. While the couple in the present study did not exhibit overtly negative dyadic coping, the Wife's unmet need for active understanding represents a vulnerability that, if unaddressed, could compromise the quality of their supportive coping over time. Wang et al. (2025) similarly found that among Chinese parents of leukemic children, dyadic coping mediated the relationship between negative emotions and self-efficacy—suggesting that improving dyadic communication quality could have broader psychological benefits beyond the relational domain. These findings collectively support the recommendation for couple-based communication interventions in pediatric oncology settings.

### ***Couple Collaboration in Maintaining Treatment Adherence***

Amid layered pressure, the couple demonstrated strong common dyadic coping in medical decision-making. Both consistently committed to treatment protocol adherence as a non-negotiable priority.

*"Masalah darimana aja ga saya pikirin gimana. Yang penting gimana anak saya bisa sehat, anak saya mau minum obat, itu saya lakuin Bu." (H, p4/L108-110)*

The couple collaborated on strategies to encourage children to take her medication, from using convenience store visits as rewards to the Husband purchasing a tablet computer as an incentive conditional on medication compliance. This constitutes joint problem-solving as a team rather than as separate individuals.

*"Ya udah Ayah beliin tab. Tapi harus janji sama ayah. Janji apa. Minum obat ya. Kalau ga minum obat nanti tab nya dijual lagi." (H, p10/L299-300)*

This finding carries important clinical relevance. Prior research confirms that parental adherence to treatment protocols is the primary determinant of therapy success in childhood leukemia (Deribe et al., 2023; Gondhowiardjo et al., 2021). This data confirms that common dyadic coping—particularly joint decision-making regarding medication—directly contributes to treatment adherence, a critical indicator of long-term prognosis.

### ***Dyadic Coping as a Mechanism for Accessing External Resources***

One of the most salient findings was how the couple's dyadic coping actively opened access to social resources through three complementary channels.

First, hospital peer networks. Because the Husband could not enter the ward, his waiting time outside became a socially productive space. He built solidarity networks with other fathers facing similar situations, sharing information about children's conditions, treatment costs, and coping strategies.

*"Temen saya itu yang bapa-bapa, kita ngurusin yang ikhlas aja urusin. Kalau urusan ke depannya mah itu urusan Allah. Yang penting kita urusin semaksimal kita... Dari situ saya semangat tuh." (H, p8/L240-241, 248-249)*

Meanwhile, the Wife built a similar network inside the ward. Her chance encounter with another patient's mother became a source of information and emotional support, illustrating how self-disclosure within the dyadic coping process opens access to support beyond the nuclear family. Fellow parents provided emergency financial assistance, practical information, and emotional reinforcement, consistent with Walsh's (2016) observation that community social networks are key protective factors in family resilience.

Second, extended family and neighbors. The Wife strategically distributed emotional disclosure: to her sister for personal recovery ("I can be myself there"), and to her mother-in-law when experiencing marital frustration, allowing the in-law to mediate conflicts.

*"Kadang ke mertua juga kalo dianya ngeselin aku bukan ke mamah aku. Kalo dia yang bikin aku kesel aku curhatnya ke mertua. Jadi nanti mertua yang turun tangan ngomelin dia."* (W, p15/L476-477)

Neighbors also provided concrete support—checking on Fanny's condition and reducing exposure to smoke at the Wife's gentle request.

Third, access to social institutions. The couple had just registered with Yayasan Kanker Anak Indonesia (YKAI) at the time of the interview. Their capacity to actively receive and act on information about YKAI reflects active problem-solving dyadic coping. According to Walsh (2016), the family's ability to access community institutions is a key indicator of healthy organizational patterns within the family resilience framework.

The role of social networks as a buffer against distress in pediatric oncology is well-documented. Van Schoors et al. (2019a) found that network support significantly moderated the relationship between parental psychological flexibility and family adjustment when facing pediatric cancer, underscoring the protective function of community ties. The present study extends this finding by demonstrating the mechanism through which social networks are accessed: dyadic coping itself, specifically the Wife's growing independence and self-disclosure, and the Husband's solidarity-building during waiting hours—functions as the gateway through which external resources become available. This represents a novel contribution to the literature: rather than treating social support as an independent variable, this study shows how it is actively constructed through relational coping processes within the couple.

### ***Economic Pressure Management: Adaptive Strategies of the Couple***

The economic dimension was among the most severe sources of pressure. Although medical treatment costs were generally covered by the national health insurance (BPJS), daily living costs during hospitalization, transport, food, diapers, and specialized formula constituted a substantial uninsured burden.

*"Bener-bener gali lobang tutup lobang. Setiap mau berangkat harus cari pinjaman dulu. Trus nanti pas gaji abis semua buat bayar hutang."* (W, p3/L73-76)

*"Semalam megang duit cuma 70 ribu, besok harus kontrol, pusing pusing... telepon ke sana sini pinjem ke temen udah ga malu yang penting gimana caranya besok harus berangkat."* (H, p12/L363-364)

The couple developed several adaptive strategies, all involving dyadic coping elements. First, social network mobilization for emergency loans: the Husband actively contacted friends to

borrow money, setting aside embarrassment to ensure Fanny could attend appointments, a form of common dyadic coping in which he took initiative on the family's behalf. Second, asset pawning: the couple pawned the motorcycle certificate twice to cover urgent costs, reflecting joint decision-making. Third, healthcare professional consultation as an information resource: when unable to afford the prescribed formula, the Wife proactively consulted a nutritionist for an affordable but nutritionally adequate alternative, resulting in a substitute product. Fourth, downward social comparison as motivation: both Husband and Wife drew strength from observing others in more difficult circumstances, functioning as a collective cognitive regulation mechanism.

*"Pas saat itu, aku bener-bener ekonomi udah turun banget nih udah ngga mampu buat beli susu itu akhirnya aku konsultasi ke ahli gizi. Ya udah aku saranin aja pake SGM ungu. Walaupun ngga sama kayak Vidoran, tapi ya lumayan agak bisa nahan harga."* (W, p11/L340-344)

These strategies collectively reflect Walsh's (2016) description of the family's ability to access and utilize economic resources, including navigating the social insurance system and optimizing available assets, as part of the organizational patterns supporting family resilience.

Economic pressure as a major stressor for families of children with leukemia has been documented across multiple contexts. Parsons et al. (2024) reported significant financial distress and medical financial hardship among families dealing with blood cancer, noting that economic burden frequently leads to psychological distress and, in some cases, treatment abandonment. The present study contextualizes these findings within a dyadic framework: economic pressure does not affect partners in isolation but is managed jointly, with each partner's contribution, the Husband's income maintenance and social network mobilization, and the wife's resourceful consultation with healthcare professionals, constituting a system of complementary coping responses. This dyadic economic management lens is largely absent from the existing literature, which tends to focus on financial burden as an individual or family-level variable without examining the relational mechanisms through which couples navigate it together. Sutaryo et al.'s (2022) data on treatment abandonment rates further underscore the clinical significance of this finding: economic dyadic coping that successfully sustains treatment continuity has direct implications for child survival outcomes.

### ***Shared Meaning Construction as the Foundation of Couple Resilience***

Behind all material and relational struggles, the couple relied on a strong belief system as the foundation of their resilience. Religious conviction, the belief that a child's recovery requires strong parents, and the framing of crisis as a surmountable test constituted a shared narrative uniting the couple.

*"Disini ada saya dapet dari orang tua: kalau pengen anak sembuh orang tuanya dulu. Kalau orang tuanya sedih terus, lesu terus, ga ada semangat ngurusin anak, anakpun ngga ada semangat buat sembuh."* (H, p13/L406-408)

This conviction, derived by the Husband from fellow parents at the hospital and communicated to the Wife, functioned as a shared meaning serving as a navigational compass in the face of hardship. This reflects the belief systems component of Walsh's Family Resilience Framework (2016), which emphasizes that resilient families construct collective meaning narratives over crisis experiences. The couple's use of downward social comparison also served as a grounded positive reframing, not a denial of difficulty, but a meaning-making strategy rooted in witnessed reality.

### ***Synthesis: Dyadic Coping as a Bridge to Social and Economic Resources***

Based on the thematic analysis above, a descriptive model emerges of how dyadic coping serves as the linking mechanism between the parental couple and social and economic resources within the family resilience framework. Delegated dyadic coping (role division: Husband works/Wife provides medical care) maintained stable economic resources while ensuring continuity of care. Supportive dyadic coping (listening, validation) served as a relational buffer preventing relational breakdown under extreme pressure, enabling the couple to continue functioning as a team. Common dyadic coping (joint decisions on medication adherence) strengthened treatment adherence with direct implications for medical prognosis. The Wife's openness and autonomy developed through the dyadic coping process also opened access to social resources: hospital peer networks, healthcare professionals as information sources, and social foundations as instrumental support.

This model aligns with Walsh's (2016) conceptualization of organizational patterns in family resilience: role flexibility, maintained connectivity, and effective access to social and economic resources are mutually reinforcing pillars. Dyadic coping, in this context, functions not merely as an individual or relational mechanism, but as a systemic bridge connecting the couple's internal capacities with external community resources.

### ***Limitations and Implications***

This study has limitations that should be acknowledged. With a small sample of participants in a single interview session, findings are exploratory and cannot be statistically generalized. The interview was also conducted in a setting involving the researcher's personal connection to the family, which may have influenced the openness and dynamics of the data. Future research with larger and more socioeconomically diverse samples, longer observation periods, and varied clinical settings is needed to deepen understanding of dyadic coping's role in building family resilience among families of children with leukemia in Indonesia. Practically, the findings underscore the importance of couple-based interventions in pediatric psycho-oncology services: developing effective stress communication skills, strengthening adaptive coping patterns, and connecting families with relevant social support networks from early in treatment.

### **CONCLUSION**

This study explored the lived experience of one parental couple facing diagnosis and treatment of childhood leukemia through a phenomenological lens, focusing on how dyadic coping enabled access to social and economic resources within Walsh's Family Resilience Framework (2016). Three forms of dyadic coping were identified operating simultaneously: delegated (adaptive role division), supportive (listening and validation), and common (joint medical

decision-making). Dyadic coping actively opened access to social resources through hospital peer networks, extended family and neighbors, and formal social institutions such as YKAI. Adaptive economic strategies—emergency loans, asset pawning, nutritional consultation, and downward social comparison—were executed jointly as a couple. A shared belief system and collective meaning-making provided the foundation of couple resilience throughout the crisis.

Theoretically, this study bridges Bodenmann's dyadic coping framework and Walsh's Family Resilience Framework through the lens of social and economic resources, a conceptual integration rarely made explicit in a single study, and extends the understanding of dyadic coping as a social mechanism for accessing external resources beyond its conventional role as an emotion-regulation process. It also highlights the underrepresented perspective of fathers within the dyadic system (Van Schoors et al., 2019b) and documents dynamics specific to the Indonesian cultural context, including daily-wage labor vulnerability, extended family as conflict mediator, local foundations as support infrastructure, and religious values as resilience buffers.

## ACKNOWLEDGMENT

"The authors express sincere gratitude to the participant couple who generously shared their personal experiences, making this research possible."

## BIBLIOGRAPHY

- Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel educational social contexts. *Frontiers in Psychology*, 13, 1–12. <https://doi.org/10.3389/fpsyg.2022.785134>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.
- Deribe, L., Addissie, A., Girma, E., Abraha, A., Adam, H., & Berbyuk Lindström, N. (2023). Stress and coping strategies among parents of children with cancer at Tikur Anbessa Specialized Hospital paediatric oncology unit, Ethiopia: A phenomenological study. *BMJ Open*, 13(1). <https://doi.org/10.1136/bmjopen-2022-065090>
- Gondhowiardjo, S., Christina, N., Ganapati, N. P. D., Hawariy, S., Radityamurti, F., Jayalie, V. F., Octavianus, S., Putra, A. P., Sekarutami, M., Prajogi, G. B., Giselvania, A., Adham, M., Hamid, R. A. H., Widyastuti, E., Prabowo, Y., & Priyambodho. (2021). Five-year cancer epidemiology at the national referral hospital: Hospital-based cancer registry data in Indonesia. *JCO Global Oncology*, 7, 190–203. <https://doi.org/10.1200/GO.20.00382>
- Huang, Y., Chen, M., Wang, Y., Qi, Y., Zhang, L., & Dong, C. (2025). Resiliency process in the family after childhood leukaemia diagnosis: A longitudinal qualitative study. *Journal of Clinical Nursing*, 34(3), 932–947. <https://doi.org/10.1111/jocn.17224>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology. *American Psychologist*, 73(1), 26–46. <https://doi.org/10.1037/amp0000151>
- Lundgren, J., Reuther, C., Farrand, P., Lutvica, N., Thiblin, E., von Essen, L., & Woodford, J. (2025). Coping strategies utilized by parents of children treated for cancer who seek psychological support: A qualitative study. *BMC Psychology*, 13(1). <https://doi.org/10.1186/s40359-025-02860-4>

- Obbarius, N., Fischer, F., Liegl, G., Obbarius, A., & Rose, M. (2021). A modified version of the transactional stress concept, according to Lazarus and Folkman, was confirmed in a psychosomatic inpatient sample. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.584333>
- Parsons, S. K., Murphy-Banks, R., Rodday, A. M., Roth, M. E., Miller, K., Linendoll, N., Chan, R., Crosswell, H. E., Xiang, Q., & Freyer, D. R. (2024). Financial distress and medical financial hardship among young adult survivors of blood cancer. *JNCI Cancer Spectrum*, 8(5). <https://doi.org/10.1093/jncics/pkae071>
- Perdana, A. B., Saputra, F., & Aisyi, M. (2020). Update on diagnosis of childhood acute lymphoblastic leukemia (ALL) in Indonesia. *Indonesian Journal of Cancer*, 14(4), 115. <https://doi.org/10.33371/ijoc.v14i4.818>
- Ramadhan, M. H., Sari, N. M., Peryoga, S. U., & Susanah, S. (2024). Survival and treatment outcomes of childhood acute lymphoblastic leukemia in a low-middle-income country: A single-center experience in West Java, Indonesia. *Journal of Blood Medicine*, 15, 77–85. <https://doi.org/10.2147/JBM.S438042>
- Regan, T. W., Lambert, S. D., Kelly, B., Falconier, M., Kissane, D., & Levesque, J. V. (2015). Couples coping with cancer: Exploration of theoretical frameworks from dyadic studies. *Psycho-Oncology*, 24(12), 1605–1617. <https://doi.org/10.1002/pon.3854>
- Siregar, O. R., Lubis, B., & Liberty, P. (2025). Pediatric cancer epidemiology for 2021–2023 based on the cancer registry of Indonesia's national referral hospital. *Siriraj Medical Journal*, 77(2), 108–118. <https://doi.org/10.33192/smj.v77i2.271534>
- Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129(2), 216–269. <https://doi.org/10.1037/0033-2909.129.2.216>
- Sutaryo, S., Widjajanto, P. H., Mulatsih, S., Ardianto, B., Pangarso, A. W. S., Supriyadi, E., Purwanto, I., Adelin, C. P., Lestari, R. P., Sagoro, L., Christian, S. D., Sabrina, D. S., Verena, N., Kors, W. A., Kaspers, G. J. L., & Veerman, A. J. P. (2022). Childhood acute lymphoblastic leukemia: Four-years evaluation of protocols 2013 and 2016 in a single center in Indonesia, a lower-middle-income country. *Pediatric Blood and Cancer*, 69(11), 1–9. <https://doi.org/10.1002/pbc.29875>
- van der Wal, R. C., Nijhof, S. L., Leisten, L. M., van de Putte, E. M., van der Ent, C. K., Hindriks-Keegstra, A. W., Bodenmann, G., Finkenauer, C., & Nap-van der Vlist, M. M. (2024). A dyadic perspective on parent-child dyadic coping in children with a chronic condition. *Journal of Psychosomatic Research*, 181. <https://doi.org/10.1016/j.jpsychores.2024.111668>
- Van Schoors, M., De Paepe, A. L., Lemiere, J., Morez, A., Norga, K., Lambrecht, K., Goubert, L., & Verhofstadt, L. L. (2019a). Family adjustment when facing pediatric cancer: The role of parental psychological flexibility, dyadic coping, and network support. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.02740>
- Van Schoors, M., Loeys, T., Goubert, L., Berghmans, G., Ooms, B., Lemiere, J., Norga, K., & Verhofstadt, L. L. (2019b). Couples dealing with pediatric blood cancer: A study on the role of dyadic coping. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.00402>

- Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55(4), 616–632. <https://doi.org/10.1111/famp.12260>
- Wang, M. J., Chang, M. Y., Cheng, M. Y., & Zhang, R. X. (2022). The psychological adaptation process in Chinese parent caregivers of pediatric leukemia patients: A qualitative analysis. *Cancer Nursing*, 45(5), E835–E842. <https://doi.org/10.1097/NCC.0000000000001034>
- Wang, Y., Xu, S., Yu, H., Liang, Y., & Jia, D. (2025). Interactions among dyadic coping, self-efficacy, and negative emotions in Chinese parents of children with leukemia. *BMC Psychology*, 13(1). <https://doi.org/10.1186/s40359-025-02525-2>