

## **Influence of Psychological Resilience on Mental Health among Adults**

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The overarching goal of the current study was to investigate psychological resilience in adults. Keeping this as a rationale of the study, the present study aimed to study the relationship between psychological resilience and gender differences and domicile differences in the relation between psychological resilience and mental health among adults. 100 participants (Male= 50, Female=50) from rural and urban domiciles and belonging to the Arts Commerce and Science streams of the academy administered Mental Health Inventory by Jagdish and AK Srivastava, which is a comprehensive scale to assess mental health among Indian population with six subscales which helps the investigator to assess the mental health aspects and Brief Resilience Scale (BRS, 2008) developed by Smith et al., to assess the Resilience among participants. Results have indicated that psychological resilience has been found to have significant relation with mental health and concluded that need for improving resilience among adult population for better management of mental health.

**Keywords:** Psychological Resilience, Mental Health, Adult, Wellbeing

Development of individual is a dynamic process. Every individual person passes across different life challenges. Facing those challenges and successfully getting over those challenges are decided by multiple psychological aspects. Resilient is one among the psychological aspects which have role to play in confronting day to day challenges in various circumstances. Individual with better resilience are relatively healthier persons in counter to less resilient individuals suggesting psychological resilience disrupts negative effects of childhood adversity on having a healthy lifestyle in young adulthood (Karestan et al., 2021). With the development at the adulthood individual faces some of the major challenges including health challenges. Through the age lack psychological resilience poses different challenges to individual in old age (Gooding et al., 2012; Nishimi et al., 2022). In the adulthood as it is the time of earning livelihood for family and

dependents it is important for individual to stay healthy to use their optimal capacity to achieve welfare and wellbeing of oneself and the society.

According to World health organization's (WHO, 1948) definition "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." WHO in its definition of health indicates that mental health is more than just the absence of mental disorders or disabilities and states that mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health

can be regarded as a vital concern of individuals, communities and societies throughout the world. Being one of the major personality construct psychological resilience of an individual has been found to have impact on physical and mental health of the individual and in collective on a healthy society (Julia et al., 2017; Nitsu et al., 2019; Kira et al., 2021; Afek et al., 2021; Taylor & Carr., 2021; Wiedemann et al., 2022).

Resilience is the dynamic process which enables the individual to successfully adapt to severe adversity over the life course and it is characterized by the absence of psychopathology. Understanding various underpinnings of resilience will help develop strategies intended to prevent psychopathology after exposure to severe adversity. Resilience is mentioned in various phenomena ranging from prevention of mental health disturbance to successfully adapting and fast recovery after experiencing difficulties in life which may also include post-traumatic psychological growth. Secure attachment, experiencing positive emotions and having a purpose in life are three important psychological building blocks of resilience. Overlap between psychological and biological findings on resilience in the past. Studies suggest a crucial role for reward experience in resilience. It is necessary to improve the understanding of the links between genetic bequests, environmental effect and genetic environment interactions with developmental psychology and biology is crucial for elucidating the neurobiological and psychological underpinnings of resilience. (Rutten et al. 2013). Common mental, social, and physical characteristics are associated with resilience. High resilience significantly associated with positive outcomes, including successful aging, lower depression, and longevity. Interventions to enhance resilience among older adults are warranted, but little evidence of success exists. Thus this review provides an overview

of resilience that may aid in the design of resilience interventions for the older adults (Stephanie et al., 2016).

During COVID-19 pandemic as it was traumatic event for many individuals and as the situation was also heterogeneous some individuals showed resilience and many were unable to cope with the situation. Examination of relation between resilience and trajectories of mental distress during the COVID-19 pandemic showed that the high resilience group, participants in the low and normal resilience groups experienced increases in mental distress in the early months of the pandemic. Men, middle-aged and older adults, Black adults, and adults with a graduate degree were more likely to report high resilience, whereas adults living below the poverty line were less likely to report high resilience. Trajectories of mental distress varied markedly by resilience level during the early months of the COVID-19 pandemic, with low-resilience adults reporting the largest increases in mental distress during this crisis (Kira et al., 2021).

### **Objectives**

1. To study the correlation between psychological resilience and mental health and its subscales among adults.
2. To study the gender differences in psychological resilience and mental health among adults.
3. To study the domicile differences in psychological resilience and mental health among adults.
4. To study the differences in psychological resilience and mental health among adults studying in different streams of graduation.

### **Hypotheses**

1. There will be no significant correlation between psychological resilience on

- mental health and its subscales among adults.
2. There will be no significant gender differences in psychological resilience and mental health among adults.
  3. There will be no significant domicile differences in psychological resilience and mental health among adults.
  4. There will be no significant differences in psychological resilience and mental health among adults studying in different streams of graduation.

### Method

#### Participants

Total 100 undergraduate students aged between 18-21 years studying in colleges in and around the vicinity of Mysore city were participated in the study. An equal number of male (n=50) and female (n=50) participants participated in the study.

#### Measures

1. *Socio-demographic datasheet*: A sociodemographic datasheet developed by the researcher has been used to collect the

sociodemographic data of the participants which has included details such as name, age, gender, education, domicile, socioeconomic status and stream of education.

2. *Mental Health Inventory; MHI (1983)*: MHI is developed by Jagdish A and A. K. Srivastava which is a comprehensive scale to assess mental health among Indian population with six subscales positive self-evaluation (PSE), Realistic perception (PR), integration of personality (IP), Autonomy (AT), Group-oriented attitude (GO), environmental mastery (EM) which helps the investigator to assess the overall mental health (MH) aspects using 4-point Likert scale. Tools has a psychometric reliability coefficient of  $r=0.73$  and construct validity of  $r=0.54$ .

3. *Brief Resilience Scale; (BRS, 2008)*: BRS is developed by Smith et al. to assess the resilience among participants. Scale consists of 6 statements need to be responded following 5 point Likert scale. The tool have the validity of Cronbach's  $\alpha = 0.71$ .

### Results

Table 1. Results of descriptive statistics and Pearson's correlation of Resilience and mental health among the participants

	Mean	SD	Resilience	PSE	PR	IP	AT	GO	EM
Resilience	3.19	0.53							
PSE	25.68	3.12	.133						
PR	20.84	2.50	.059	-.160					
IP	29.59	3.20	.093	.079	-.333**				
AT	15.69	2.43	.051	.093	-.310**	.002			
GO	25.55	3.53	.030	.059	-.030	.295**	.019		
EM	21.93	2.75	.012	.037	-.176	-.017	.158	-.073	
MH	139.28	7.26	.165	.520**	-.061	.491**	.328**	.622**	.344**

Table 1: Indicates the results of descriptive statistics and Pearson's correlation. The Resilience score of the participants was 3.19, indicating normal resilience among them with

an SD of 0.53. Correlation which is calculated following Pearson's correlation method reveals that there is a significant positive correlation between Positive self-evaluation and mental health ( $r=0.520$ ), integration of personality and mental health, ( $r=0.491$ ), integration of personality and Autonomy ( $r=0.328$ ), Group-oriented attitude and mental health( $r=0.622$ ), mental health and

environmental mastery ( $r=0.344$ ). Negative correlation with the integration of personality and realistic perception ( $r=-0.333$ ) and Authority and realistic perception ( $r=-0.310$ ), indicating an adverse relation with the integration of personality, Authority, and realistic perception. An interesting finding of the study indicates that resilience does not have a significant association with mental health.

Table 2. Results of t-test findings of gender differences in Resilience and mental health

	Gender	N	Mean	SD	SE	df	t	p
Resilience	Male	50	3.2480	.63382	.08964	98	1.091	0.278
	Female	50	3.1320	.40479	.05725			
PSE	Male	50	26.7200	2.79971	.39594	98	3.512	0.001*
	Female	50	24.6400	3.11520	.44056			
PR	Male	50	20.0400	2.37298	.33559	98	3.360	0.001*
	Female	50	21.6400	2.38841	.33777			
IP	Male	50	30.2200	3.31533	.46886	98	1.994	0.049*
	Female	50	28.9600	2.99632	.42374			
AT	Male	50	16.1000	2.47642	.35022	98	1.702	0.092
	Female	50	15.2800	2.33902	.33079			
GO	Male	50	24.5800	3.93358	.55629	98	2.843	0.005*
	Female	50	26.5200	2.79387	.39511			
EM	Male	50	22.5600	2.74167	.38773	98	2.339	0.021*
	Female	50	21.3000	2.64382	.37389			
MH	Male	50	140.2200	7.59240	1.07373	98	1.298	0.197
	Female	50	138.3400	6.87679	.97252			

Table 2: Indicates the results of the t-test of Resilience and mental health among the participants. Results reveal significant gender differences in positive self-evaluation, Realistic perception, integration of personality, and environmental mastery at

0.05 level. No significant gender differences were found in Resilience, Autonomy, Group-oriented attitude and mental health.

Table 3. Results of t-test findings of Domicile differences in Resilience and mental health

	Domicile	N	Mean	SD	SE	df	t	p
Resilience	Rural	58	3.1672	.51585	.06773	98	0.501	0.618
	Urban	42	3.2214	.55898	.08625			
PSE	Rural	58	26.1034	2.61366	.34319	98	1.604	0.112
	Urban	42	25.0952	3.67463	.56701			
PR	Rural	58	20.7414	2.64615	.34746	98	0.461	0.645
	Urban	42	20.9762	2.31103	.35660			
IP	Rural	58	29.7069	3.55907	.46733	98	0.427	0.671
	Urban	42	29.4286	2.67912	.41340			
AT	Rural	58	15.6897	2.45812	.32277	98	0.002	0.999
	Urban	42	15.6905	2.42435	.37409			
GO	Rural	58	25.5345	3.68123	.48337	98	0.051	0.959
	Urban	42	25.5714	3.35787	.51813			
EM	Rural	58	21.6207	2.58082	.33888	98	1.325	0.188
	Urban	42	22.3571	2.95347	.45573			
MH	Rural	58	139.3966	7.92053	1.04002	98	0.188	0.852
	Urban	42	139.1190	6.34843	.97958			

Table 3: Indicates the results of the t-test of Resilience and mental health among the participants. Results reveals no significant domicile differences in Resilience and mental health.

Table 4. Results of One-way ANOVA descriptive statistics findings on stream of study differences in Resilience and mental health

	N	Mean	SE	SE	
Resilience	Science	46	3.2022	.60314	.08893
	Commerce	30	3.1733	.50442	.09209
	Arts	24	3.1875	.43169	.08812
	Total	100	3.1900	.53229	.05323
PSE	Science	46	26.0000	3.31997	.48950
	Commerce	30	26.0333	3.26405	.59593

PR	Arts	24	24.6250	2.35561	.48084
	Total	100	25.6800	3.12656	.31266
	Science	46	20.5435	2.15723	.31807
	Commerce	30	20.9000	2.83269	.51718
IP	Arts	24	21.3333	2.69729	.55058
	Total	100	20.8400	2.50139	.25014
	Science	46	29.7826	2.79613	.41227
	Commerce	30	29.7333	3.44347	.62869
AT	Arts	24	29.0417	3.68875	.75296
	Total	100	29.5900	3.20698	.32070
	Science	46	15.6522	2.71798	.40074
	Commerce	30	15.8667	2.30042	.42000
	Arts	24	15.5417	2.06375	.42126
	Total	100	15.6900	2.43167	.24317

GO	Science	46	25.1957	3.42293	.50468
	Commerce	30	26.7667	3.53000	.64449
	Arts	24	24.7083	3.48262	.71089
	Total	100	25.5500	3.53160	.35316
EM	Science	46	22.1957	2.69666	.39760
	Commerce	30	21.9333	2.81539	.51402
	Arts	24	21.4167	2.82715	.57709
	Total	100	21.9300	2.75335	.27533

MH	Science	46	139.3696	6.55018	.96577
	Commerce	30	141.5000	7.32850	1.33799
	Arts	24	136.3333	7.76092	1.58419
	Total	100	139.2800	7.26842	.72684

Table 4: Indicates the results of One-way ANOVA descriptive statistics findings on stream-of-study differences in Resilience and mental health

Table 5. Summary of One-way ANOVA findings on stream of study differences in Resilience and mental health

		Sum of Squares	df	Mean Square	F	Sig.
Resilience	Between Groups	.015	2	.008	.026	.974
	Within Groups	28.035	97	.289		
	Total	28.050	99			
PSE	Between Groups	35.168	2	17.584	1.829	.166
	Within Groups	932.592	97	9.614		
	Total	967.760	99			
PR	Between Groups	9.994	2	4.997	.795	.454
	Within Groups	609.446	97	6.283		
	Total	619.440	99			
IP	Between Groups	9.539	2	4.769	.459	.633
	Within Groups	1008.651	97	10.398		
	Total	1018.190	99			
AT	Between Groups	1.530	2	.765	.127	.881
	Within Groups	583.860	97	6.019		
	Total	585.390	99			
GO	Between Groups	67.186	2	33.593	2.791	.066
	Within Groups	1167.564	97	12.037		
	Total	1234.750	99			
EM	Between Groups	9.571	2	4.785	.626	.537
	Within Groups	740.939	97	7.639		
	Total	750.510	99			
MH	Between Groups	356.609	2	178.305	3.549	.033
	Within Groups	4873.551	97	50.243		
	Total	5230.160	99			

Table 5 indicates the Summary of ANOVA findings on stream-of-study differences in Resilience and mental health that there are significant differences in mental health among participants from different streams of study. Other than that, no significant differences were found in any other subscales of the mental health inventory and psychological resilience of the participants belonging to different streams of study.

### Discussion

The aim of the present study was to find if there is any correlation between psychological resilience and mental among adults. The present part of the study continues with the discussion following the hypothesis of the present study.

*Hypothesis-1:* There will be no significant correlation between psychological resilience on mental health and its subscales among adults.

Study results have revealed a significant positive correlation between Positive self-evaluation and mental health, integration of personality and Autonomy, Group-oriented attitude and mental health, mental health and environmental mastery. Negative correlation with the integration of personality and realistic perception and Authority and realistic perception indicating adverse relation with the integration of personality, Authority, and realistic perception. These results were corroborated with the previous studies (Ramesh, 2018), which have indicated a correlation between subscales of mental health and mental health among the participants. An interesting finding of the study, which indicates that resilience does not have a significant association with mental health, was contradictory to the previous studies, which have reported significant relation with mental health aspects may be due to the lack of sufficient samples and tools to assess psychological resilience of the participants (Poole et al., 2017; Yildirim &

Arslan, 2022). Thus the study's null hypothesis is accepted

*Hypothesis 2:* There will be no significant gender differences in psychological resilience and mental health among adults.

Significant gender differences in positive self-evaluation, Realistic perception, integration of personality, and environmental mastery at 0.05 level. Study results were supported by the previous studies which are reported that gender differences can be seen in mental health aspects. No significant gender differences were found in Resilience, Autonomy, Group-oriented attitude and mental health. This result also supported by the previous studies which has indicated no significant gender differences in mental health and psychological resilience (Ramesh, 2018). Thus the null hypothesis is partially accepted as some subscales of the study shown significant gender differences.

*Hypothesis-3:* There will be no significant domicile differences in psychological resilience and mental health among adults.

Results reveals no significant domicile differences in Resilience and mental health. There was very few studies which has studies domicile differences in psychological resilience but the study findings which reported no significant differences in mental health of individuals living in different localities are supported by previous studies (Sauer et al., 2021). Thus null hypothesis has been accepted.

*Hypothesis-4:* There will be no significant differences in psychological resilience and mental health among adults studying in different graduation streams.

No significant differences were found in psychological resilience and any subscales of the mental health other than overall mental health among the students of the different stream of the study which further no studies have evidently reported the differences in

mental health aspects of students studying in the different streams of study. Thus, null hypothesis has been accepted

### Limitations

Sample size of the study (N=100) which was a small sample size larger sample size would have been helped in more generalizing the study results. Study tools which are used were little older using advanced updated tools will help to study more effectively.

### Conclusion

Mental health is a very major aspect of health that needs to be taken care of to sustain the welfare of human society. Psychological resilience enables the individual to adapt to severe adversity over the life course successfully and has a weaker association with mental health, and there are few gender differences in maintaining mental health that need to be addressed effectively.

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