IOSR Journal Of Humanities and Social Science (IOSR-JHSS)
Volume 30, Issue 9, Series 2 (September, 2025) 46-53
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Association Between Emotional Resilience And Mental Health Of College Going Students.

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Abstract
Background: *The transition to college life presents various emotional and psychological challenges for students, making emotional resilience a crucial factor in maintaining positive mental health.*
Objective: *This study aimed to examine the relationship between emotional resilience and mental health among college-going students and explore how variables such as age, gender, and socioeconomic status influence resilience levels.*
Methodology: *A descriptive research design was adopted, and data were collected from 184 students using standardized tools to assess emotional resilience and mental health. Statistical analyses were conducted using SPSS (version 20), including frequency, percentage, mean, standard deviation, Pearson's correlation, t-tests, and F-tests.*
Result: *The results revealed a significant positive correlation between emotional resilience and positive mental health ($r = 0.361$, $p < 0.01$), indicating that higher resilience is associated with better psychological well-being. Age showed a modest positive correlation with resilience ($r = 0.151$, $p < 0.05$), while gender had a slight negative correlation ($r = -0.164$, $p < 0.05$), with females reporting slightly lower resilience levels. Socioeconomic status was significantly associated with area of living ($r = 0.317$, $p < 0.01$) and living arrangements ($r = 0.204$, $p < 0.01$).*
Conclusion: *The findings underscore the role of emotional resilience as a protective factor for mental health. They highlight the importance of implementing structured programs in educational institutions to strengthen resilience, particularly among vulnerable student populations.*
Keywords: *Emotional resilience, Mental health, College students, Socio-demographic factors, Psychological well-being, Stress coping, Gender differences.*

Date of Submission: 25-08-2025 Date of Acceptance: 05-09-2025

I. Introduction:

The transition to college represents a critical developmental period characterized by numerous academic, social, and emotional challenges. College-going students often face increased academic pressure, the need to form new social relationships, manage personal responsibilities, and navigate future career uncertainties. These stressors can significantly affect their mental health, leading to issues such as anxiety, depression, stress, and burnout. In recent years, there has been a growing concern over the rising prevalence of mental health problems among college students, making it essential to explore factors that can buffer against these challenges and promote psychological well-being [1].

One such factor is emotional resilience-the ability to adapt, recover, and grow in the face of adversity. Emotional resilience plays a vital role in how students cope with stress and maintain mental health during difficult times. It enables them to handle academic setbacks, interpersonal conflicts, and life transitions with greater psychological stability [2]. By fostering resilience, students can develop healthier coping mechanisms,

improve emotional regulation, and build a positive outlook, all of which contribute to better mental health outcomes.

Youth is an important part of population for any nation as they bring new ideas and energy, contributing to the overall development of nation in particular and world in general. In a country like India where 41 % of population is under 20 years of age, the need to ensure the proper health and development of this age group increases manifold [3]. The definition of health has itself undergone various changes over years. Furthermore, the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," emphasizing the interconnectedness of these aspects.

Individuals who manage effectively their emotions tend to cope well in stressful situations and thus they could be characterized as “resilient”. Every stressful or threatening experience demands from the individual to control negative emotions in order to deal with the situation successfully. Given the emotional aspect of every adverse situation, studies have shown that those who regulate their emotions in an adaptive way demonstrate greater levels of resilience [4]. Specifically, the ability to interpret the meaning of a situation in a more positive way in order to decrease negative emotion is found to be a significant contributor to resilience [5]. Cognitive reappraisal is considered to be an adaptive emotion regulation strategy, because it is associated with better interpersonal functioning and well-being [6].

Mental health problems had a negative correlation with resilience, which can be the role as a protective factor mitigating risks of psychological outcomes. Individual with resilience is more likely to take initiative to seek social support or be confident to solve negative events, thus will be beneficial to the development of mental health. Resilience, which has been frequently viewed as a unique quality of certain “invulnerable” person, represents universal prerequisites for good mental health. In contrast, difficulties in emotion regulation are negatively related to resilience [7]. A study showed that emotional dysregulation followed by adverse childhood experiences is greater among individuals with low levels of psychological resilience [8]. Adolescence is a pivotal stage of life, marked by significant transitions. During this time, most social anxiety criteria are established [9]. Single parenting can impact children's mental, emotional, and psychological development. Single working parents often struggle to build strong parent-child relationships due to time constraints [10]. In another study on outpatients with depression and anxiety disorders, researchers supported the idea that adaptive emotion regulation strategies (e.g. reappraisal) are more strongly associated with resilience than maladaptive strategies (e.g. blaming others). However, it is argued that the ability to flexibly use both types of emotion regulation (expression and suppression) depending on the context is more important factor of resilience than utilizing only adaptive techniques. Despite the less clear role of maladaptive strategies like suppression, the association of emotion control with resilience is supported by another study about the effectiveness of psychodynamic child psychotherapy, which demonstrated that improving emotion regulation can enhance personal resilience [11].

The Resilience in Illness Model (RIM), developed by Haase et al., (2017) emphasizes that positive health factors can induce resilience in individuals, establishing a favorable link between psychological well-being and resilience. The model was developed from a series of qualitative and quantitative studies to increase understanding of how positive health influences resilience [12]. Research by Ryff (2017) revisited the model of psychological well-being, highlighting that resilience relates to positive evaluations of oneself, a sense of growth, development, and self-determination. These factors enhance an individual's belief in a purposeful and meaningful life, thus contributing to psychological well-being [13].

A study conducted by Mertens et al. (2021) found that optimism, mindfulness, and resilience are interrelated positive personality traits that can protect against negative mental health consequences. Daily meditation may significantly reduce stress and anxiety in many aspects of life. Meditation may help us cope with stressful events via our bodies, not just during the meditation process [14]. Specifically, resilience helps individuals cope with stressful experiences and reduces the negative mental health impact of exposure to traumatic life events. A systematic review revealed that higher levels of resilience are related to fewer mental health problems in children and adolescents. This supports the notion that youth with any past or current mental illness tend to have lower levels of resilience, indicating an inverse relationship between the two variables over time [15].

Aim and objectives:
To assess emotional resilience and mental health of college going students.

II. Methodology:

Study design
This was an observational cross-sectional study.

Study setting

The present was conducted among students of Undergraduate, Post-graduate & PhD from different disciplines of Babasaheb Bhimrao Ambedkar University, Lucknow, Uttar Pradesh.

Sample size

A total sample of 184 respondents was selected. The sample size was estimated by using Cochran's well-recognized formula at a 95% confidence level with 5% absolute precision using the prevalence of age in resilience.

Sampling technique

For the present research, multi-stage sampling technique was used to collect the data.

First, four universities in Lucknow were identified as the target frame: University of Lucknow, Amity University, Babasaheb Bhimrao Ambedkar University, and Integral University. From this pool, Babasaheb Bhimrao Ambedkar University (BBAU) was purposively chosen as the primary site for further study. Subsequently, the complete list of academic departments at BBAU was retrieved from its official website, which organizes departments under various schools such as Social Sciences, Engineering and Technology, Life Sciences, Legal Studies, Physical & Decision Sciences, Media & Communication, and more.

Finally, from these departments, a subset was selected for respondent recruitment. Participants were drawn only from those chosen departments, thereby defining your sample within the institution.

Method of selection

Inclusion criteria-

- Only full-time, regular students were included to maintain consistency in academic exposure and stress factors.
- Participants must be currently enrolled in a college or university (undergraduate or postgraduate programs).

Exclusion criteria-

- Students who were below the age of 17 years.
- Students who were not studying in the selected University.

Method of measurement

a. **Socio-demographic data-** A pretested semi-structured interview schedule was used to collect information on the socio-demographic profiles. It included details on age, gender, religion, area of living, type of family, living arrangements and socio-economic status.
b. **Tool for measurement of emotional resilience status-** The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item self-report questionnaire designed to assess individual resilience. It measures the ability to bounce back or thrive in the face of adversity. The scale uses a 5-point Likert scale ranging from "not true at all" (0) to "true nearly all of the time" (4), with higher scores indicating greater resilience.

Scoring of Emotional resilience scale: Scoring of the scale is based on summing the total of all items, each of which is scored from 0-4. For the CD-RISC-25, the full range is therefore from 0 to 100, with higher scores reflecting greater resilience. It does not recommend other methods of scoring such as the subscales defined by factor analysis, any other derived subscales, item averaging, nor the adoption of a 1-5 scoring range for each item, as has been reported in some publications. It also does not support use of "partial" scales, such as items which have been determined by factor analysis or other statistical technique to produce a seemingly "purer" version of the CD-RISC. For the CD-RISC-10, the total score ranges from 0-40, and for the CD-RISC-2, it ranges from 0-8.

Results- The Connor-Davidson Resilience Scale (CD-RISC) scores, which measure an individual's level of emotional resilience, can vary depending on two key factors: the geographic region where the data is collected and the characteristics of the sample population**.** For instance, scores may differ from one country to another, and individuals with psychiatric conditions, high stress levels, or those who are younger—such as students—tend to have lower resilience scores compared to older or mentally healthier individuals. To illustrate these variations, the developers of the scale provided median and quartile scores. Score ranges are divided into four quartiles: the first quartile (Q1), representing the lowest 25%, includes scores from 0 to 73; Q2 ranges from 74 to 82; Q3 includes 83 to 90; and the fourth quartile (Q4), which represents the most resilient 25%**,** includes scores from 91 to 100. For example, a score of 55 would fall in Q1, indicating low resilience, while a score of 89 would fall in Q3, indicating moderate to high resilience. Similarly, for the CD-RISC-10 (10-item version) in

a sample of 764 individuals, the median score is 32, with the quartiles divided as follows: Q1 (0–29), Q2 (30–32), Q3 (33–36), and Q4 (37–40). These quartile ranges help categorize individuals' resilience levels and provide a benchmark to interpret how resilient someone is in comparison to the general population.

c. Tool for measurement of positive mental health status- It is a short version revised by Lukat et al., which is composed of 9 items rated on a 5-point Likert scale ranging from 0 (never) to 4 (always). A higher score represents higher levels of positive mental health. The scale assesses positive aspects of health and life experiences (e.g., "I am often carefree and in good spirits", "I enjoy my life", "I manage well to fulfill my needs", "I am in good physical and emotional condition").

Scoring of Positive mental health scale

S.no	Levels of positive mental health	Scoring
1.	Below average	<16
2.	Average	16-24
3.	Above average	>24

Calculated by mean and SD value.

d. Methods of data collection- The data was collected through questionnaire and interview method. Visits were made to various departments of university in order to establish a rapport and to ensure full cooperation from the students.

Analysis

In the present study different parameters were also calculated with the help of frequency, percentage, mean, SD, T-test and F-test.

Statistical analysis- Data collected was analyzed statistically with the help of various statistical techniques using SPSS-20 version software.

III. Result:

Socio-demographic details

Table 1.1 reveals socio-demographic profile of the 184 respondents in a diverse sample. The age distribution shows that the majority of participants were between 21–24 years (44.0%), followed by those aged 17–20 years (35.9%). Smaller proportions fell in the 25–28 years (15.8%) and 29–33 years (4.3%) age groups. In terms of gender, 52.7% were male and 47.3% female. Regarding the number of siblings, the highest proportion had one sibling (39.1%), followed by those with two (24.5%), three (19.0%), four (9.2%), none (7.6%), and only one respondent (0.5%) reported having six siblings. As for the year of college, nearly half of the participants (47.8%) were in their second year, while 35.3% were in the first year, 10.9% in the third year, 5.4% in the fourth year, and only 0.5% in the fifth year. The majority of respondents identified as Hindu (96.2%), with smaller percentages identifying as Christian (1.1%), Muslim (0.5%), and other religions (2.2%). With respect to the area of residence, most students came from urban areas (63.6%), followed by rural (19.6%) and semi-urban areas (16.8%). Family type data showed that 48.4% lived in nuclear families, 39.1% in joint families, and 12.5% in single-parent families. When it came to living arrangements, 59.2% resided in owned houses, 28.3% in rented accommodations, and 12.5% in other types of housing. Lastly the socio-economic status of the respondents showed that half (50.0%) belonged to the upper-middle class, 26.6% to the upper class, 12.5% to the lower-middle class, 8.2% to the upper-lower class, and a small proportion (2.7%) belonged to the lower socio-economic category.

Table 1.1: Socio-demographic details of the study

Characteristics	Frequency N=184	Percentage (%)	S.D
Age (years)			
17-20	66	35.9	
21-24	81	44.0	
25-28	29	15.8	
29-33	8	4.3	
			.825
Gender			
Male	97	52.7	
Female	87	47.3	
			.501
Number of siblings			
0	14	7.6	

1	72	39.1	
2	45	24.5	
3	35	19.0	
4	17	9.2	
6	1	0.5	
			1.15
Year of college			
1	65	35.3	
2	88	47.8	
3	20	10.9	
4	10	5.4	
5	1	0.5	
			.847
Religion			
Hindu	177	96.2	
Muslim	1	0.5	
Christian	2	1.1	
Others	4	2.2	
			.621
Area of living			
Urban	117	63.6	
Semi-Urban	31	16.8	
Rural	36	19.6	
			.801
Type of Family			
Nuclear	89	48.4	
Single- Parent Family	23	12.5	
Joint	72	39.1	
			.933
Living arrangements			
Owned House	109	59.2	
Rented	52	28.3	
Others	23	12.5	
			.708
Socio-economic status			
Upper	49	26.6	
Upper Middle	92	50.0	
Lower Middle	23	12.5	
Upper Lower	15	8.2	
Lower	5	2.7	
			.978

Relationship between emotional resilience and positive mental health

Table 1.2 offers valuable insights into the relationships between demographic factors, socio-economic status (SES), positive mental health, and emotional resilience. Understanding these associations is crucial for developing targeted interventions to enhance mental well-being.

The data reveals a significant negative correlation between gender and emotional resilience ($r = -0.164$, $p < 0.05$), suggesting that females may exhibit slightly lower levels of emotional resilience compared to males. This finding aligns with research indicating that gender differences exist in resilience levels, potentially due to societal roles and expectations that influence coping mechanisms. A positive correlation between age and emotional resilience ($r = 0.151$, $p < 0.05$) indicates that resilience tends to increase with age. This trend is supported by research demonstrating that older adults often experience more positive emotions and better emotional regulation compared to younger individuals. The significant positive correlation between area of living and SES ($r = 0.317$, $p < 0.01$) suggests that individuals residing in certain areas, possibly urban settings, may have higher socioeconomic standings. This relationship underscores the impact of geographical location on access to economic opportunities and resources. The positive correlation between type of family and emotional resilience ($r = 0.165$, $p < 0.05$) suggests that family structure influences the development of resilience. A positive correlation between living arrangements and SES ($r = 0.204$, $p < 0.01$) indicates that individuals' housing situations are linked to their economic status. Stable and secure living conditions may provide a foundation for better mental health outcomes. The strong positive correlation between positive mental health and emotional resilience ($r = 0.361$, $p < 0.01$) highlights the interdependence of these psychological constructs. Individuals with higher resilience are likely to experience better mental health, as resilience equips them to handle stress and adversity effectively. This relationship is well-documented in literature, emphasizing that resilience is a critical component of positive mental health. These findings underscore the multifaceted nature of mental health and resilience, influenced by a combination of demographic, environmental, and socioeconomic

factors. The correlation matrix provides valuable insights into the complex interplay of factors affecting positive mental health and emotional resilience. Recognizing and addressing these interrelated elements can inform the development of comprehensive approaches to promote psychological well-being across diverse populations.

Table 1.2 Correlation between Emotional resilience, mental health and demographic variables.

S.no		Gender	Age	Area of living	Type of family	Living arrangements	Socio-economic status	Positive mental health	Emotional Resilience
1.	Gender	1	-.09	-.214**	-.163*	-.098	-.212**	.014	-.164*
2.	Age	-.094	1	-.060	.114	.086	-.067	.010	.151*
3. Are	Area of living	-.214**	-.060	1	.121	.001	.317**	.001	.080
4.	Type of family	-.163*	.114	.121	1	.075	.250**	.103	.165*
5.	Living arrangements	-0.98	.086	.001	.075	1	.204**	-.010	.083
6.	Socio-economic status	-.212**	-.067	.317**	.250**	.204**	1	.003	.058
7.	Positive mental health	.014	.010	.001	.103	-.010	.003	1	.361**
8.	Emotional resilience	-.164*	.151*	.080	.165*	.083	.058	.361**	1

IV. Discussion:

In this study of 184 college students, we found that emotional resilience was significantly associated with several demographic and psychosocial variables. A small but statistically significant negative correlation between gender and resilience ($r = –0.164$, $p < 0.05$) suggests that female students reported slightly lower emotional resilience than males consistent with studies showing women tend to perceive more stress and social support yet report lower resilience scores than men. At the same time, female emerging adults often demonstrate stronger interrelationships between stress perception and resilience, and resilience mediates the link between social support perception and stress more strongly in women than men [16].

Age showed a modest positive correlation with resilience ($r = 0.151$, $p < 0.05$), aligning with broader findings that resilience often increases with age or life experience. This reinforces developmental psychology frameworks suggesting that older adolescents and young adults gradually acquire better emotional regulation and coping skills. The findings revealed a modest positive correlation between age and emotional resilience, suggesting that as individuals grow older, they may develop better coping mechanisms and psychological maturity. This aligns with prior research indicating that life experiences, increased responsibility, and emotional regulation skills typically improve with age, thereby enhancing resilience levels [17].

Socioeconomic status (SES) was positively related to both area of living ($r = 0.317$, $p < 0.01$) and living arrangements ($r = 0.204$, $p < 0.01$), indicating that urban, economically advantaged students and those in stable housing situations exhibited higher resilience levels. This aligns with literature emphasizing the protective role of environmental stability and economic resources in fostering psychological resilience [18]. Additionally, family structure correlated with resilience ($r = 0.165$, $p < 0.05$), suggesting that nuclear or joint family frameworks may provide stronger social support networks, which are essential for building resilience [19].

	Emotional Resilience	Positive Mental Health
Emotional Resilience	1	.361**
Positive Mental Health	.361**	1

Critically, our study revealed a robust positive correlation between positive mental health and emotional resilience ($r = 0.361$, $p < 0.01$), indicating that more resilient individuals also reported higher levels of well-being. This echoes an emerging consensus that resilience and mental health are deeply intertwined and mutually reinforcing constructs: individuals with greater resilience better manage adversity and thus maintain greater psychological well-being. The study found a positive correlation between emotional resilience and

positive mental health, indicating that individuals with higher resilience tend to experience better mental well-being. This suggests that resilient individuals are more capable of managing stress, adapting to challenges, and maintaining emotional balance, which contributes to overall psychological health. These findings are consistent with previous research highlighting resilience as a protective factor against mental health issues [20].

Integrating these empirical findings with theoretical perspectives, our results support the broaden-and-build theory in positive psychology, which posits that positive emotions and psychological resources such as resilience build over time through engaging coping and social mechanisms [21]. In line with this, the role of family, SES, and living environment underscores how structural and relational systems facilitate resilience rather than it being purely intrapersonal.

These insights have meaningful implications. Female students might benefit from targeted interventions focused on enhancing coping skills and seeking social support, given their greater stress perceptions and somewhat lower resilience. Meanwhile, older and socioeconomically advantaged students may already possess some adaptive advantages that could be amplified through tailored programs. Furthermore, interventions aimed at bolstering social support-such as peer mentoring, family involvement, and community-building-could enhance resilience across gender and economic backgrounds.

Future research-including longitudinal follow-ups-could clarify how resilience and positive mental health interact over time. Investigating whether specific forms of social support (e.g., emotional vs. instrumental support) differentially impact resilience for males versus females would add nuance. Testing structured interventions such as mindfulness, cognitive-behavioral coping strategies, or resilience training programs and measuring their impact across demographic segments would further inform educational and mental health practices.

In sum, our study adds to a growing body of literature demonstrating that emotional resilience is both shaped by-and a major contributor to-positive mental health. Factors such as gender, age, SES, living environment, and family structure all intersect to influence students' psychological strengths. Promoting resilience through targeted, context-sensitive interventions offers a promising avenue for supporting mental health in college populations.

V. Conclusion:

This study involving 184 college students found a significant positive correlation between emotional resilience and positive mental health ($r = 0.361$, $p < 0.01$), indicating that individuals with higher resilience tend to experience greater psychological well-being. Age was modestly but significantly associated with resilience **(**$r = 0.151$, $p < 0.05$), suggesting that resilience increases with maturity and life experience. In contrast, gender showed a negative correlation ($r = -0.164$, $p < 0.05$), with female students reporting slightly lower resilience levels. Socioeconomic status was positively linked to both area of residence ($r = 0.317$, $p < 0.01$) and living arrangements ($r = 0.204$, $p < 0.01$), highlighting the influence of environmental stability on emotional well-being. Overall, these findings underscore the critical role of emotional resilience as a protective factor for mental health and emphasize the need for targeted, context-sensitive interventions to strengthen resilience among college students. Therefore, emotional resilience is a critical factor in determining mental health outcomes among college-going students. By understanding the factors that influence emotional resilience and implementing effective interventions, educators, mental health professionals, and policymakers can help students develop the resilience and coping skills necessary to navigate the challenges of college life and beyond. By promoting emotional resilience and mental health, we can help students achieve their full potential and lead healthy, happy, and successful lives.

Ethical consideration

Informed consent was taken from the study participants before the application of the questionnaires.

Acknowledgements

I would like to express my heartfelt gratitude to my esteemed supervisor, Prof. U.V. Kiran (Dean) for her invaluable guidance, encouragement, and support throughout the course of this research. Her expertise and insights have been instrumental in shaping the direction and quality of this work. I am also deeply thankful to Prof. Shalini Agarwal, Head of the Department, for providing a supportive academic environment and continuous encouragement during my study. My sincere thanks extend to the Ph.D. scholars Dr. Poornima Rastogi**,** Ms. Rajni Karnwal, and Mr. Sanjeet Kuril for their constant support, constructive feedback, and motivation at various stages of this research. Their collective contributions and encouragement have played a vital role in the successful completion of this study.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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