



Relationship between Resilience and Perceived Social Support among Male and Female Adolescents

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ABSTRACT

Background: Resilience and a sense of social support can alleviate psychological difficulties. The use of interventions aimed at fostering resilience is becoming increasingly necessary. However, it is critical to understand the level of resilience and the related concept of perceived social support (PSS) when assessing the effectiveness of a programme following a needs assessment. The aim of this study was to assess the levels of perceived stress and resilience in adolescents.

Materials and Methods: The study comprised a total of 238 participants, with an age range of 18 to 24 years. Among the participants, 175 were female and 163 were male. We gathered the data using self-administered questionnaires, specifically the Resilience Assessment Questionnaire Short Form (RAQ8) and the Multidimensional Scale of Perceived Social Support (MSPSS). We used descriptive statistics, the t-test, the Pearson correlation coefficient, and regression analysis.

Results: The results indicated that there were no significant gender differences in overall resilience. Both males and females exhibit moderate levels of resilience. The total PSS scores clearly showed a gender disparity. Both males and females exhibit moderate amounts of PSS. Overall resilience showed a strong correlation between family PSS and overall PSS in both females and males. Both female and male adolescents found PSS within the family to be a major predictor of overall resilience.

Conclusions: The resilience development programmes at Kanpur Nagar College focus on developing a moderate level of resilience. Moreover, the level of social support perceived from one's family is indicative of their ability to bounce back from adversity. The study highlights the significant impact that family plays in fostering resilience. Enhancing the perceived social support of the family through programmes might lead to increased resilience in teenagers, enabling them to independently address their psychological issues.

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Background

Resilience has recently emerged as a compelling subject of study among experts in the field of child mental health. Resilience is the capacity to effectively adjust and promptly recover when confronted with adversity, obstacles, or substantial stressors. It entails the preservation or restoration of mental well-being and cognitive abilities in the face of challenges. A range of conditions and tactics can cultivate and enhance resilience, which is not an inherent characteristic but a fluid and evolving process. Research indicates that individuals who are resilient have a higher level of mental well-being. Resilience equips people with the necessary qualities to effectively face and overcome new challenges and difficulties in their lives [1-3].

Perceived social support (PSS) is the subjective perception of an individual that they have access to helpful resources and relationships within their social network. PSS refers to the belief that one can access emotional, instrumental, and informational assistance from friends, family, and others when needed. This perspective can have a profound impact on an individual's overall health and capacity to manage stress. PSS enhances an individual's ability to withstand and recover from the negative effects of stress and adversity.

Research has indicated that PSS has a beneficial effect on resilience, which in turn acts as a potent safeguard against depression [4,5]. Other factors, such as PSS and symptoms of depression, also impact an individual's mental well-being, despite resilience being a marker of good mental health [6]. Perceived social support (PSS) encompasses various aspects of an individual's social environment and the connection between

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a person and their social circumstances [7]. Research has indicated that PSS is inversely associated with psychosocial distress, which can contribute to the development of mental health issues such as depression, anxiety, stress, and unfavourable physical health outcomes [8]. Cohen, Gottlieb, and Underwood [9] propose that PSS (perceived social support) impacts mental health by utilising the stress-buffering model. This model allows individuals to reinterpret the potential harm of a situation and enhances their perceived capacity to handle imposed demands. Consequently, it assists in avoiding the perception of a particular situation as stressful.

A protective factor is one that interacts with a risk factor to mitigate the impact of stress, thereby promoting the healthy development of an adolescent. They play a role in fostering resilience, which in turn guarantees mental well-being, regardless of the challenges encountered [10]. This indicates expanded opportunities for programmes that promote mental health. According to Indian research studies conducted by Leventhal et al. [11], Pareek and Mohan [12], Sankaranarayanan and Cycil [13], and Andrew [14], resilience-building programs are gaining momentum as part of mental health programs.

According to Jayanthi & Thirunavukarsasu [15], resilience and PSS were important during adolescence because they could assist in creating need- and gender-based promotional intervention programmes for teens in Kanpur, taking into account any potential gender differences.

When it comes to research studies on resilience among adolescents, the majority of researchers have focused on investigating the correlation between resilience and other relevant concepts [16-19]. Several further studies have investigated the factors that contribute to resilience [20-22].

Justification for the current research. Resilience-building studies in India are currently experiencing a surge in popularity. Nevertheless, the majority of this research involves teenagers who come from clearly identifiable unfavourable circumstances. There is a scarcity of studies that examine the relationship between resilience and psychological well-being among teenagers. To our knowledge, Kanpur has not conducted any research on the resilience of teenagers and their perceived social support (PSS). Understanding all of these factors is critical when creating resilience-building programs, given the significant ramifications of such activities.

Hence, the study aims to evaluate the extent of resilience and psychological social support (PSS) among teenagers, examine the disparities in PSS and resilience based on gender, and investigate the predictive power of PSS on resilience.

Objectives

- To assess the resilience levels of both male and female adolescents.
- To assess the PSS of both male and female teenagers.
- To assess the differences in resilience and PSS between male and female adolescents.
- To investigate the correlation between resilience and PSS in male and female adolescents.

- To forecast the level of resilience based on the variance described by the PSS.

Hypotheses

- Females would exhibit greater resiliency.
- Females would exhibit elevated levels of PSS.
- Gender disparities in resilience and PSS would be substantial among male and female adolescents.
- There is a strong correlation between resilience and academic success (pass) among both male and female adolescents.
- The study found that PSS is a strong predictor of resilience in both male and female adolescents.

Methodology

Participants

The study comprised a total of 238 participants, specifically students between the ages of 18 and 24 ($n = 238$, female = 175, male = 163). We gathered information from three educational institutions in Kanpur. Students completed consent forms and demographic questionnaires.

Measures

Multidimensional Scale of Perceived Social Support (MSPSS):

The researchers used a 7-point Likert scale consisting of 12 items, established by Zimet et al. in 1988, to assess the level of PSS among adolescents. This has three subscales: PSS from family, friends, and significant others. Every subscale comprises four items. The subscale scores range from 4 to 21, with values between 4 and 9 considered low, a score between 10 and 15.9 considered moderate, and a score between 16 and 21 considered high. A Cronbach's alpha coefficient of 0.89 demonstrated the strong internal consistency of this scale. The study found that Cronbach's alpha values were 0.81 for PSS-Fr, 0.84 for PSS-Fa, and 0.78 for PSS-other.

Resilience Assessment Questionnaire (RAQ 8):

This scale developed by psychologist Derek Mowbray, with a 5-point Likert scale rating. There are eight items that are associated with the eight aspects of resilience, which are Self-awareness, Determination, Vision, Self-confidence, Organization, Problem solving, Interaction, Relationship. The categorized scores below 3 indicate low resilience, while scores above 4.30 indicate high resilience. The Cronbach Alpha rating of 0.80–0.91 indicates that this scale has a high level of internal consistency. The study has also confirmed the establishment of both convergent and discriminant predictive validity. In the present study, the adolescents were required to contemplate a highly distressing event while providing responses to this scale.

Results

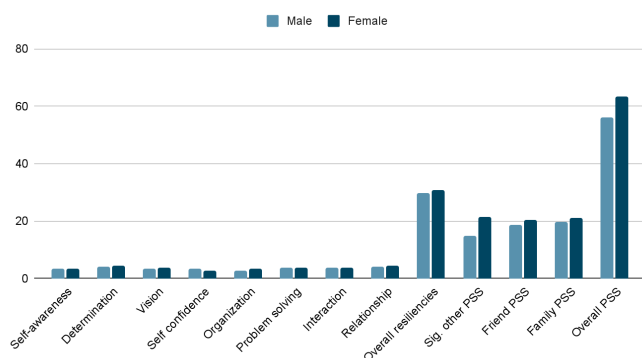
In the results, Table 1 displays the mean value of resilience among males and females. It was shown that both males and females have moderate levels of resilience. Resilience like organization was low in males, and self-confidence was low in females. Table 1 also displays the PSS's mean value. Males perceived moderate levels of PSS from others, while they

perceived high levels from family and friends. Females perceive a higher level of PSS from all the sources, i.e., the signatures of others, friends, and family. Table 1 shows the gender differences in resilience and PSS between male and female adolescents. In which it was found that there were insignificant differences between male and female adolescents in overall resilience ($t = 1.43, p > 0.05$), but significant differences have been seen in some dimensions of resilience, i.e., determination ($t = 3.68, p < 0.01$), self-confidence ($t = 3.70, p < 0.01$), and organization ($t = 2.23, p < 0.05$). Significant differences between male and female adolescents in overall PSS ($t = 2.70, p < 0.05$) and significant differences in one dimension of PSS, i.e. Sig. other PSS ($t = 3.68, p < 0.05$) were also found.

Table 1: Gender Differences between Male and Female adolescents in resiliencies and Perceived Social Support (PSS).

	Male		Female		t-value
	Mean	SD	Mean	SD	
Self-awareness	3.39	1.03	3.51	.901	1.29
Determination	4.08	1.25	4.53	.801	3.68**
Vision	3.40	1.32	3.62	1.27	.089
Self confidence	3.43	.870	2.88	1.36	3.70**
Organization	2.81	1.58	3.51	1.43	2.23*
Problem solving	3.70	1.42	3.79	1.46	.392
Interaction	3.73	1.32	3.82	1.47	.449
Relationship	4.24	1.38	4.51	1.16	1.52
Overall resiliencies	29.67	4.83	30.66	4.31	1.43
Sig. other PSS	14.74	6.78	21.54	7.17	2.76**
Friend PSS	18.56	5.16	20.38	6.95	1.72
Family PSS	19.74	6.86	20.98	6.08	1.18
Overall PSS	56.06	16.20	63.30	16.86	2.70*

* $p < 0.05$, ** $p < 0.01$



Gender Differences between Male and Female adolescents in resiliencies and Perceived Social Support (PSS)

Table 2: Correlations between Resilience and PSS among Female adolescents.

	Sig, Other PSS	Friend PSS	Family PSS	Overall PSS
Self-awareness	-.089	.099	-.064	-.090
Determination	.161	-.153	.211	.124
Vision	.444**	-.029	.399**	.373**
Self confidence	.067	.122	.151	.139
Organization	-.095	-.118	.139	-.041
Problem solving	-.044	-.067	.112	.019
Interaction	.068	.181	.123	.158
Relationship	.339**	.058	.263*	.299**
Overall resiliencies	.214	.048	.319**	.267*

* $p < 0.05$, ** $p < 0.01$

In the results, Table 2 displays the correlation between resilience and PPS in female adolescents. A significant positive correlation was found between overall resilience and overall PSS ($r = .267, p < 0.05$) and family PSS ($r = .319, p < 0.01$). A positive significant correlation has been seen in some other dimensions of resilience and PSS, i.e., vision was found to have a positive significant correlation with Sig. Other PSS ($r = .444, p < 0.01$), family PSS ($r = .399, p < 0.01$), and overall PSS ($r = .373, p < 0.01$). The relationship was found to have a significant positive correlation with Sig. other PSS ($r = .339, p < 0.01$), family PSS ($r = .263, p < 0.05$), and overall PSS ($r = .299, p < 0.01$).

Table 3: Correlations between Resilience and PSS among Male adolescents.

	Sig, Other PSS	Friend PSS	Family PSS	Overall PSS
Self-awareness	-.022	-.054	.289*	.107
Determination	.173	.415**	.410**	.415**
Vision	.246*	.112	.127	.197
self confidence	.079	.091	.142	.135
Organization	-.121	.122	.236	.093
Problem solving	-.076	.113	.214	.083
Interaction	.060	.162	.281*	.215
Relationship	.438**	.355**	.444**	.424**
Overall resiliencies	.189	.312*	.491**	.413**

* $p < 0.05$, ** $p < 0.01$

In the results, Table 3 displays the correlation between resilience and PPS in male adolescents. Overall resilience had a significant positive correlation with overall PSS ($r = .413, p < 0.05$), family PSS ($r = .491, p < 0.01$), and friend PSS ($r = .312, p < 0.05$). A positive significant correlation has been seen in some other dimensions of resilience and PSS, i.e., self-awareness was found to have a positive significant correlation with family PSS ($r = .289, p < 0.01$), determination was found to have a positive significant correlation with friend PSS ($r = .415, p < 0.01$), family PSS ($r = .410, p < 0.05$), and overall PSS ($r = .415, p < 0.01$). Vision was found to have a positive significant correlation with Sig. other PSS ($r = .246, p < 0.05$), interaction was found to have a positive significant correlation with family PSS ($r = .281, p < 0.05$), relationship was found to have a positive significant correlation with Sig. other PSS ($r = .438, p < 0.01$), friend PSS ($r = .355, p < 0.01$), family PSS ($r = .444, p < 0.05$), and overall PSS ($r = .424, p < 0.01$).

Table 4: Regression Analysis with Perceived Social Support (PSS) as Predictor Criterion Variable: Resilience

Female Adolescents					
Predictor Variable	R	R ²	Adjusted R ²	ΔF	β
PSS of family	.319	.095	.083	.095	7.667

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 4 presents the results of a regression analysis using PSS as a predictor and resilience as a criterion variable. Table 4 clearly shows that family PSS significantly contributes 9.5% of the variance in resilience. The positive beta values, however, indicate that the PSS of the family is a strong source that boosts resilience in female adolescents to deal with psychosocial problems ($\beta = .319, p < 0.001$).

Table 5: Regression Analysis with Perceived Social Support (PSS) as Predictors Criterion Variable: Resilience.

<i>Male Adolescents</i>						
<i>Predictor Variable</i>	<i>R</i>	<i>R²</i>	<i>Adjusted R²</i>	<i>ΔR²</i>	<i>ΔF</i>	<i>β</i>
PSS of family	.491	.239	.227	.239	19.167	.491***

p<0.05, **p< 0.01, *p<0.001*

Table 5 presents the results of a regression analysis using PSS as a predictor and resilience as a criterion variable. Table 5 clearly shows that family PSS accounts for 23.9% of the variance in resilience. The positive beta values, however, indicate that the PSS of the family is also a strong source that boosts resilience in male adolescents to deal with psychosocial problems ($\beta = .491$, $p < 0.001$).

Discussion

The primary objective of this study was to investigate the degree of resilience and perceived social support (PSS). The average result indicates a modest level of resilience across males and females. The results clearly indicate that males had poor levels of resilience and organization, whereas females displayed low levels of self-confidence. Research indicates that females experience lower levels of self-esteem, self-efficacy, and self-confidence [23,24]. According to Stratta et al. [25], women have a lower level of resilience despite experiencing higher levels of stress. The current study suggests that considering three significant sources of perceived social support (i.e., significant others, family, and friends) simultaneously may establish three distinct profiles of perceived social support for both male and female teenagers. Men reported experiencing moderate levels of perceived social support from significant others and high levels of felt social support from their family and friends. Women have a greater degree of perceived stress from several sources, including significant others, friends, and family. Adolescents perceive moderate amounts of support from their peers, educators, family members, and friends [26-31]. Research revealed that adolescents perceived more social support (PSS) from their family than from friends and significant others. The cultural element, characterized by ongoing family engagement throughout this era, may contribute to the adolescent's perception of greater familial support than others. Furthermore, teenagers may encounter challenges that their own family can resolve, instead of relying on external sources. According to the existing evidence, adolescents typically turn to their parents for support with matters that others are unable to assist with [32]. The collectivistic familial culture prevalent in India may contribute to the perception of high social support [33,34].

The second objective of this study was to evaluate gender disparities. The study revealed that there were no substantial disparities in overall resilience between male and female adolescents. However, the study observed notable distinctions in certain aspects of resilience, including determination, self-confidence, and organization. Researchers also found significant differences in perceived stress levels between male and female teenagers, consistent with earlier research [35]. Prabhu and Shekhar's [36] study revealed that girls had higher perceived stress levels (PSS) than boys. Furthermore, the study

revealed notable variations in one aspect of PSS, particularly the importance of other PSS components.

The primary objective of this study is to evaluate the correlation between resilience and perceived social support (PSS) in both males and females. In male adolescents, we observed a strong positive association between overall resilience and overall perceived social support (PSS), as well as between overall resilience and family PSS and friend PSS. There is a notable positive association observed between certain measures of resilience and the Perceived Stress Scale (PSS). There was a strong positive link between self-awareness and family PSS. Similarly, determination showed a significant positive correlation with friend PSS, family PSS, and overall PSS. In male adolescents, vision was positively and significantly correlated with the perceived stress of significant others. Interaction was also positively and significantly correlated with family members' perceived stress. Additionally, relationships were positively and significantly correlated with the perceived stress of significant others, friends, family, and overall stress levels. Overall resilience showed a strong positive association with both overall perceived stress and perceived familial stress. We observed a strong positive correlation between various dimensions of resilience and perceived social support (PSS). We found a significant positive correlation between vision and PSS from significant others, PSS from family, and overall PSS. Similarly, Somasundaram & Devamani [37] found a significant positive correlation between relationships and PSS from significant others, PSS from family, and overall PSS in female adolescents. The parental social support (PSS) of the family plays a substantial role, accounting for 23.9% of the variance in resilience in males and 9.5% in females. The positive beta values suggest that the family's positive social support (PSS) is a significant factor that enhances the ability of male adolescents to cope with psychosocial issues. Several studies [26,27,29,31] support this finding.

Conclusions

The significance of resilience training programmes for adolescents of Kanpur Nagar College is underscored by their moderate resilience. There are minimal disparities between males and females in terms of resilience. Male adolescents reported experiencing a moderate amount of social support, while female adolescents reported a larger percentage of social support. There are notable disparities between males and females in terms of PSS. There was a strong correlation between resilience and PSS. Moreover, the level of social support felt from one's family has a predictive effect on an individual's ability to bounce back from adversity. The study demonstrates the crucial function of family in fostering resilience. Enhancing the perceived social support of the family through programmes might promote resilience and enable adolescents to independently address their psychological issues.

References

1. Buckner JC, Mezzacappa E, Beardslee WR. Characteristics of resilient youths living in poverty: The role of self-regulatory processes. *Dev Psychopathol.* 2003; 15(1): 139-162.

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2. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depress Anxiety*. 2003; 18(2): 76-82.
3. Cuomo C, Sarchiapone M, Di Giannantonio M, Mancini M, Roy A. Aggression, impulsivity, personality traits, and childhood trauma of prisoners with substance abuse and addiction. *Am J Drug Alcohol Abuse*. 2008; 34(3): 339-345.
4. Fredrickson BL. The value of positive emotions. *American Scientist*. 2003; 91: 330-335.
5. Bonanno GA, Galea S, Bucchiarelli A, Vlahov D. What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *J Consult Clin Psychol*. 2007; 75(5): 671-682.
6. Hamdan-Mansour AM, Azzeghaiby SN, Alzoghbi IN, Badawi THA, Nassar OS, et al. Correlates of Resilience among University Students. *Ajnr*. 2014; 2: 74-79.
7. Haber MG, Cohen JL, Lucas T, Baltus BB. The relationship between self-reported received and perceived social support: A meta-analytic review. *Am J Community Psychol*. 2007; 39: 133-144.
8. Yap MBH, Devilly GJ. The role of perceived social support in crime victimization. *Clinical Psychology Review*. 2004; 24(1): 1-14.
9. Cohen S, Underwood LG, Gottlieb BH. Social support measurement and intervention: A guide for health and social scientists. Oxford University Press. 2000.
10. Rew L, Seehafer TM, Thomas NY, Yockey RD. Correlates of resilience in homeless adolescents. *J Nurs Scholarsh*. 2001; 33(1): 33-40.
11. Leventhal KS, Gillham J, DeMaria L, Andrew G, Peabody J, et al. Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *J Adolesc*. 2015; 45: 284-295.
12. Pareek H, Mohan M. Evaluating the efficacy of resilience enhancement module: A workshop designed for adolescents. *Indian J Psychol Sci*. 2015; 5: 61-66.
13. Sankaranarayanan A, Cyclic C. Resiliency training in Indian children: A pilot investigation of the Penn Resiliency Program. *Int J Environ Res Public Health*. 2014; 11(4): 4125-4139.
14. Andrew G. Evaluation of CORSTONE children's resilience program in India. Goa: Sangat, India. 2010; 1-27.
15. Jayanthi P, Thirunavukarsasu M. Perceived Social Support- A risk for depression among adolescents: An analytical study. *J Nurs Res*. 2016; 1: 29-34.
16. Sreehari R, Radhakrishnan N. Age and gender difference on resilience among school going adolescents. *Global J Res Anal*. 2015; 4(7): 195-196.
17. Sharma B. A study of resilience and social problem solving in urban Indian adolescents. *Int J Indian Psychol*. 2015; 2(3): 70-85.
18. Sahoo K. Resilience in children: Fostering need expression and gratification. *J Res*. 2013; 4: 87-97.
19. Narayanan A, Radhakrishnan R. Hearing impairment, resilience and emotional processing styles. *Indian J Clin Psychol*. 2012; 39: 54-60.
20. Narayanan A. Resilience among high and low field independents. *Indian J Clin Psychol*. 2009; 36: 39-45.
21. Narayanan A. Predictors of resilience among adolescents of low socio-economic status in India. *Int Rev Psychiatry*. 2015; 27(3): 204-217.
22. Prabhu S, Rajaram P. Adolescent traits and resiliency. *Deeksha Annual. J Soc Work*. 2014; 12: 31-41.
23. Turner S, Norman E, Zunz S. Enhancing resiliency in girls and boys: A case for gender specific adolescent prevention programming. *J Prim Prev*. 1995; 16(1): 25-38.
24. https://www.modul.ac.at/uploads/files/Theses/Master/Grad_2022/MSc_2022/Athina_Dodbiba_no_sig.pdf
25. Stratta P, Capanna C, Patriarca S, Cataldo S, Bonanni RL, et al. Resilience in adolescence: Gender differences two years after the earthquake of L'Aquila. *Per Individ Dif*. 2013; 54(3): 327-331.
26. Petersen KJ, Qualter P, Humphrey N, Damsgaard MT, Madsen KR. With a Little Help from My Friends: Profiles of Perceived Social Support and Their Associations with Adolescent Mental Health. *J Child Fam Stud*. 2023; 32: 3430-3446.
27. Bokhorst CL, Sumter SR, Westenberg PM. Social support from parents, friends, classmates, and teachers in children and adolescents aged 9 to 18 years: Who is perceived as most supportive? *Social development*. 2010; 19(2): 417-426.
28. Rueger SU, Malecki CK, Demaray KM. Gender differences in the relation between perceived social support and student adjustment during early adolescence. *Sch Psychol Q*. 2008; 23: 496-514.
29. Rueger SY, Malecki CK, Demaray MK. Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: comparisons across gender. *J Youth Adolesc*. 2010; 39(1): 47-61.
30. Rudolph KD, Dodson JF. Gender Differences in Friendship Values: Intensification at Adolescence. *Journal of Early Adolescence*. 2022; 42(4): 586-607.
31. Taylor SE. Social support: A review. In H. S. Friedman (Ed.). *The Oxford handbook of health psychology*. Oxford University Press. 2011; 189-214.
32. Barrera M, Susan L. The relation of family support to adolescents' psychological distress and behavior problems. *Handbook of social support and family*. 2013; 313-343.
33. Shavitt S, Cho YI, Johnson TP, Jiang D, Holbrook A, et al. Culture moderates the relationship between perceived stress, social support, and mental and physical health. *J Cross Cul Psych*. 2016; 47(7): 956-980.
34. Wang SW, Lau AS. Mutual and non-mutual social support: Cultural differences in the psychological behavioral and biological effects of support seeking. *JCCP*. 2015; 46(7): 916-929.
35. Gentry J, Baker MS, Kraft BF. The role of possession in creating, maintaining and preserving one's identity: Variation over the life course. *Adv Consum Res*. 1995; 22: 413-418.
36. Prabhu SG, Shekhar R. Resilience and perceived social support among school-going adolescents in Mangaluru. *IJSP*. 2017; 33(4): 359-364.
37. Somasundaram RO, Devamani KAA. Comparative Study on Resilience, Perceived Social Support and Hopelessness Among Cancer Patients Treated with Curative and Palliative Care. *Indian J Palliat Care*. 2016; 22(2): 135-140.