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## A Study of Resilience among Cisgender-Heterosexual Indian Adults

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### Abstract

*This study aims to explore the level of resilience among Indian cisgender adults (also simply called 'straight' persons), and relate the same to certain demographic identifiers. More than hundred sample data for resilience were collected using CD-RISC-10 questionnaires through online form. Correlation analysis and t-tests were done on the data. The results indicated that only 3% of the respondents had low resilience, 56% had medium resilience, 41% had high resilience. Further, resilience was found to be positively correlated with age and was found to be lower in women. We thus concluded that younger Indians and Indian women seem to have lower resilience and therefore, mental healthcare programs should take these populations as focal for interventions.*

**Keywords:** Resilience, Women, Age, Indian, Young

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### INTRODUCTION:

Covid-19 pandemic started in 2019 and saw its deadliest wave in 2021. This really brought Indians' mental health to light for the first time. Surely, there may have been some resilience factors at play helping Indians survive this devastating adversity. Two years from that mass mental health crisis, we explore how young Indians are faring now, in terms of their resilience.

As per Herrman and others (2011), definitions of resilience have evolved over time but fundamentally resilience is understood as referring to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity. The personal, biological, and environmental or systemic sources of resilience and their interaction are considered. The two key concepts for clinical and public health work are: the dynamic nature of resilience throughout the lifespan; and the interaction of resilience in different ways with major

domains of life function, including intimate relationships and attachments. Resilience is more likely to be acquired or present when a child or adult can avoid strong, frequent, or prolonged stress, or when the effects are buffered by supportive relationships.

This is in line with the various definitions Kumpfer reviews in her 1999 paper, such as, 'Resilience in an individual refers to successful adaptation despite risk and adversity' and as a 'process, capacity or outcome of successful adaptation despite challenges or threatening circumstances...good outcomes despite high-risk status, sustained competence under threat and recovery from trauma'. It is recognised that resilient youth are active participants in creating their own environment. Karol Kumpfer developed a resilience model from which we take the following essential factors:

**Internal Resilience Factors:** These include genetic and biological factors, or temperament and personality factors. Protective effect of higher IQ level and internal locus of control has been noted. Adaptability, optimism, physiological equilibrium have been associated with higher resilience as well. Negative mood states and social withdrawal have been associated with lower resilience. Both aggressive as well as shy individuals have lower resilience. Independence (autonomy, self-directedness) predicted resilience. Self-esteem and ability to restore self-esteem, interpersonal awareness, creativity were also associated with high resilience. Emotional Stability, including happiness, humour, hopefulness, recognition of feelings, ability to control anger and depression, are also associated with resilience. Some of the behavioural factors for resilience include street smarts, capacity for intimacy, peer resistance, etc.

**Environmental Resilience Factors:** Risk factors in environment include poverty, minority status, high-crime neighbourhood, single-parent families, war, dysfunctional parent, etc. and the perception of risk or threat attributed to these factors and/or events. Balance of risk and protective factors is required from the environment to maintain resilience.

**Person-Environment Transaction Process:** Person actively seeking to reduce environmental risk by participating in community, social events, clubs, friendships, having positive role models and mentors. Some processes involved in this transaction are selective perception, cognitive reframing, planning & dreaming, identification and attachment with prosocial people, active environmental modification **Error! Reference source not found..** There doesn't seem to be sufficient research on resilience scores of Indian population and

the factors influencing the same. Some international research finds no gender and age differences in how factors like optimism affect resilience in individuals (Molinero et al, 2018) while other finds gender and age do affect which factors will impact resilience and to what extent (Sun and Stewart, 2007). Thus, this paper explores resilience shown by Indian Cishet adults, and demographic factors that may have an implication on the same. This knowledge will in turn help practitioners working with the Indian Cishet adults to understand their unique issues and provide appropriate mental healthcare support, suited to the needs and strengths of these individuals.

## Objectives

To explore the levels of resilience among Indian cishet adults (also simply called 'straight' persons), and relate the same to certain demographic identifiers.

## METHODOLOGY

### Sample

The sample consisted of 101 Indian cishet adults taking the online survey consisting of scales that measure various demographic variables, and resilience. The sampling method employed was purposive sampling. The online survey was shared to various individuals and in online groups through social media applications such as WhatsApp, Instagram, Facebook and LinkedIn. The inclusion criteria were as follows:

- i. Individuals who are between the ages of 18 and 35 years
- ii. Individuals who were born in India and are currently residing in India; or Individuals who were

- born in India and are currently residing abroad
- iii. Individuals who identify themselves as being part of the Cishet community

Individuals meeting all three of the above criteria were asked to participate.

### Tools

A survey was floated online through Google Forms, which consisted of questions on demographic data and a resilience scale. The Connor-Davidson Resilience Scale 10-Item Version (CD-RISC-10) was used to measure resilience of participants. Connor-Davidson Resilience Scale 10-Item Version consists of a 5-point Likert-type cumulative instrument (Not true at all to True nearly all the time). Revised by Laura Campbell-Sills and Murray B. Stein (2007), it consists of 10 items of the original 25 items scale. Response range is based on Likert Scale from 0 to 4, where the highest possible score can be 40. The scale exhibits good reliability, Cronbach's alpha being 0.87, and internal validity of the measure ranging between 0.46 and 0.48.

### Statistical Analysis

Normality of the resilience distribution was checked using Shapiro-Wilk test, Histogram-Density plots and Q-Q plots. Levene's test was performed to check heterogeneity of variance. Thereafter, data were analysed using both descriptive and inferential statistics. The descriptive statistical analysis included finding the distributions, mean, median, minimum value, maximum value and standard deviation for the data. The inferential statistical analyses included correlation

analysis and t-tests. The analyses were done in Microsoft Excel and Jamovi software.

## RESULTS

The respondents were young adults aged 18 to 35 years who identify as cisgender-heterosexual (cishet), with mean age of the respondents being 28 years. 65% of the respondents were highly educated, having attained their Master's degree, and 93% respondents were from middle-class background. 85% of the respondents' both parents were alive and for 95% respondents, the parents were together. 64% respondents reported they were living away from their parents. 45% of the respondents were married. Nearly equal distribution of responses was attained from men and women at 57% and 43% respectively.

Only 3% of the respondents had low resilience, 56% had medium resilience, 41% had high resilience (Figure 01). A significant positive correlation was found between resilience and age ( $r = 0.321$ ,  $p < .01$ ), meaning greater the age of the person, higher was seen to be their resilience (Table 02). A significant negative correlation was found between resilience and gender ( $r = 0.212$ ,  $p < .05$ ), meaning women displayed lower resilience scores, as can be seen in Table 02, Table 05 and Figure 03.

**Table 01: Indian Cishet Adults’ Resilience Descriptive & Normality**

Resilience	
N	101
Mean	25.3
Median	25.0
Standard deviation	6.25
Minimum	7.00
Maximum	39.0
Shapiro-Wilk W	0.987
Shapiro-Wilk p	0.413

**Table 02: Indian Cishet Adults’ Resilience and Demographics Correlation**

Resilience	
Resilience	—
Gender	0.212 *
Age	0.321 **

Note. \* p < .05, \*\* p < .01, \*\*\* p < .001

**Table 03: Independent Samples T-Test Assumptions**

Normality Test (Shapiro-Wilk)

	W	p
RESILIENCE	0.987	0.402

Note. A low p-value suggests a violation of the assumption of normality

**Table 04: Homogeneity of Variances Test (Levene's)**

	F	df	df2	p
RESILIENCE	4.17	1	99	0.044

Note. A low p-value suggests a violation of the assumption of equal variances

**Table 05: Independent Samples T-Test Resilience - Gender**

		Statistic	df	p
Resilience	Welch's t	2.67	98.9	0.009

Note.  $H_a \mu_{Woman} \neq \mu_{Man}$

Group Descriptive

	Group	N	Mean	Median	SD	SE
Resilience	Man	59	26.6	27	6.76	0.881
	Woman	42	23.5	23.5	4.97	0.768

**Figures-1**

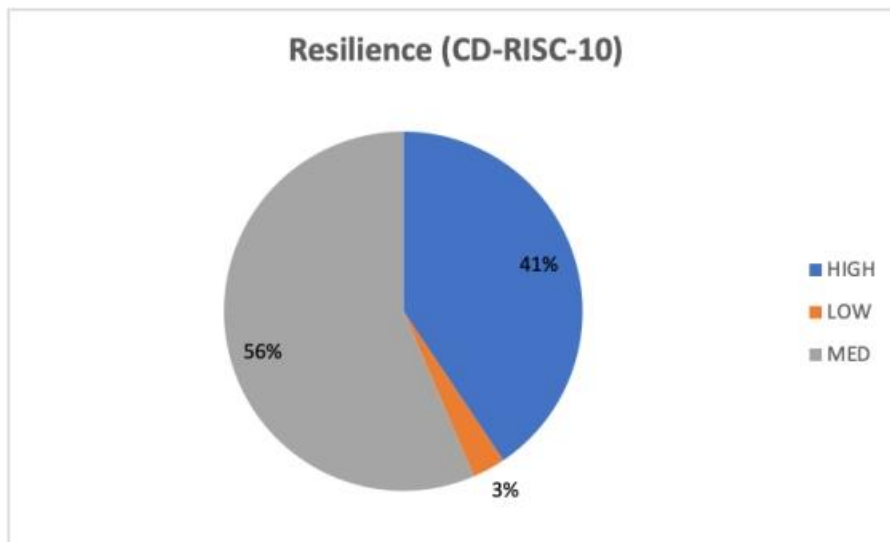


Figure 01: Only 3% of the respondents had low resilience, 56% had medium resilience, 41% had high resilience.

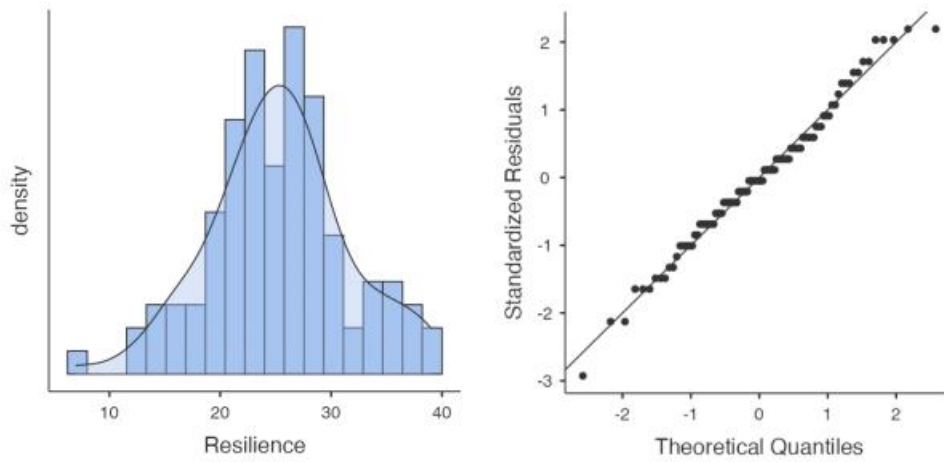


Figure 02: Histogram-Density plot and Q-Q plot for test of Normality of Resilience Distribution

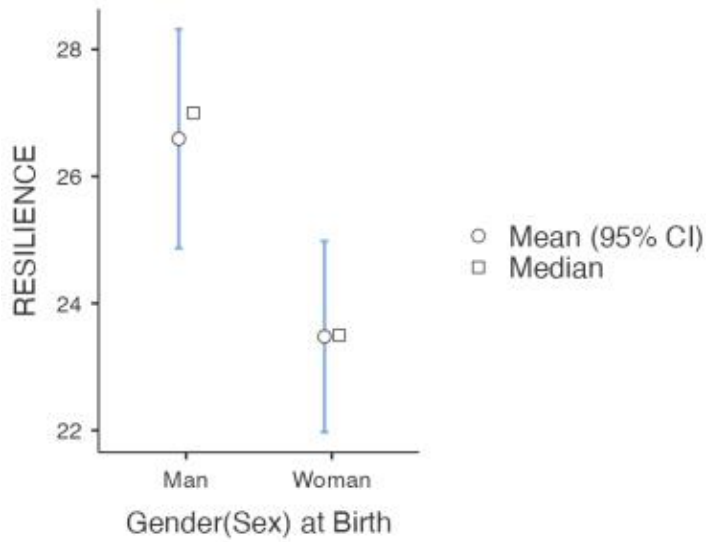


Figure 03: Distribution of Resilience as per Gender

## DISCUSSION

Resilience is an important psychological concept relating to the mental health of individuals. Often, it can distinguish between, given similar calamities that befall the masses, such as a pandemic, who ends up with a severe mental health issue and who doesn't. Edward has cited studies by Judd et al., (2003), Komiti et al., (2003), Ryden, Karlsson, Sullivan, Torgerson, & Taft, (2003) to elucidate that resilient behaviours provide protection from depression and that resilience increases the chance of not being depressed (Edward, 2005).

The present research shows that younger Indian adults have lower resilience than older Indian adults. Previous research in resilience seems inconclusive about the age difference in resilience displayed by individuals. However, research does show that younger individuals are more depressed than their older counterparts (Mirowsky and Ross, 1992), and that depression is inversely related to resilience (Ávila et al, 2016). Thus, the findings of the present study have merit and indicate that specific attention should be given to building resilience of the younger Indian population. This may be enabled through problem-solving approaches or cognitive restructuring activities, along with providing social-support, both network support and instrumental support.

Additionally, women have shown lower resilience scores than men. Glonti and others found that women's mental health seemed to be more susceptible than men's to the economic crisis in the UK (Glonti et al, 2015), concomitant with the finding of this present study that Indian women had lower resilience than men. This may be due to a number of reasons such as lesser

support from family and community, lower financial resources, more perceived threat, etc. This also implies that women may be more at risk of psychosocial health problems resulting from daily life stressors. Kumar and Dixit had found a low but statistically significant positive correlation among forgiveness, gratitude and resilience (Kumar and Dixit, 2014). Thus, women may practice gratitude exercise on a personal level to increase their resilience. On a social level, Sadeghi and others found that presence of emotional ties may play a role in building resilience in young girls (Sadeghi et al, 2020). Apart from that, social and legal policies and programs to empower women to build financial independence and community support are essential if any real improvement is to be brought.

### Conclusion

As the findings of this research indicate that the younger Indian population faces lower resilience, proper care must be taken to not overburden and strain these individuals, both in academics or work and in interpersonal areas. This has major implications on our higher education and training system which persistently places young adults under duress with the belief that the young will thus be more productive. The thin line between stress and distress must be kept in mind for this population. Additionally, interventions may be created aimed at improving resilience among the youth and adequate social support is to be ensured for this at-risk population.

It was also found that women displayed lower resilience than men, thus, it is suggested that specific programs may be developed to explore psycho-social experiences of women and that all

practitioners in the field of mental health be sensitized to these, to be able to adequately work with women clients. Additionally, national programs on women and children's health must incorporate mental health as a key area of intervention. Lastly, it is hoped that this research makes the reader a kinder person.

## REFERENCES

- Herrman, H., Stewart, D. E., Diaz-Granados, N., Berger, E. L., Jackson, B., & Yuen, T. (2011). What is resilience?. *The Canadian Journal of Psychiatry*, 56(5), 258-265.
- Kumpfer, K. L. (2002). Factors and processes contributing to resilience: The resilience framework. *Resilience and development: Positive life adaptations*, 179-224. 184
- Gómez Molinero, R., Zayas García, A., Ruiz González, P., & Guil, R. (2018). Optimism and resilience among university students.
- Jing Sun & Donald Stewart (2007) Age and Gender Effects on Resilience in Children and Adolescents, *International Journal of Mental Health Promotion*, 9:4, 16-25, DOI: [10.1080/14623730.2007.9721845](https://doi.org/10.1080/14623730.2007.9721845)
- Edward, K. L. (2005). Resilience: A protector from depression. *Journal of the American psychiatric nurses association*, 11(4), 241-243.
- Mirowsky, J., & Ross, C. E. (1992). Age and depression. *Journal of health and social behavior*, 187-205.
- Wermelinger Avila, M. P., Lucchetti, A. L. G., & Lucchetti, G. (2017). Association between depression and resilience in older adults: a systematic review and meta-analysis. *International journal of geriatric psychiatry*, 32(3), 237-246.
- Glonti K, Gordeev VS, Goryakin Y, Reeves A, Stuckler D, McKee M, et al. (2015) A Systematic Review on Health Resilience to Economic Crises. *PLoS ONE* 10(4): e0123117. doi:10.1371/journal.pone.0123117
- Kumar, A., & Dixit, V. (2014). Forgiveness, gratitude and resilience among Indian youth. *Indian Journal of Health and Wellbeing*, 5(12), 1414.
- Sadeghi, M., Barahmand, U., & Roshannia, S. (2020). Differentiation of self and hope mediated by resilience: Gender differences. *Canadian Journal of Family and Youth/Le Journal Canadien de Famille et de la Jeunesse*, 12(1), 20-43.