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RESILIENCE, EMOTION REGULATION, PEER RELATIONSHIP, HUMOR AND BODY-ESTEEM IN INDIAN COLLEGE STUDENTS

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RESILIENCE, EMOTION REGULATION, PEER RELATIONSHIP, HUMOR AND BODY-ESTEEM IN INDIAN COLLEGE STUDENTS

Abstract

The aims of the present study were (1) to explore sex-related differences and (2) to estimate the associations between resilience, emotion regulation, peer relationship, humor, and body-esteem. A sample of Indian college students (N = 1000) took part in this study. They responded to the Hindi versions of the resilience scale, emotion regulation questionnaire for children and adolescents, peer relationship scale, humor style questionnaire, and body-esteem scale. Results indicated that men obtained higher mean scores on resilience, peer relationship, humor, and body-esteem than women. All the correlations between the variables were statistically significant and positive. It was concluded that those who consider themselves as resilient experienced greater emotion regulation, body-esteem, humor, and peer relationship.

Keywords

resilience, emotion regulation, peer relationship, humor, body-esteem

1. INTRODUCTION

One of the main trends in contemporary psychology is the emergence of positive psychology. Positive psychological science and practices are in vogue for the identification and understanding of human strengths and values and helping people live happier and more productive lives (Singh & Singh, 2008; Singh & Malik, 2012; Singh & Singh, 2013; Shrivastava & Singh, 2014; Abdel-Khalek & Singh, 2014). It studies the strong aspects of human life and virtues, such as well-being, happiness, satisfaction, optimism, hope, insight, honesty, persistence, resilience, rationality, mental health, religiosity, creativity, courage, and meaningfulness, among other subjects (see, e.g., Argyle, 2002; Aspinwall & Staudinger, 2003; Carr, 2004; Chang, 2001; Diener, Suh, Lucas, & Smith, 1999; Loewenthal, 2000; Seligman, 2002; Snyder & Lopez, 2002; Veenhoven, 2011).

Resilience is one of the familiar concepts and constructs studied in optimistic psychology, and it refers to successful adaptation in the presence of threats and challenges (Hanewald, 2011). Resilience is passive resistance against threatening conditions and damages, but only the resilient person has active participation in his surrounding environment (Jokar, 2007). This construct is particularly crucial in the middle of adolescence because this period is accompanied with extensive social, biologic, cognitive, and neurotic changes. In this period, adolescents pass childhood ultimately and enter a new stage in which they encounter many problems (Khabbaz, Behjati, and Naseri, 2011). On the other hand, as mentioned by Smith and Carlson (1997), adolescents consider stressful events more than adults. They may have unhealthy behaviors or negative attitudes (Smokowski, Reynolds, and Bezruczko, 2000). As one of protective factors against risky factors in the future, resiliency in adolescents, especially those in the middle of this period, is a new area that has been paid attention by researchers. According to most researchers, resiliency is a good idea with high applied value for helping people while facing difficulties and protecting them against dangers during their lives (Khabbaz, Behjati, and Naseri, 2011). Lack of resiliency in middle of adolescence can result in impulsiveness, weak reactive control, and internal problems (Smiley, 2011). Resilient adolescents have personal features such as social competence, independency, discipline, patience, optimism, and higher intelligence. They are good in problem solving. Having target and personal control, high self-esteem and concentration on strengths are other features of resilient adolescents. Their families have mutual emotion and affection with their parents (Kiani Dehkordi, 2004).

Emotion regulation is defined as the “processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998, p. 275). It is difficult to classify a specific regulation strategy as maladaptive or adaptive without considering the context in which the strategy is used (Joormann & D’Avanzato, 2010). Previous research, however, has led to a functional differentiation of strategies based on their ability to facilitate adaptive versus maladaptive responding. Habitual use of expressive suppression, for example, has been associated with lower social support, reduced well-being (Gross & John, 2003), and adjustment problems (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997). On the other hand, reappraisal has been associated with positive outcomes, including better social support, better interpersonal functioning, and increased well-being (Gross, 1998; Gross & John, 2003). Accordingly, whereas expressive suppression and rumination have been considered maladaptive emotion regulation strategies, reappraisal has been considered an adaptive strategy.

It has been widely accepted and documented in the literature that peer relations are an integral contextual factor in adolescent development (Steinberg and Morris 2001). Increasingly within recent literature, peer relations have been examined as both potential risk and protective factors among adolescents. Peer relationships during adolescence specifically may be beneficial as youth begin to spend less time with their families and more time with peers and alone (Larson and Richards 1991). As peers become more important in social influences, they may also provide positive quality support. Berndt's (1992) theoretical perspective on peer influences during adolescence emphasized the positive effects of close friendships. Berndt argued that close positive interactions with friends foster interpersonal and intrapersonal protective buffers, such as social support and increased self-esteem, which promote adolescents' abilities to cope with stressful events. This is consistent with the "Resilience Portfolio Model," which suggests that when youth establish assets at multiple socio-ecological levels, including intrapersonal strengths (e.g., emotion regulation capacity), and interpersonal resources (e.g., supportive relationships), they are more likely to positively adapt when faced with adversity (Grych et al. 2015).

In a much broader sense, humor is considered a multifaceted construct consisting of an amalgamation of affective, cognitive, and behavioral elements (Martin, 2004). However, Robert and Yan's (2007) conceptualized humor at work as a combination of a motivation, affect, and cognitions. Humor is defined here as a general positive attribute (e.g., like to laugh and joke, bring smiles to other people), that contribute most strongly to life satisfaction (Peterson, Ruch, Beermann, Park, & Seligman, 2007). Of particular interest from a resiliency perspective is that several positive character strengths, such as kindness, humor, leadership, love, and social intelligence, all exhibited significant increases in growth following experiences with major traumatic events, such as a life-threatening accident, attack, or illness (Peterson et al., 2008). Other research has examined how the personal use of humor may contribute, in a positive manner, to dealing with a wide variety of life situations across the life span. This work includes the innovative use of daily filming to document at-risk adolescents' use of humor to enhance socio-emotional functioning during typical encounters (Cameron, Fox, Anderson, & Cameron, 2010); the examination of high school students' use of humor to cope with stress during college preparation (Shaunessy & Suldo, 2010); and the use of humor by elderly women when making upsetting and painful self-disclosures (Matsumoto, 2009).

Body-esteem refers to self-perception (Franzoi & Shields, 1984) and self-evaluation (Mendelson & Mendelson, 2001; Taylor, Doane, & Eisenberg, 2013; Nelson, Kling, Wängqvist, Frisé, & Syed, 2018) that encompass multi-dimensional concepts including one's emotions, attitudes, and feelings toward one's own body and appearance. This concept is very much equivalent to that of body satisfaction or satisfaction with one's own body. Body-esteem was defined in Kim and Kim (2015) as a concept relevant to positive body image, with which one positively accepts the emotions caused by one's subjective perception and evaluation of one's own body and values and loves one's body. Body-esteem is formed and changes complexly with diverse social and psychological influences. Among such external factors, the sociocultural pressure on body image resulting from parents, media, and peers (tripartite influence) has been investigated by numerous researchers You, Shin & Kim, (2018); Ormsby, Owen & Bhogal (2018); Valois et al. (2019). Their studies reported that the influence of significant others on body image exerted negative effects on individuals' perception and internalization of body image and overall satisfaction with their bodies, directly and indirectly.

The general aim of the current investigation was to explore the associations between resilience, emotion regulation, peer relationship, humor, and body-esteem among a sample of college students from India. This study was designed to test the following hypotheses: (1) sex-related differences will be significant for the study variables in favor of men, (2) the correlations will be statistically significant and positive between the study variables.

2. METHOD

2.1 Participants: A convenience sample of 1000 (490 men and 510 women) volunteer Indian Hindu, and Muslim students enrolled in different colleges (Lucknow, Prayagraj Jaunpur, and Varanasi) in Uttar Pradesh Province in India was recruited. Their mean age was 16.004 years (SD = 1.60). They represented different socio-economic status.

2.2 Measures:

2.2.1 Resilience scale

The original scale of Resilience is having twenty-five items which was developed by Wagnild & Young in 1993. Items are rated on 7-point Likert scale. The total scale ranges between 25 and 175 points (Wagnild and Young, 1993). The original RS indicated good psychometric properties for internal validity and content validity. A Cronbach's alfa of .91 was found and item-total correlations ranged between .37 and .75 (Wagnild, 1993). It has a unifactorial structure that includes items referring to aspects related to self-esteem, independence, mastery, resourcefulness, perseverance, adaptability, balance, flexibility, and a balanced perspective on life.

2.2.2 Emotion regulation questionnaire for children and adolescents

The ERQ-CA (Gullone & Taffe, 2012) comprises ten-items assessing the ER strategies of cognitive reappraisal (CR) and expressive suppression (ES). Items are rated on 5-point response scale. The range of scores for each scale was 6-30 for the CR and 4-20 for ES. In this study, all the ten items were adopted in Hindi. In the original scale, for the 6-item CR scale, the alpha reliability coefficient was .83, and for the 4-items ES scale, the alpha coefficient was .75.

2.2.3 Peer relationship scale

The peer Relationship scale (Anderson-Butcher et al. ,2013) is having four-items. Items are rated on 5-point scale, and alpha coefficient was .86.

2.2.4 Humor style questionnaire

Humor Style questionnaire was developed by Martin et al. (2003). Scale is having thirty-two items and rated on a 7-point scale. There are 4 dimensions in this scale, i.e., affiliative humor, self-enhancing human, aggressive humor, and self-defeating humor.

2.2.5 Body-esteem Scale

This scale was developed by Franzoi & Shields, 1984. The scale is having thirty-five items, and items are rated on five-point scale. A factor analysis indicated that three factors emerged for males and females. Factors were (1) Physical Attractiveness for males or Sexual Attractiveness for females, (2) Upper Body Strength) for males or Weight Concern (WC) for females, and (3) Physical Condition (PC) for both males and females.

3. STATISTICAL ANALYSIS

Descriptive statistics were performed using the Statistical Package for Social Sciences (SPSS Version 20 for Windows), and it was used to assess the means, standard deviation of the variables, and Cronbach's alpha . Independent t-tests were computed to assess gender differences, and the magnitude of the differences were evaluated with effect sizes (Cohen's D). For interrelations among study variables, Pearson product-moment correlations were computed.

4. PROCEDURE

The five questionnaires in the Hindi language were administered anonymously to students during small group sessions in their classrooms during scheduled college hours. The first author carried out the administration of the study scales. All participants volunteered for the study after the researcher explained its purpose briefly and assured them that anonymity would be maintained. If any student did not want to participate, he or she could leave. The reliability of the scales was computed using Indian young adults (see Table 1).

Table 1: Alpha reliability of the scales in Indian sample

SN	Scale	M	SD	Cronbach's alpha
1	Resilience	83.73	11.70	.82
2	Emotion regulation	35.69	5.90	.667
3	Peer relationship	15.74	3.24	.755
4	Humor	78.74	11.51	.767
5	Body-esteem	74.52	12.32	.904

Table 1 sets out the reliability with Indian college students. Alpha reliabilities ranged from .667 to .904, i.e., between acceptable to high.

5. RESULTS

Table 2: Mean score (M), standard deviation (SD), t value, and Cohen's d of the scales for men and women

Scale	Gender	N	M	SD	t	p	Cohen's D
Resilience	Male	490	84.65	10.74	2.457	.014*	.155
	Female	510	82.84	12.51			
Emotion regulation	Male	490	35.56	5.63	.698	.486	.0441
	Female	510	35.82	6.15			
Peer relationship	Male	490	15.99	3.08	2.444	.015*	.155
	Female	510	15.49	3.36			
Humor	Male	490	108.96	16.00	3.522	.000**	.222***
	Female	510	105.27	17.12			
Body-esteem	Male	490	77.69	12.61	8.226	.000**	.519****
	Female	510	71.48	11.24			

*p < .05, **p < .01, ***d > .2 (small effect size), ****d > .5 (medium effect size)

Table 2 presents the descriptive statistics and the t values of the study variables. Statistically significant differences between males' and females' scores were found. The inspection of this table indicates that men obtained the higher mean scores on resilience, peer relationship, humor, and body-esteem than did women, and the effect size was significant for humor and body-esteem.

Table 3: Pearson correlation coefficients between the scales

Scale	1	2	3	4	5
Resilience	1	.492**	.313**	.346**	.433**
Emotion regulation	.492**	1	.223**	.379**	.369**
Body-esteem	.313**	.223**	1	.240**	.288**
Humor	.346**	.379**	.240**	1	.329**
Peer relationship	.433**	.369**	.288**	.329**	1

p < .05 ** p < .01*

Table 3 reveals that all the correlations between the variables were statistically significant and positive.

6. DISCUSSION

As for the first hypothesis regarding the sex-related differences, men obtained the higher mean scores on resilience, peer relationship, humor, and body-esteem than did women.

In the present study, men obtained higher mean scores on resilience. Contrary to the present result, Hampel and Peterman (2005) concluded that girls portrayed resilience factors more than boys. Gender differences in resilience factors are guided by the notion that men and women have different personality traits that influence the way they cope with adversity. For instance, men tend to communicate less during the time of adversity, and they end up getting less help and empathy as compared to women who communicate more and earn empathy and other types of support (Sun & Stewart, 2007). Women tend to utilize familial and community protective factors, while men depend more on individual protective factors. Studies have shown that women tend to be more appreciative of spiritual and social support than men who tend to rely more on personal competence (Friborg et al., 2003). Gender has been termed as an inconsistent and non-reliable predictor of resilience (Ballenger-Browning & Johnson, 2010). Campbell-Sills, Cohan, Chavira, and Stein (2006) found no significant difference in resilience among males and females. Indian culture provides greater opportunities for males to express resilience due to child rearing practice biases and greater freedom for males in society.

No sex differences were observed for emotion regulation in this study. While in past researches, men were more likely than women to report using suppression (Gross & John, 2003), but no consistent gender differences have been found for reappraisal (Gross & John, 2003; Gross, Richards, & John, 2006).

In the present study men obtained higher mean scores on body-esteem. This finding is congruence with other studies. Women had higher surveillance, body shame, and actual/ideal weight discrepancy, and lower body esteem than did men (McKinley 1998). In the present study, men obtained higher mean scores on humor. These findings are in congruence with other studies. Men reported a greater frequency of attempts at humor than women; men perceived these attempts as more effective than did the women; and the men reported using humor for negative affect more often than women (Myers, Ropog & Rodgers, 1997). In the present study, men obtained higher mean scores on peer relationship. This result is incongruent with past studies. Sex differences also exist in the *context* of peer interaction (Fagot, 1994; Leaper, 1994; Maccoby, 1998; Rubin, Bukowski, & Parker, 1998). Some evidence suggests that girls are more prosocial than are boys. Studies consistently yield medium effects indicating that girls respond in a more prosocial manner to hypothetical conflict situations than do boys in middle childhood (Chung & Asher, 1996; Hopmeyer & Asher, 1997; Rose & Asher, 1999).

The second hypothesis was fully supported, i.e., all the correlations between the study variables (resilience, emotion regulation, peer relationship, humor, and body-esteem) were statistically significant and positive. The statistically significant and high correlations between resilience and emotional regulation suggest their high criterion-related validity. Meredith et al. (2011) reviewed several individual level factors of resilience that relate to emotion regulation, such as positive coping, positive affect, positive thinking, and behavioral control. Cognitive change is grouped here as positive thinking, and situation modification would likely be classified as positive coping. Drawing on the broaden-and-build theory of positive emotions (Fredrickson, 2001) and the undoing hypothesis (Fredrickson & Levenson, 1998), research suggests that positive emotions broaden the thought–action repertoire, build personal resources, help people down regulate negative emotions, and improve coping (Tugade & Fredrickson, 2004). In these ways, it has been suggested that positive emotions aid in building the capacity for resilience (Fredrickson, Tugade, Waugh, & Larkin, 2003). To this end, regular experiences of positive affect in the wake of an adverse event seem to be important for promoting resilience. The use of strategies for up-regulation of positive affect may be particularly important to increasing resilience outcomes.

Evidence for viewing humor as a personal resiliency factor emerges from other naturalistic studies in high stress situations. High levels of coping humor are associated with more positive challenge appraisals for various life events. In turn, these positive appraisals can also generate greater enthusiasm and enjoyment for dealing with these events and are thus strongly associated with more positive affect. Identifying naturally occurring assets and strengths within the youth's ecological systems, such as peer relationships, will maximize the feasibility of leveraging those strengths to promote positive adjustment and resilience among youth who have experienced adversities.

Literature indicates that high resilience can be a protective factor, which supports a satisfactory level of one's own body's acceptance (Choate, 2005; McGrath, Julie, & Caron, 2009). The cognitive and emotional attitude towards one's own body are the cause for certain behaviors, which can have healthy or unhealthy results on the individual. The quality of the expressed attitude towards one's own body is connected with beliefs, thoughts (cognitive approach), and feelings (emotional approach) towards the body (satisfaction/dissatisfaction). It is assumed that emotional and cognitive attitudes towards one's own body have an influence on health-promoting or anti-health behaviors.

7. CONCLUSION

In conclusion, the current study findings contribute to our understanding of the psychological mechanisms of resilience, emotion regulation, peer relationship, humor, and body-esteem in young adults in a non-western context. In this vein, this study can help recognize and integrate the value of psychology and psychological approaches in the construction of processes linked to positive recognition of one's resilience and sustainable individual growth. Future experimental research should explore other personality variables in order to understand this complex relationship between resilience and mental health.

The present findings must be viewed within the limitations imposed by the data. Foremost among them is the sample. College students always have specific characteristics. Most probably, they have higher education and intelligence in proportion to the general population as well as a limited range of ages. Thus, further research is required to investigate whether the results are replicable with late adolescents from different countries. In a further study, a comparison of western countries and

eastern countries in terms of the relationship between resilience and the predictor variables could also be worth exploring. Thus, there is a need to replicate this study on the general population using a probability sample. Further research on these topics seems appropriate.

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