Moderating Effect of Parents Alive on the Relationship between Psychological Resilience and Mental Health

Rizwan Hassan Bhat[1], Shah Mohd. Khan[2]

Abstract: It has been observed throughout the study that there is a significant correlation between Psychological resilience and mental health in presence of the variable 'parents alive' which was taken as a moderator. Moderation analysis technique has been used to determine the referent effect of parents alive on the relationship between psychological resilience and mental health. Three hundred youth were taken to complete the study. The main aim of the study was to examine the moderating effect of parents alive on the relationship between psychological resilience and mental health.Parents alive was found to have significant moderating effect on the relationship between psychological resilience and mental health. Interaction plot showed the aggravating effect of psychological resilience on mental health. Effectiveness of moderator variable in determining the correlation will be discussed.

I. Introduction

Inspite of the occurrence of distressing or stressful events experienced by the children and adolescents without parents, the majority do not experience mental health problems emphasizing the critical nature of resilience.

Psychological Resilience: Resilience is the ability of an individual to recuperate from the worst and challenging situations which are very overwhelming and stressful in nature. It is not just a capacity but a process through which a person returns back to normal as well as a positive position. It is not contextspecific because it works across in different environmental situations like society, institutions etc. Resilience can be used interchangeably as a defense mechanism throughout life.

''Resilience'' has its origin from the Latin word resilire, or, ''to leap back''. In the field of psychology, this term describes the ability to bounce back from negative emotional experiences and flexibly adapt to the changing demands of stressful experiences (Block & Block, 1980; Block &Kremen, 1996; Lazarus, 1993). Research on and applications of resilience havedrawn attention from a growing number of experts in

---

[1] Department of Psychology Aligarh Muslim University Aligarh India,202002
[2] Associate Professor Department of Psychology Aligarh Muslim University, Aligarh

psychology,psychopathology, sociology, biology, and even cognitive neuroscience. It needs to be noted that the relationship between resilience and mentalhealth has always been a topic of interest across disciplines(Haskett, Nears, Sabourin Ward, & McPherson, 2006; Windle,2011).

Bastaminia, Hashemi, Alizadeh and Dastoorpoor (2016) made an attempt to study Resilience and Mental Health: A Study among Students at the State University of Yasuj City. The purpose of the current study was to examine the relationship between Resilience and mental health among students. 338 students were randomly selected to participate in this cross-sectional study. The findings of the study revealed that the average age of students was 24±3.8 years (boys: 24.9±4.6 / girls: 23.3±2.8). According to GHQ scale, students scored highest and lowest on the subscales of social dysfunction (11.2±4.1) and depression (5.6±1.8), respectively. It was observed That significant inverse correlation between resilience and all subscales of general health (P<0.001). Results suggested that resilience can significantly determine general health (P<0.001).Moreover, the findings supported that Higher resilience may reduce Somatization symptoms, anxiety, social dysfunction and depression.

Mental Health Mental health is a broader construct in psychology, which includes all the positive attributes of a decent and healthy personality. It is a psychological state, which includes crystallized clearance of goals, healthy relationship with others, the meaningful concept of life, an optimistic vision of future, potentially full of hope and confidence and the acceptance of one's qualities and quantities. It is expressed in every aspect of our behavior like how we think, feel and act.Mental health is termed as a key component of individuals adaptation and development.

SaimaAnd Sharma (2011) made an attempt to study Mental Health Status of Children of Kashmir: A Study from Anantnag District of Kashmir. The purpose of the study was to examine the mental health among children aged from 12 -18 from 'intact' and 'disrupted' families. 60 children's from intact families (30 girls and 30 boys) and 60 children's from disrupted families (30 girls and 30 boys were taken to participate in the study. The results of the study suggested that children from 'disrupted' families have lower mental health status as compared to those from 'intact' families. Higher mental status was found among boys as compared to girls. Further, the Two way ANOVA reveals significant family and gender type differences between children from 'intact' and 'disrupted' families. Moreover, results obtained from the "t" test also showed significant inter and intragroup differences.

Parents Alive

Parents alive can be defined as the variable determining the conditioning of parents being alive and supportive to their children.

Objective of the study: The objective of the present study is to examine the moderating effect of Parents alive on the relationship between psychological resilience and mental health.

II. Method

ParticipantsThe representative sample for present investigation comprised of Kashmiri youth and that is 300. The mean age of the youth participated was 21.59 years with 19 years as minimum and 25 years as maximum.

Measures

Psychological Resilience Scale (PRS)

Resilience scale was re-validated on the target sample. It was made trilingual (English, Urdu and Hindi) before administration. The scale comprised of 25 items with 5-point Likert type responses, viz., Strongly disagree, Disagree, Uncertain, and Agree, Strongly Agree. This scale was administered to a representative sample of 300 male and female Kashmiri Youth. After scoring the items of each testee, the scores were arranged in descending order (highest scoring to the lowest). Two separate groups, one of 27% from the highest scoring and other of 27% from the lowest scoring were made. Intercorrelation matrix was examined in order to overcome the existence of multicollinearity and singularity in the scale. After analysis, 4 items having the multicollinearity and singularity were rejected and the final draft of the scale comprised of 21 items. The final draft with 21 items was administered on a sample of 300 youths. The total score of the scale varies from 21 to 105 and can be inferred as higher the score higher the psychological resilience and vice-versa. The Cronbach's Alpha of the scale was found to be 0.88, which is satisfactory and the composite reliability ranges between 0.63 to 0.74. The construct validity ranges between 0.55 to 0.76 of dimensions and in overall, it was found 0.88. Further, the convergent validity was in acceptable range. Content (Face and logical) validity of the scale was verified by a number of experts and academicians. Factor analysis was carried out and five factors emerged explaining 53.15% of the total variance, which confirmed the high factorial validity. Further, the inter-factorial correlation among sub-dimensions of psychological resilience scale was found highly significant. The factors emerged were named asself-perception, single-mindedness, task orientation, organized and self-restraint.

Mental Health Inventory (MHI)

Mental Health Inventory standardized by Jagdish and Srivastava (1983) was used in the present research work. The scale comprised of 56 items (32 false keyed and 24 true keyed with six sub-dimensions viz. perception of reality, positive self-evaluation, integration of personality, autonomy, group-oriented attitudes and environmental mastery. It is a 5 point Likert type responses, where the subject has to choose from the category as labeled; Always, Very often, Sometimes, Rarely and Never.5 scores to Always,4 scores to Very often,3 scores to Sometimes,2 scores to Rarely and 1 scores to Never. Marked responses are to be assigned for True keyed (positive statements) and for False keyed (Negative statements) 1, 2, 3, 4, 5 for Always, Very often, Sometimes, Rarely and Never respectively. The scale has the lowest score of 56 and highest score of 224, the neutral point is at 140, scores below 140 indicates the poor mental health while scores above 140 reflects the good mental health.

The reliability of the mental health inventory based on split half method was 0.73. Further, the validity was verified on the target sample and Cronbach's Alpha was found to be 0.87, which confirms that the scale has a good reliability (George & Mallery, 2003).

Procedure

Youth were contacted individually and in small group settings. They were explained about the usefulness of the study and requested with due respect to extend their cooperation for the success of the study. Great care was taken to address any misunderstanding about the purpose of the study and they were told that it is to be used for

research purpose only. They were informed to ask when they feel any difficulty in understanding and resultant response of the items, but not to leave any item un-attempted. They were assured of the confidentiality that their identity will not be disclosed at any stage. The method used for data collection was the questionnaire administration.

III. Results and Discussion

Hierarchical (moderator) multiple regression analysis was done to examine the moderation effects on the relationship between predictor and outcome variable. So, we have three variables; a predictor variable (interval scale), an outcome variable (interval scale) and a hypothesized moderator variable.

Moderation schema parents alive as moderator of the relationship between psychological resilience and mental health prepared and showed in Fig. 1.
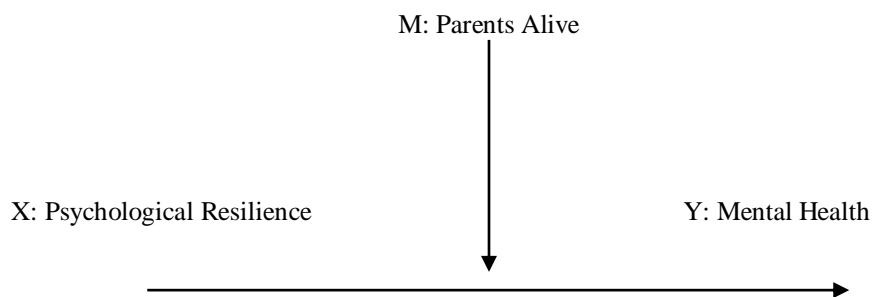
M: Parents Alive

X: Psychological Resilience   Y: Mental Health

Figure: Schema for Parents alive as Moderator between psychological resilience and Mental Health

Table 1.

Hierarchical regression analysis model summary

Moderator: Parents alive

Predictor and Criterion: Psychological Resilience and Mental Health.

Model	R	R2	Change Statistics				
			R2 Change	F Change	df1	df2	Sig.F Change
1	0.485	0.236	-	91.824	1	298	0.000
2	0.498	0.248	0.013	5.031	1	297	0.226

Model 1: Predictors: Parents alive and Psychological Resilience

Model 2: Predictors: Parents alive and Psychological Resilience, Interaction between Parents alive and Psychological Resilience

As shown in Table, Model 1 without the interaction accounted for a significant amount of variance in mental health, R2 = .236, F (1, 298) = 91.824, p< .001. It can be inferred that psychological resilience is a significant predictor of mental health. Next, the interaction between parents alive and psychological resilience was added to the regression model (Model 2) which accounted for a significant amount of variance in mental health, ΔR2 = 0.013, ΔF(1, 297) = 5.031, p = .226. On the basis of this quantitative analysis, it can be inferred that there is a significant moderating effect of parents alive on the relationship of psychological resilience with mental health. Further, for visualizing the conditional effect of psychological resilience (X) on mental health (Y) interaction plot prepared and shown as Fig. 2.
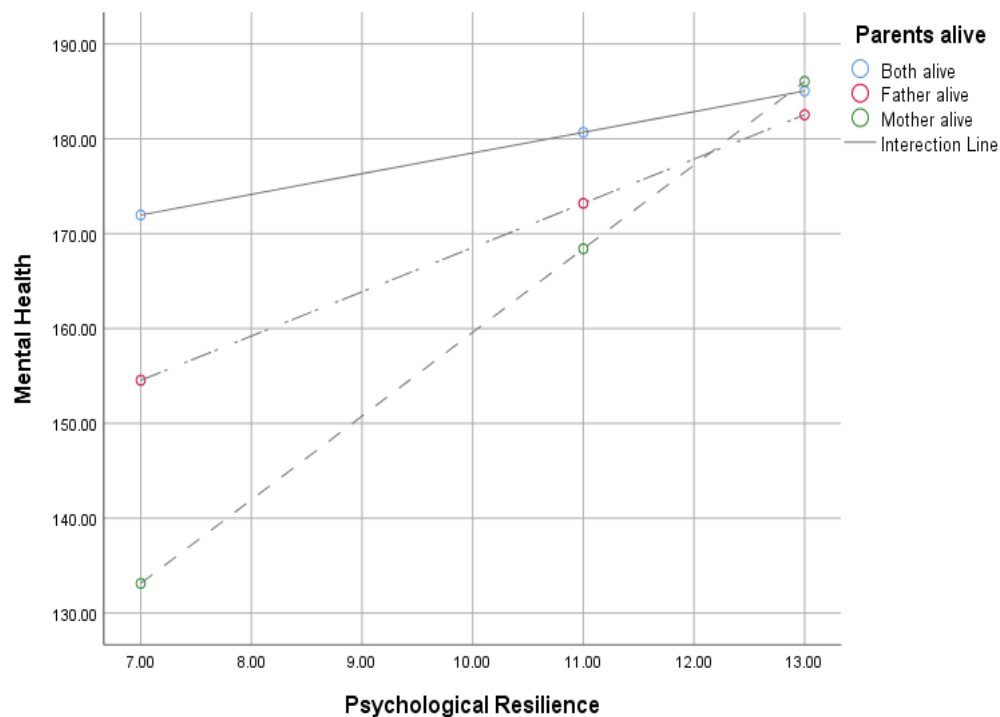

Figure 2 Interaction Plot-Parents alive as a Moderator between Psychological Resilience and Mental Health

Examination of the interaction plot showed an aggravating effect when considering parents alive as moderator when psychological resilience is increasing mental health is also increasing.

References

1. Bastaminia, A., Hashemi, F. B., Alizadeh, M., & Dastoorpoor, M.(2016). Resilience and Mental Health: A Study among Students at the State University of Yasuj City.

2. Block, J. H., & Block, J. (1980).The role of ego-control and ego resiliency in theorganization of behavior.In W. A. Collins (Ed.), Minnesota symposium on childpsychology (pp. 39–101). Hillsdale, NJ: Erlbaum.

3. Block, J., &Kremen, A. M. (1996). IQ and ego-resiliency: Conceptual and empiricalconnections and separateness. Journal of Personality and Social Psychology, 70,349–361.

4. George, D., & Mallery, P. (2003). SPSS for window Step by Step. Boston, MA.

5. Haskett, M. E., Nears, K., Sabourin Ward, C., & McPherson, A. V. (2006). Diversity inadjustment of maltreated children: Factors associated with resilientfunctioning. Clinical Psychology Review, 26, 796–812.

6. Hu, T., Zhang, D., & Wang, J. (2015).A meta-analysis of the trait resilience and mental health. Personality and Individual Differences, 76, 18-27.

7. Lazarus, R. S. (1993). From psychological stress to emotions: A history of changing

8. outlooks. Annual Review of Psychology, 44, 1–21.

9. Saima, & Sharma, N. (2011). Mental Health Status of Children of Kashmir: A Study from Anantnag District. Journal of Psychology, 2(2), 109-113.

10. Singh, J., & Srivastava, A. K. (1983). Construction and standardization of a mental health inventory: A pilot study. Perspectives in Psychological Researches.

11. Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resiliencemeasurement scales. Health and Quality of Life Outcomes, 9, 1–18.