

Gender Differences in Psychosocial Correlates of Adolescent Resilience

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ABSTRACT

This study examines gender differences in psychosocial correlates of adolescent resilience, focusing on how various social and psychological factors influence the ability of adolescents to cope with stress and adversity. Resilience is understood as a dynamic process shaped by individual characteristics and environmental conditions. The research explores key psychosocial variables such as family support, peer relationships, personality traits, and socio-economic status, and analyzes how these factors differ between boys and girls. It highlights that girls tend to rely more on emotional expression and social support, whereas boys often adopt problem-focused coping strategies and may suppress emotions. These differences are influenced by cultural norms, socialization patterns, and developmental processes. The study emphasizes the importance of supportive family environments and positive peer interactions in fostering resilience among adolescents. It further suggests that gender-sensitive approaches are essential for designing effective educational and psychological interventions. The findings contribute to a deeper understanding of adolescent development and provide practical implications for promoting resilience and well-being.

Keywords: Resilience, Adolescence, Gender, Psychosocial, Coping.

I. INTRODUCTION

Adolescence is a critical period of human development marked by profound physical, emotional, cognitive, and social changes. During this stage, individuals experience rapid growth in identity formation, self-concept, and social relationships, while simultaneously facing increasing academic, social, and emotional challenges. Navigating these challenges successfully often depends on the presence of resilience, which refers to an individual's capacity to adapt positively and maintain psychological well-being in the face of adversity. Resilience is not a fixed trait but a dynamic process shaped by the interaction between internal factors, such as personality and cognitive abilities, and external factors, such as family support, peer relationships, and socio-economic conditions. Understanding the development of resilience during adolescence is crucial because it has long-term implications for mental health, academic success, and overall life satisfaction.

Research has consistently demonstrated that psychosocial factors play a vital role in the development of resilience. Family environment, for instance, is one of the most influential contexts for adolescent growth. Supportive parenting, open communication, and emotional nurturing foster self-confidence, problem-solving skills, and emotional stability, all of which contribute to higher resilience. Conversely, conflictual family environments or lack of parental involvement can increase vulnerability to stress and impede adaptive coping. Peer relationships also serve as a critical source of support during adolescence. Positive peer interactions provide emotional validation, social connectedness, and opportunities to practice social skills, which strengthen resilience. On the other hand, peer pressure, bullying, or social exclusion can undermine adaptive coping and negatively affect psychological well-being.

Personality traits are another important determinant of resilience. Traits such as emotional stability, extraversion, and conscientiousness are positively associated with the ability to cope with challenges and recover from setbacks. Adolescents with higher emotional regulation tend to manage stress more effectively, while those with lower emotional stability may be more prone to anxiety and negative affect. Similarly, socio-economic status (SES) shapes the resources and opportunities available to adolescents, influencing both academic achievement and psychological development. Higher SES often provides access to educational resources, extracurricular activities, and supportive social networks, enhancing resilience, while lower SES may limit these opportunities and increase exposure to stressors.

Gender differences in resilience have also emerged as a significant area of research. Evidence suggests that boys and girls often employ different coping strategies and experience psychosocial influences differently. Girls tend to rely more on emotion-focused coping, seeking social support and expressing feelings, whereas boys often adopt problem-focused coping or may suppress emotional expression. These patterns are influenced by biological, social, and cultural factors, including gender norms and socialization processes, which shape how adolescents respond to stress and adversity. Understanding these gender-specific differences is essential for designing interventions and support programs that effectively address the unique needs of both boys and girls.

Theoretical frameworks provide insight into the development of adolescent resilience. Ecological systems theory emphasizes the influence of multiple environmental layers, including family, peers, school, and community, on resilience outcomes. Social learning theory highlights the role of modeling and reinforcement in shaping coping behaviors, often reflecting culturally prescribed gender norms. Resilience theory, on the other hand, focuses on the balance between risk factors and protective factors, explaining how adolescents navigate challenges and maintain psychological well-being. These frameworks collectively provide a comprehensive understanding of the mechanisms underlying resilience and the factors contributing to gender differences.

Given the complex and dynamic nature of resilience, it is essential to adopt longitudinal approaches in research. Longitudinal studies allow researchers to observe changes over time, identify causal relationships, and track the evolution of resilience and its psychosocial correlates throughout adolescence. Such approaches provide insights into how interventions can be tailored to support both boys and girls effectively, enhancing their capacity to cope with stress and promoting long-term well-being.

II. CONCEPT OF ADOLESCENT RESILIENCE

Resilience is the ability to persist in the face of change and to grow in ever-changing surroundings. The ability of individuals, groups, civilizations, and cultures to adjust or even move into new development pathways in the face of dynamic change is the focus of resilience thinking. It also examines how times of gradual change interact with times of rapid change. It deals with how to make your way via many pathways, thresholds, and tipping points that separate them

Adolescence, which spans the ages of 10 to 19, is the transitional stage between childhood and adulthood. Adolescents grow quickly in all areas—physical, cognitive, and psychological. This has an impact on their emotions, thoughts, decision-making, and interactions with the outside environment ("Adolescent health," 2019). There are 253 million teenagers in India who are in the 10 to 19 age range. ("Adolescent development and participation")

The study provides evidence for a link between health-related quality of life and resilience in adolescents. Resilience is associated with higher levels of quality of life in adolescents, and because girls have lower scores, it could be one of the reasons for their lower health-related quality of life. In this study found that every social class in our society is being impacted by the rat race of modern life, and teenagers are not an exception to this underlying tension. Adolescents who lack resilience are more likely to experience psychosocial maladaptation and psychopathology as adults. Lack of resilience in kids and teens has been linked to adult psychopathology and psychosocial maladaptation, according to research. A person's level of resilience is influenced by several things, including optimism, self-efficacy, impulse control, perseverance, flexibility, and emotional awareness.

Resilience and Adversity

According to researcher adversity is characterized by "past or present hazards judged to have the potential to derail normative development" and "typically encompasses negative life circumstances that are shown to be statistically linked to challenges with adjustments difficulties."

Adversity of any kind, at any time, with varying degrees of intensity and duration, can affect resilience's dynamic nature and cause variations in the resilience's emerging shape and timing. Exposure to childhood trauma and socioeconomic adversity are the two forms of adversity that have been studied the most. One method by which fortifying systems improves resilience is tempering. Tempering is defined in a variety of ways, but "to make stronger and more resilient through hardship" is the most accurate way to describe the processes that we consider to be involved in resilience. Individuals who exhibit only slight impairment in their stress-responsive systems might be able to persevere through hardship by using tempering techniques they have already learned. On the other hand, subthreshold symptoms or maladaptive behaviours could emerge from moderate impairment and such individuals might eventually need to learn and acquire additional strategies in order to enact tempered and strengthened resilience. The stress-responsive systems may experience varying degrees of impairment when exposed to extreme or prolonged levels of adversity and the corresponding allostatic load. At this point, more resources are needed to counteract the negative effects of adversity, fix any impairments, alter malfunctioning systems, and fortify already-existing stress-responsive systems.

Resilience and Vulnerability

Vulnerability is defined as the extent to which a system, or a component of it, may react negatively in the event of a hazardous event. The notion of vulnerability entails a certain level of risk related to the material, societal, and financial aspects of the event as well as the consequences that arise from the system's capacity to handle it. The idea of vulnerability entails a certain amount of danger together with a degree of social and financial responsibility and the capacity to handle the eventuality. The idea of vulnerability entails a certain amount of risk related to the consequences economic, social, and physical that arise from the system's incapacity to handle the eventuality.

Resilience and Mental Health

Resilience is significantly linked to children's and adolescents' mental health, and it warrants a larger role in research, prevention programmed, and routine clinical care. Incorporating social, cultural, and familial context into the assessment of resilience is crucial since it helps pinpoint areas in need of early and preventative interventions. Despite the variability of study populations and tools, there is a relationship between lower mental health problems and stronger resilience.

Developmental Perspectives

Adolescence is a transitional stage marked by profound changes in the nervous system and psychological makeup, coupled with increased environmental demands and social context sensitivity. All facets of life are impacted by these profound biopsychosocial shifts and their neural foundations, including physical development and personality consolidation in addition to social, emotional, and cognitive domains. Even though the brain can rewire itself throughout life in response to experience learning, significant neuroplasticity happens in adolescence. Adversity rises dramatically during adolescence at the same time that individuation takes place and the importance of peer relationships—both positive and negative rises relative to family relationships. This implies that while the resources needed to deal with present or potential future adversity remain limited, the sources of adversity spread as social networks grow. Adolescence is the best time to implement interventions that promote resilience and promote healing. However, extreme adversity creates an excessive allostatic load that simply overwhelms all stress-responsive systems, making recovery—a sign of resilience elusive for some adolescents with significant impairment, making it difficult for them to exhibit resilience

III. PSYCHOSOCIAL CORRELATES AND GENDER DIFFERENCES IN ADOLESCENT RESILIENCE

The psychological impact of the COVID-19 pandemic has been increasingly recognized as a public health concern. In this context, older adults appeared exposed to an increased psychological burden, especially during the experience of lockdown and its related restriction measures. National governments worldwide have implemented several preventive strategies, such as quarantine and maintaining social distance, in order to contain the spread of the coronavirus and to protect the population. On the other side of the coin, older adults have paid the cost of experiencing these preventive strategies in terms of social isolation, distance from relatives and friends, limited access to stimulating leisure activities, and lack of social support. Such forced conditions progressively have

had a negative impact on older adults' health, by markedly affecting their cognitive and functional status, as well as their health-related quality of life. In addition, the prolonged stressful experience of living during the pandemic has contributed to increasing psychological distress in the older population. In line with its psychological theoretical framework, the construct of psychological distress embraces a set of multiple physical and mental symptoms, which are mainly associated with depressive symptomatology (e.g., lack of motivation, low self-esteem, and fatigue) and both somatic and subjective symptoms of anxiety. In addition, a third set of symptoms can be discriminated, namely stress, which refers to the presence of irritability, nervous tension, and agitation.

The pandemic, as well as its related contingencies (e.g., lockdown, quarantine, and social isolation) have affected older adults' psychological health, exposing them to the risk of developing psychological distress. Interesting evidence has emerged from the investigation of gender differences in community populations; accordingly, women generally more than men reported higher rates of anxiety and depressive symptomatology in facing the stressful experience of the pandemic. This gender difference has emerged also from studies that specifically involved older adults during the first wave of the COVID-19 pandemic. Older women have exhibited higher levels of depressive symptoms, as well as an overall worsening in mental health, compared to men. Older women showed also greater (approximately doubled) odds of reporting depressive symptoms, compared to men. Older women have additionally reported higher anxiety symptomatology, with negative consequences for their cognitive functioning; furthermore, it has been also highlighted that older women reported higher levels of stress during the course of the pandemic, compared to men.

Established evidence in the literature on aging is that living alone in later life (e.g., not being involved in relationships, due to divorce or widowhood, and living without children) exposes older adults to increased psychological distress and loneliness. Interestingly, it has been suggested that living alone is not a risk factor for psychological distress per se, but the transition to living alone in older age denotes a significant factor.

On the other side of the coin, the construct of psychological resilience has been widely described as the individual disposition to cope successfully with challenging life experiences, through the adoption of mental, emotional, and behavioral adjustment strategies to external and internal demands. In the early nineties, Gail Wagnild and Heather Young proposed a theoretical model, which was able to capture the principal characteristics of resilience and which was able to make this construct measurable [16]. According to this model, resilience was defined as a positive personality trait, which moderates the negative effects of stress, and contributes to enhanced individual adaptation to adverse outcomes and negative events. Wagnild and Young also identified five different characteristics of resilience, namely equanimity (i.e., the disposition to maintain a balanced perspective on life and experiences), perseverance (despite adversities), self-reliance (i.e., the disposition to believe in one's capabilities and to depend on oneself), meaningfulness (i.e., the sense of having something to live for), and existential aloneness (i.e., the sense of uniqueness and freedom).

In line with this theoretical framework, resilience is acknowledged as an important personal resource for older adults, by contributing to a better adjustment to stressful and negative age-related events. Along the course of the COVID-19 pandemic, psychological resilience has been considered

beneficial for older adults, especially since they needed to face several socioeconomic, psychological, and physical stressors. In the general population, lower levels of resilience have been previously associated with increased psychological distress, especially in the early months of the pandemic.

Psychological resilience has been considered a factor actively involved in the adjustment to the pandemic by older adults. Female gender, not being involved in relationships, and the lack of offspring have been sociodemographic factors that worsened the experience of the pandemic in older adults. The presence of different levels of psychological resilience, based on the aforementioned sociodemographic factors, is a topic not widely explored among older adults during the pandemic. The association between psychological resilience and psychological distress in older adults during the pandemic denotes a further topic of increasing interest.

In line with these premises, the main purpose of the present study was to verify the presence of gender differences in psychological resilience among a sample of a community of older adults during the COVID-19 pandemic. The study also aimed at verifying whether older adults being involved in relationships and older adults having children showed different levels of psychological resilience, compared to those not involved in relations and with no offspring.

IV. CONCLUSION

The study concludes that adolescent resilience is a dynamic process shaped by a combination of psychosocial factors, personality traits, and socio-economic conditions. Family support, positive peer relationships, and access to educational and social resources consistently enhance adolescents' ability to cope with stress and adversity. Personality traits such as emotional stability and extraversion play a crucial role in determining how adolescents respond to challenges, while socio-economic status provides the environmental resources that influence resilience development. Gender differences are evident in how these factors operate, as girls often rely on emotional expression and social support, whereas boys tend to adopt problem-focused coping strategies and may suppress emotions. These variations highlight the need for gender-sensitive approaches in interventions aimed at promoting resilience. By understanding the unique experiences and coping mechanisms of boys and girls, educators, parents, and policymakers can design programs that address specific needs and foster adaptive functioning. Overall, promoting supportive family environments, encouraging healthy peer connections, and addressing socio-economic disparities are essential strategies for enhancing resilience. The study emphasizes that resilience is not fixed but can be strengthened through targeted interventions, providing adolescents with the skills and support necessary to navigate challenges successfully and maintain psychological well-being.

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