Association Of Hope And Resilience With Happiness Among Young Adults

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Abstract:

This research paper investigates the correlation between hope, resilience, and happiness among young adults. At this age a person goes through a lot of life changes which might be overwhelming at times. Hence it is important to have higher level resilience and hope in order to overcome stress and preserve mental health to avoid developing any disorders. A resilient and hopeful person uses healthy coping mechanisms to overcome stress arised from daily life hassles and major life events. People who are resilient and hopeful tend to be happier than people who are not. Resilient people are also optimistic and have good social skills which is again related with happiness. A sample of 103 participants was taken, among which 48 were male participants and 55 were female participants. Their ages ranged from 18-30 years. Self-report questionnaire was provided through google forms. The study finds a significant positive correlation between hope and happiness, suggesting that individuals with higher levels of hope tend to experience greater levels of happiness. Conversely, the research reveals a minimal correlation between resilience and happiness, indicating that resilience does not significantly influence happiness within this sample. Additionally, no significant correlation was observed between resilience and hope. Furthermore, the study shows no gender-based difference. These findings contribute to a deeper understanding of the intricate relationship between hope, resilience, and happiness, shedding light on potential factors that influence subjective well-being. By establishing meaningful connections between hope, resilience, and happiness, this research contributes to the evolving field of positive psychology. Research based on this can be used in clinical setting to treat patients with disorders like depression and hopelessness.

Keywords: Happiness, Hope, Resilience.

Introduction:

In recent decades the existence of a new life stage at ages 18–29, known as emerging adulthood, has been proposed. It is a distinct period from adolescence and young adulthood that has its own demographic, subjective and identity-related characteristics. This is considered a critical period of life, and is the most unstable period of the life span. This period often entails many life transitions in living arrangements, relationships, education and employment. It is a period of heightened instability in which young people experience a series of loving relationships and frequent job changes before making lasting decisions. The important changes of this period generate instability and uncertainty, and a significant mental health risk. Minor daily hassles, or daily stressors, are defined as routine daily life challenges, such as the everyday concerns of work, commuting between work and home, or more unexpected small events that disrupt daily life, such as unexpected work deadlines or malfunctioning computers. It has been suggested that, although minor, interruptions like these may have a more immediate effect on well-being than major life events.

Daily life hassles and also major life events are the main cause of stress. Stress is an inevitable part of our life and hence it is necessary to cope up with stress. Resilience and hope play a major role to overcome stress. It is important to be resilient and hopeful especially during these years of life.

Resilient young adults tend to be easy going, good natured and have social and communication skills. They are independent, feeling that they can shape their own fate and are not dependent on others or on luck. They work with what they have, and they make the best of whatever situation in which they find themselves. The resilient person avoids being a victim, and learns to cope with stress in healthy ways.

Happiness

Happiness, in psychology, is a state of emotional well-being that a person experiences either in a narrow sense, when good things happen in a specific moment, or more broadly, as a positive evaluation of one's life and accomplishments overall—that is, subjective well-being. Happiness can be distinguished both from negative emotions (such as sadness, fear, and anger) and also from other positive emotions (such as affection, excitement, and interest). Happiness is more than just feeling happy emotions rather than sad ones. Happiness does not mean a life free from adversity; in fact, most happy people have as many negative experiences as those who claim they are unhappy. Positive and happy people however, realise that happiness fuels the motivation to grow and endure in hard times. One of the indicators of good mental health is subjective happiness. Subjective happiness is the balance of positive and negative feelings and satisfaction in one's life. In essence, the more that an individual experiences more positive than negative feelings, and the more satisfaction they have in their life, the greater they will feel happiness.

Hope:

Hope as defined by one of the most well-researched cognitive models of hope is composed of three components: goals, agency, and pathway thinking. Snyder defined goals as attainable targets that an individual is working towards. Agency is defined as the motivation or urge to pursue one's goals. Pathway thinking is defined as the ability to think of different ways or pathways to reach one's goals. In essence, agency and pathway thinking work in tandem to help an individual reach their goals. Hope is the belief that the paths to reach one's goals can be found and the motivation in trying out those different paths. From this perspective, a hopeful individual, even under challenging life conditions, has the strength to find alternative solutions and to apply them. Consequently, hope can be seen as a protective factor in mental well-being. Hope has a positive association with subjective happiness and subjective well-being. People who are more hopeful are more creative and show more perseverance in pursuing their goals, which in turn could result in higher levels of happiness by gaining more successful experiences. People who are hopeful see more opportunities and therefore more easily achieve the things that make them satisfied with their life, such as a successful relationship or career. For example, various studies have shown that hope is positively associated with academic, professional and athletic success. People who feel good are usually more open to new situations, relationships and impressions and therefore gain more experience and skills. Moreover, positive emotions would ensure that people can respond with more resilience in negative situations and thus experience fewer negative consequences of setbacks.

Resilience:

One of the demonstrable protective factors in preventing psychological disorders is resilience. Resilience is the speedy recovery and the ability to return to daily functioning, after having experienced stressful life events that have resulted in functional breakdown. In other words, resilience can be viewed as the ability to stay strong during challenging times. Resilience can be considered as an important component in coping

with fear, panic, anxiety, and stress. Resilience has positive associations with variables such as good psychological well-being, subjective well- being, and subjective happiness, all of which are indicators of good mental health. Furthermore, it has also been posited that resilience is not only protective in terms of mental health but also economically and biologically. Psychological resilience allows one to cope successfully with adversities occurring during stressful periods, which may otherwise trigger mental illness. Psychological resilience, the ability to cope with adversity and to adapt to stressful events, varies widely from person to person and depends on environmental as well as personal factors. It refers to positive adaptation, or the ability to maintain mental and physical health despite participating in stressful situations. However, mental health is more than the absence of mental illness. Although resilience is considered a trait in psychology it may present itself in varying degrees across different life domains, times and environment. Psychological factors, such as optimism, self-efficiency, high intelligence, and use of adaptive emotional regulation strategies have all been shown to positively contribute to resilience. If psychological resilience is not effective enough to face adversity, it can lead to mental illness. The success in which young adults deal with stress depends in part on their coping style, their general tendency to deal with stress in a particular way. Hardiness is a personality characteristic associated with a lower rate of stress- related illness. Hardy people react to potentially threatening stressors with optimism, feeling that they can respond effectively.

Review of literature:

1.Psychological vulnerability, resilience, and subjective well-being-The mediating role of hope

The aim of this study was to determine whether hope had a mediating role in the relationship between psychological vulnerability, resiliency, and subjective well-being. Three hundred and thirty-two undergraduate students from two Turkish universities—195 women and 137 men—are participating. The Psychological Vulnerability Scale, Brief Resilience Scale, Dispositional Hope Scale, Satisfaction with Life Scale, and Positive and Negative Affect Schedule were used to gather data. According to the findings of structural equation modelling, hope fully mediates the effect of resilience on subjective well-being and partially mediates the effect of psychological vulnerability. Additionally, a computer programming method identified important relationships between psychological vulnerability, resilience, and subjective well-being via hope. Alternative models showed varying degrees of support for the structural model's variable ordering. This research established that hope directly associated with positive outcomes, adjustment and subjective well- being.

2. The relations between hope and subjective well-being a literature overview and empirical Analysis

Both subjective well-being and hope are multidimensional ideas that include emotion (such as anticipation and affect) and cognition (such as expectations and satisfaction), as well as, to some extent, motivation. Little is known about how various characteristics of hope connect to various dimensions of subjective well-being because the majority of studies only consider one component of hope and subjective well-being. By offering a review of the existing empirical research on hope and subjective well-being, this study hopes to shed light on these linkages. The association between hope and subjective well-being is then further investigated using cross-sectional data of a representative sample of the American population. Positive expectations are only rarely connected with all categories of subjective well-being, according to findings of this study both the literature and empirical analyses, instead cognitive and emotional hope are most significantly related to subjective well-being. This finding suggests that a more agentic hopeful outlook has a greater impact on subjective well-being than more passive positive expectations.

3. Psychological Resilience, Mental Health, and Inhibitory Control Among Youth and Young Adults Under Stress

Psychological resilience allows 1 to cope up successfully with adversity occurring during stressful periods which may otherwise trigger mental illness. Recent models suggest that inhibitory control, the executive control function which supports the goal directed behaviour and regulates emotional response may underlie resilience. However, the ways in which this is manifested during stressful situations in real life are still unclear. In this study examination of the relation between the inhibitory control, psychological resilience, psychological distress and anxiety among 138 female and male participants in a stressful situation during their initial combat training in the military. using a mobile app the researchers assessed inhibitory control using emotional and non-emotional variations. psychological distress and anxiety were assessed using a mobile version of self-report questionnaire.

It was found that psychological resilience is significantly correlated with non-emotional inhibitory control but not with emotional inhibitory control whereas psychological distress and anxiety are correlated with emotional inhibitory control but not with non-emotional inhibitory control. A regression model predicting emotional inhibitory control confirms non emotional inhibitory control and distress as unique contributors to the variance but not psychological distress. In addition, associations between psychological distress and emotional inhibitory control were found only for female participants.

4. Hope's relationship with resilience and mental health during the COVID-19 pandemic

Over the past few years, the COVID-19 pandemic has had an impact on people's finances, physical health, and mental well-being. According to recent studies, the epidemic and its effects have led to an increase in mental health issues such stress, anxiety, and depression. Fortunately, in the midst of the pandemic, resilience characteristics like hope have also been studied. Throughout the COVID-19 epidemic, hope has been demonstrated to be a protective factor against stress, anxiety, and despair. Additionally, hope has been linked to beneficial consequences like posttraumatic growth and wellbeing. These findings have been studied cross-culturally and in communities that have been severely impacted by the epidemic, such as medical professionals and individuals with chronic illnesses. In the midst of a worldwide pandemic, hope's effects are universal and cross-national boundaries. According to these findings, while people are under stress and the pandemic is having an impact on their mental health, hope is a protective resilience element that supports holistic wellness regardless of culture, physical health status, or career. Notably, hope seemed to have the greatest influence in producing favourable results. These findings might support the idea that using hope as a resilience component can help people stay healthy both mentally and physically during difficult situations in the future. Future studies can look into the requirement for longitudinal designs and see if these findings apply to other pandemic-affected populations, like first responders. In conclusion, hope is an important component of resilience and continues to have an influence in the face of global disasters like the COVID-19 epidemic.

5. Resilience, hope and subjective happiness among the Turkish population: Fear of covid- 19 as a mediator

Psychology examines both psychological weaknesses and strengths in people, in addition to mental illnesses. When battling the global new coronavirus 2019 (COVID-19) epidemic, psychological fortitude will be crucial. In order to determine the mediating function of COVID-19, the current study examined a model relating resilience, hope, and subjective happiness using structural equation modelling. An informal sample of 971 Turkish people (aged 18 to 74) from 75 of Turkey's 81 cities participated in a cross-sectional survey. The Subjective Happiness Scale, Fear of COVID- 19 Scale, Brief Resilience Scale, and Dispositional Hope Scale were all included in the survey, and structural equation modelling (SEM) was used to evaluate the data. The SEM showed that fear of COVID-19 was a mediator of the link between resilience-hope and subjective happiness. Subjective happiness was impacted both directly by resilience and indirectly by dread of COVID-19. Through fear of COVID-19, hope also had a direct and indirect impact on one's level of subjective satisfaction. Therefore, in the fight against COVID-19, those who are resilient to stress and have faith in their ability to manage can aid in preventing COVID-19 dread and enhancing good mental health.

6.The Impact of Hope and Resilience on Multiple Factors in Neurosurgical Patients

The aim of this study was to describe and evaluate the effects of stable psychological traits on the psychological and functional outcomes of neurosurgical patients. Patients undergoing neurosurgical procedures encounter mental distress since they must deal with adversity as part of their diagnoses. Despite similarities in diagnoses, different post-neurosurgery outcomes are observed, which are affected by psychological factors. Therefore, it is crucial for both neuropsychology and neurosurgery to have a grasp of how neurosurgical patients behave, think, and feel in relation to their diagnoses, informed by psychological notions. The relationship between receiving a medical diagnosis and how it impacts one's emotional state depends on a range of human traits. Finding protective variables that aid these patients in maintaining mental stability in the face of negative experiences has recently attracted more attention. As a result, evaluating hope and resilience may help predict outcomes in persons managing serious medical diseases, which may have consequences for giving patients who score low on these traits extra care. Supportive services or interventions (like psychological counselling) can be improved by having a better grasp of these fundamental traits and how they relate to emotional stability and coping. Patients may benefit from this in terms of improved quality of life.

Hypotheses:

Based on previous research following hypotheses are stated

H1: Resilience is positively correlated with happiness.

H2: Hope is positively correlated with happiness.

H3: Resilience is positively correlated with hope.

H4: There will be significant gender differences between male and female on happiness.

H5: There will be significant gender differences between male and female on resilience.

Methodology:

Sampling:

The study sample consisted of 103 participants of 55 females and 48 males.Their ages range from 18-30. Sampling was done using purposive/judgemental sampling technique. For resilience scale, mean for male participants is 3.184027779 whereas SD is 0.5714230746. For female participants, mean is 3.15151515 whereas SD is 0.5960023954. In hope scale, mean for male participants is 45.6667 and10.90839. For female participants mean is 49.1636 whereas SD is 8.04562. In happiness scale, mean for male participants is 4.079022989 and the SD is 0.6822032592. For female participants mean is 4.1642633223 and SD is 0.6988519497.

Procedure:

A questionnaire was prepared, which included Dispositional hope scale, brief resilience scale and oxford happiness scale, on google forms. It was distributed through Whatsapp and email. Brief information about the study was mentioned in the form. Informed consent was obtained from the participants. The questionnaire was designed online so that participants could withdraw at any time if they wanted to. Additionally, when they wanted to submit the survey, they were compulsorily asked to answer each item. Therefore, there was no missing data among the surveys that were submitted. SPSS software was used for data analysis.

Demographics:

The following demographics were included:

● Email

● Name

● Gender

● Occupation

● Consent

Measures:

1.Hope:

This was assessed using the Dispositional Hope Scale (DHS; Snyder et al. 1991), a 12-item self- report scale with items (e.g., "I can think of many ways to get out of a jam") responded to on a scale from 1 (definitely false) to 8 (definitely true). The DHS comprises two subscales: agency and pathway. The scale creates three scores, a hope score that is created by summing the agency and pathway items or two separate scores that measure agency and pathways independently by totalling their respective items. Total hope scale scores range from a minimum of 8 to a maximum of 64, while agency and pathway scores range from a minimum of 4 and a maximum of 32 with high scores reflecting high levels of hope (Snyder et al, 1991). The DHS demonstrated extremely good levels of reliability with Snyder et al, (1991) reporting Cronbach alphas of .74 to .84 for overall hope, .71 to .76 for agency thoughts and .63 to .80 for pathway thoughts when sampling student and clinical populations. Further evidence to support the reliability of this scale is demonstrated by the test- retest statistics, which Snyder et al, (1991) reports as being .80 or above for time periods of up to 10 weeks when sampling student populations, no test-retest statistics are available for non-student populations. Snyder (1996) tested the reliability of this scale in four studies that sampled 444 American students.

2.Resilience:

This was assessed using the Brief Resilience Scale (BRS; Smith et al. 2008), a six-item self-report scale with items (e.g., "I tend to bounce back quickly after hard times") responded to on a scale from 1 (strongly disagree) to 5 (strongly agree). The total score ranges between 1.00 to 5.00, with lower scores indicating poorer resilience. The BRS showed good psychometric properties with low to high internal consistency (α = .56–.93) and moderate to high retest reliability (test-retest ICC = .69–.94). In the original validation, the unidimensional scale has been demonstrated to be associated with other resilience measures, personality traits, health outcomes, coping styles, or social relationships (Smith et al., 2008). Finally, in systematic comparisons with other resilience scales, the BRS received some of the highest ratings concerning internal consistency, convergent, and discriminant validity (e.g., Windle et al., 2011).

3.Happiness:

This was assessed using the Oxford Happiness questionnaire(Michael Argyle and Peter Hills), a 29- item self report scale with items (e.g., "i feel that life is very rewarding") responded to on a scale from 1 (strongly disagree) to 6 (strongly agree). The total score ranges between 1 to 6, with higher scores indicating higher level of happiness. The sample consisted of 1,021 high school students in the scholastic year 2005-06, who were selected using multi-stage cluster sampling. The correlation coefficient of the test-retest scores, for measuring reliability, was 0.78 (P < .001). Cronbach's Alpha of the questionnaire's test and retest stages were 0.84 and 0.87 respectively, which are adequate at both stages. In order to assess the questionnaire's validity, several methods were employed. Content validity was estimated by submitting the questionnaire to several expert psychologists, all of whom approved the power of the OHQ in assessing happiness. The overall index of the OHQ revealed a high correlation with each of the 5 factors (O,C,E,A,N) of the NEO personality inventory.

Results:

Table 1

	Male sample 48		Female sample 55		T value
	Mean	SD	Mean	SD	
Agency	22.2083	5.76105	24.1818	5.01143	-1.859
					-1.842
Pathway	23.4583	5.83902	24.9818	3.88964	-1.574
					-1.533
Hope	45.6667	10.90839	49.1636	8.04562	-1.866
					-1.829
Resilience	3.184027779	0.5714230746	3.15151515	0.5960023954	.282
					.282
Happiness	4.079022989	0.6822032592	4.164263323	0.6988519497	-.624
					-.625

Table 2

	Agence	Pathway	Hope	Resilience	Happiness
Agence	1				
Pathway	.713**	1			
Hope	.933**	.918**	1		
Resilience	.244*	.365**	.326**	1	
Happiness	.709**	.605**	.713**	.457**	1

**. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2 tailed)

Interpretation:

Table 2 shows that there is some significant between happiness and resilience which is .457*. There is greater correlation between both the hope factors and overall hope with happiness. Correlation between Hope and happiness is .713**. Agence correlation with pathway factor is .713**. Agence correlation with overall hope is .933**. And agence correlation with happiness is .709**. Pathway correlation with overall hope is .918** and with happiness it is .605**. A total of 103 participants 48 males and 55 females ranging from age 18-30 completed the study. Table 1 lists characteristics of the study sample by gender. There is no significant difference for resilience for male and female participants. There is no difference between male and female participants for hope and also there is a no difference for happiness between male and female participants. Data from psychological scales was analysed. Resilience at some level is positively correlated with happiness. Hope is correlated with happiness at a higher level as compared to resilience. There is no significant correlation between hope and resilience.

Discussion:

Over the past decades, the relation between hope, resilience and happiness has become a topic of increasing interest in several academic disciplines, such as psychology, economics, sociology, and political science. How people perceive the future appears to greatly influence how they behave and experience their current situation, and research on the topic can thus lead to new insights into the drivers of happiness. The aim of this study was to see if there is any correlation between hope, resilience and happiness among young adults ranging from age 18-30. Resilience and hope are important protective factors in preventing mental disorders from developing and have a positive association with increased happiness. Higher levels of happiness are found in this study and are also in line with those reported in the literature. There is a significant correlation between hope and happiness. It is higher for male participants as compared to female participants. There is also some correlation between happiness and resilience. Whereas there is almost no correlation between hope and resilience. Table 2 shows the data for this. Hope has previously been demonstrated to effectively buffer against negative mental health outcomes such as stress, anxiety and depression. Additionally, hope has predicted positive outcomes such as PTG, well-being, and positive health behaviours, such as healthy eating. Hope appeared to be most impactful for engendering positive outcomes. In this study, combination of literature review and an empirical investigation of the relation between different types of hope, resilience

and happiness is done. It can be said that hope and resilience can help reduce stress in young adults. This is the age when a person experiences a lot of daily life hassles and major events which may lead to stress. People who are more resilient and hopeful tend to be happier. They use healthy coping mechanisms to overcome stress. Hopefulness and resilience are also correlated to optimism. Resilient and hopeful people are also optimistic in nature and tend to regulate their emotions. In this study, no significant gender differences are seen because of the participants belonging to same socio-economic status and cultural background. To summarise, hope and resilience are correlated with happiness.

Limitations:

Every study has its own limitations. A limitation of this study is that it used only three variables and a relatively small sample. Future research could test the relations between different types of hope and happiness in a larger sample, comprising more variables. The research was done on a specific age group and results cannot be applied to other age groups. We cannot say if the participant has high hope or resilience as we don't know their emotional state when they answered the questions given in the questionnaire. It was a self - report questionnaire so there are chances that answers are biased. This study included only two genders and results cannot be applied to other gender groups. Also, the sample belonged to same socio-economic and cultural group so results can't be applied to people with different backgrounds. In future research if other groups and cultures are included, gender differences might be seen.

Application value:

Hope, resilience and happiness are terminologies that are used most commonly in positive psychology. Hope is a positive cognitive state based on a sense of successful goal-directed determination and planning to meet these goals. Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals. Nowadays many people are suffering depression because of inability to use resilient methods and coping mechanisms to go on with life. This can be used in clinical settings for patients who suffer with depression, hopelessness and other similar disorders. Since positive psychology focuses on enhancing our overall well-being and life satisfaction, we can use this and work towards having a more fulfilling and joyful life.

Conclusion:

The aim of this study was to see if there is any correlation between hope, resilience and happiness among young adults ranging from age 18-30. Resilience and hope are important protective factors in preventing mental disorders from developing and have a positive association with increased happiness. In conclusion, this study sheds light on the importance of hope, resilience and happiness in our lives. It shows that having hope is linked to overall happiness, while resilience, although no strongly correlated with happiness, still plays a role in our well - being. This study underscores the relevance of positive psychology which focuses on enhancing our overall well-being and life satisfaction. By understanding these connections, we can work towards a more fulfilling and joyful life.

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