The Relationship between Psychological Resilience and Rumination with Coping Skills among the Adolescents in the Care Centers Affiliated to Guilan Welfare Organization

Parisa Zohrabi Kalangestani
MA of Psychology, Department of Psychology, Rasht Branch, Islamic Azad University, Rasht, Iran.

Maghsoud Faghirpoor*
Department of Psychology, Rasht Branch, Islamic Azad University, Rasht, Iran
*Author for Correspondence

Abstract

The current article seeks to examine the relationship between psychological resilience and rumination among the adolescents in the care centers under the control of Guilan Welfare Organization. The research method is of a correlative type, and statistical population is comprised of 123 adolescents in Guilan Children & Adolescents Houses in 2015, which 90 of them were randomly selected and stratified, and the subjects responded to the resiliency, rumination and coping skill questionnaires. The data obtained were analyzed using Pearson correlation and multivariate regression. The results showed that there is a significant relationship between psychological resilience and entire coping components, i.e. there is an inverse significant relationship between mental resilience with emotional, social, and academic, and total coping skills by the values 0.657, 0.449, 0.495, 0.537, respectively. Moreover, there is a significant relationship between rumination and all coping components. Accordingly, there is a direct and significant relationship between rumination and emotional, social, academic, and total coping skill with the values 0.681, 0.439, 0.551, and 0.549, respectively.

Keywords: Psychological Resilience; Rumination; Coping Skills; Adolescents in Care Centers Affiliated to Welfare Organization.
Introduction

Positive psychology approach that underlines man’s talents and capabilities (rather than addressing the anomalies and disorders) has been of interest to psychologists in recent years. The ultimate goal of this approach is to identify structures and procedures whose ultimate goal is to accomplish human well-being and happiness. Thus, the factors that make people more compatible with their everyday needs and life challenges are the most fundamental structures under investigation in this approach. In the meantime, resiliency enjoys a special status in the fields of developmental psychology, family psychology and mental health, so that every day the number of the research relevant with this structure is increasing (Arce et al., 2012). This feature develops through individual inner strength, social skills and interaction with the environment, and is reflected as a positive feature. Resiliency is clearly something more than a mere estimation.

Werner and Smith (1992) regard resilience as an inherent human self-improvement mechanism, and believe that the main characteristic of resilient people is their flexibility rather than their sense of invincibility or safety. Some of the factors that foster resiliency are relevant to intrinsic faculties such as man’s nature, personality, coping strategies, the variables that usually are expressed in a statistical form such as gender, age, higher education, contextual-social factors such as supportive social relationships and access to social bonds (Besharat and Abbaspoor, 2012). Resiliency is one of the concepts and constructs considered in the area of positive psychology, and the terms is applied to describe the dynamic process of positive adaptibility with bitter and unpleasant experiences, and it is something more than being survived from life tribulations (Hagh Ranjbar et al., 2012). Conner and Davidson (2003) believed that resilience is recovery to the initial balance or a higher equilibrium level, thus it can successful compatibility in life. At the same time, positive coping and adjustment to life can be considered both the cause and outcome of resiliency and can bring about higher levels of resiliency. The mentioned authors define the issue as the result of complexity, and also process-based interpretation of resiliency (Kaikhosrovani, Babamiri, Dehghani, 2012).

On the other hand, rumination is a psychological feature that is visible in some people. Rumination can impact depressive personality, and negatively increase the effects of negative mood on problem-solving and motivation. Various research introduce different factors such as emotional disorders, excessive controlling parents, repulsive parents, sexual, emotional and physical harassment experiences in childhood as the main contributors to rumination in adulthood. In addition, in examining the relationship between rumination and depression, it was found that negative emotions of the patients who have previously experienced depression are significantly correlated with rumination and depression symptoms. Lyubomirsky (1998) in a research showed that rumination is associated with the higher levels of depression symptoms. Watkins (2001) in its research indicated that greater willingness to do intellectual rumination is associated with the need to understand the situation, individual importance of situation, and situational analysis strategies (Siegle, 2006).

One of the key strategies in dealing with resilience and rumination is coping skills. Coping skills encompass different components including verbal and communication skills. Verbal skills are the conscious application of verbal symbols to encourage others to do the work consciously, effective listening, a person’s ability to understand and draw attention to others’ suggestions, comments and questions. Feedback skill is the presentaion of the message result so that the sender becomes aware of the message and how to receive and understand it. It is noteworthy that a person may
spend 75% of its time to face-to-face communication, and about half of the time is spent for listening. The main cause of many individual and organizational problems is the lack of effective communication and generally communicative misunderstanding (Duffy et al., 2011). Communication skills as a set of social skills in a three-step pattern include receiving skills, processing skills, and sending or response skills. Receiving skills are usually concerned with the accurate understanding of messages and social stimuli under different situations. Evaluation and analysis of the received message and find the right answers to give proper feedback is related to processing stage. Finally, the choice of instruments, moods, words and how to provide feedback and respond to the message received is concerned with sending stage (Khajeddin et al, 2011). With this interpretation of communication skills, it could be said that in the course of social development, each of the students are required to obtain communication skills for promotion and accomplishment of their talents. Such type of skill learning begins with the family in socialization process, and it gradually develops in school and society depending on personal development and age. In this regard, school and peers play the most prominent role (Jafari, 2009).

Several definitions have been presented on social coping. Slebiogora regards social coping as synonymous with social skills, and believes it is the ability to interact with others in a particular manner based on acceptable norms. In this regard, the question raised in the current research is that is there a relationship between mental resiliency and ruminaton with coping skills among the adolescents in the caring centers affiliated to Guilan Welfare Organization?

**Methodology**

The current research is descriptive in terms of the type, correlational in terms of methodology, applied in terms of objective, and field-based in terms of implementation procedure. The statistical population is comprised of all adolescents living in Guilan Children and Young Care Centers in 2015. According to available statistics, the number of the subjects was 123. Thus, the number of the study population was decided to be 90 people. For sample selection, Morgan table was used. In this study, due to the expanded range of the statistical population and dispersion of the centers, stratified random sampling method was applied to avoid the possible accumulation of statistical samples at a certain center and also due to the unequal number of people in the population. For data collection, the following questionnaires were used:

**Connor-Davidson Resilience Scale:** This scale was developed in 2003 and is applicable to people 15 years old and above. The scale has 25 items that are ranked in a Likert scale ranging from zero (completely false) to four (always true). The minimum and maximum scores on this scale are 0 and 100, respectively. The validity results of this test showed that the non-resilient and resilient people could be distinguished properly (Kunar and Davidson, 2003). In a study on a sample of Spanish entrepreneurs, using factor analysis method, the test validity was confirmed, and using Cronbach's alpha, the internal consistency of this test was calculated to be 0.75 (Garcia and Calvo, 2013). In Iran, psychometric characteristics of this test is confirmed and its internal consistency is calculated using Cronbach’s alpha to be 0.89. In addition, the reliability of its retest is r=0.73 (Mohammadi, 2002).

**Rumination Questionnaire:** The questionnaire was designed by Tranell & Campbell (1999) and has 12 items in 5-point Likert scale ranging from 0 to 4. In this case, 0 is indicative of the very opposite option, 1= somewhat disagree, 2=nor agree nor disagree, 3= somewhat disagree, and 4=strongly agree. The minimum scale in the questionnaire is 0 and the maximum score is 48.
Yousefi et al. (2008) calculated the questionnaire reliability using Cronbach's alpha coefficient, and the resultant value was 83%.

**Coping Skill Inventory:** this questionnaire was designed by Sinha and Sing (1993) and it is applied to evaluate coping skill. The questionnaire has 60 items and can measure three coping types including emotional, social and academic coping. The score relevant to each questionnaire is considered as the coping signs. The maximum score of secondary scale is 20 and total coping is 60. Using alpha Cronbach coefficient, Navidi (2008) calculated the questionnaire reliability for total, academic, emotional, and social coping that the values obtained were 0.082, 0.070, 0.068, 0.065%, respectively. In this research, to determine the questionnaire reliability and also the items’ internal consistency, alpha Cronbach coefficient was used. Accordingly, first, a questionnaire in a pilot design among a group of 30 people was implemented, and then the reliability of the mental resilience questionnaire, the rumination questionnaire and coping skill questionnaire was calculated to be 0.079, 0.078, and 0.087%.

To present the research results, inferential and descriptive statistics were used: 1) For data description, descriptive statistics including dispersion indicators and central disposition were used. 2) For data analysis, given the scales applied for measuring the research hypotheses, Pearson parametric statistical tests and multiple variable regression were utilized.

**Findings**

After collecting the questionnaires and extracting the relevant data, the findings were analyzed considering each of the hypotheses. In this part, the research findings for each hypothesis are presented. The research has two hypotheses, and the results obtained after performing statistical methods are as below:

**First hypothesis:** there is a relationship between mental resilience and coping skills among the adolescents in the care centers affiliated to Guilan Welfare Organization.

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Resilience</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional coping</td>
<td>0.537</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Coping</td>
<td>0.495</td>
<td>0.504</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Coping</td>
<td>0.449</td>
<td>0.395</td>
<td>0.136</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total Coping</td>
<td>0.657</td>
<td>0.856</td>
<td>0.714</td>
<td>0.681</td>
<td>1</td>
</tr>
</tbody>
</table>

***P<0.001 **P<0.01 *P<0.05

Given the results obtained from above table, the correlation coefficient calculated at P<0.001 is significant. This result indicates that there is a significant relationship between mental resiliency and all of the coping components, such that mental resiliency has a significant correlation with emotional, social, academic, and total coping with the values 0.657, 0.449, 0.495, and 0.537, respectively.
Table 2: The function of resilience on coping skills among the adolescents in the caring centers affiliated to Guilan Welfare Organization

<table>
<thead>
<tr>
<th>Predictor: (constant value); mental resiliency</th>
<th>Criterion: coping skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to above table, R = 0.657, and R² Modified was obtained to be 0.425. P &lt; 0.001 and R² Modified, and F = (1, 88) = 66.748 indicated that there is a significant correlation between mental resilience and coping skills of the adolescents in the caring centers. In other words, 42.5% of the changes in the adolescents’ coping skills can be explained through the changes in mental resilience.</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: The function of mental resilience on predicting the coping skills of the adolescents in the caring centers

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Resilience</td>
<td>1</td>
<td>-0.716</td>
<td>-0.088</td>
<td>-0.657</td>
<td>-0.172</td>
</tr>
<tr>
<td>Emotional Coping</td>
<td>0.716</td>
<td>1</td>
<td>-14.334</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Social Coping</td>
<td>0.549</td>
<td>0.504***</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Academic Coping</td>
<td>0.551***</td>
<td>-0.395***</td>
<td>0.136***</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total Coping</td>
<td>0.681***</td>
<td>-0.856***</td>
<td>0.714***</td>
<td>0.681***</td>
<td>1</td>
</tr>
</tbody>
</table>

Based on what was indicated above, and also the above table, the following regression equation can be applied for predicting coping skills of the adolescents in the caring centers.

(Mental resiliency) (-0.716) (constant value) 77.284 = coping skills

Second hypothesis: the relationship between rumination and coping skills among the adolescents in the caring centers.

Table 4: Pearson correlation coefficient regarding rumination and coping skills

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Resilience</td>
<td>1</td>
<td>-0.549***</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Emotional Coping</td>
<td>0.504***</td>
<td>0.504***</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Social Coping</td>
<td>0.439***</td>
<td>0.395***</td>
<td>0.136***</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Academic Coping</td>
<td>0.681***</td>
<td>-0.856***</td>
<td>0.714***</td>
<td>0.681***</td>
<td>1</td>
</tr>
</tbody>
</table>

***P < 0.001 **P < 0.01 *P < 0.05

Given the results obtained from above table, the correlation coefficient calculated at P < 0.001 is significant. This result indicates that there is a significant relationship between rumination and all
of the resiliency components, such that rumination has an inverse significant correlation with emotional, social, academic, and total coping with the values 0.681, 0.439, 0.551, and 0.549, respectively.

Table 5: the function of rumination on predicting adolescents’ coping skills in the care centers

<table>
<thead>
<tr>
<th>Total Square</th>
<th>df</th>
<th>Mean Sq.</th>
<th>F</th>
<th>sig</th>
<th>R</th>
<th>R² Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>1690.83</td>
<td>1</td>
<td>1690.83</td>
<td>76.182</td>
<td>0.001</td>
<td>0.681</td>
</tr>
<tr>
<td>Residual</td>
<td>1965.12</td>
<td>88</td>
<td>22.195</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3643.95</td>
<td>89</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Predictor: (constant value); rumination
Criterion: coping skills
According to above table, R=0.681, and R² modified was obtained to be 0.458. P<0.681 and R² Modified, and F=(1, 88)=76.182 indicate that there is a significant correlation between rumination and coping skills of the adolescents in the caring centers. In other words, 45.8% of the changes in coping skills can be explained through rumination.

Table 6: the function of rumination on predicting adolescents’ coping skills in the care centers

<table>
<thead>
<tr>
<th>Non-Standardized Co.</th>
<th>Standardized Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>St. Error</td>
</tr>
<tr>
<td>Constant Value</td>
<td>21.052</td>
</tr>
<tr>
<td>Rumination</td>
<td>0.572</td>
</tr>
</tbody>
</table>

Based on what was indicated above, and based on the above table, the following regression equation can be used for predicting the coping skills of the adolescents in caring centers.
(Rumination) 0.572+ (constant value) 21.052= life satisfaction

Discussion and conclusion
To accomplish the objectives of the present research, two hypotheses were designed and then developed. After the tool was administered among the sample population, the relevant data were analyzed which the results are as below:

First hypothesis: there is a relationship between mental resilience and coping skills among the adolescents in the caring centers.
The results from correlation coefficient calculated between mental resilience and coping components are indicative of the significance at the level P<0.001, such that there is a direct and significant correlation between mental resiliency and emotional, social, academic and total coping with the values 0.657, 0.449, 0.495, and 0.537. Moreover, in the regression, R=0.657, and R² modified was calculated to be 0.425. F(1, 88)=66.784 and P<0.001 showed that the correlation between mental resiliency and coping skills in adolescents in the caring systems is significant. In
other words, 42.5 percent of the changes in coping skills in the caring centers could be explained by psychological resilience changes. This finding has been confirmed in some research such as Nouri Saeid, Akbari and Salari (2014), Albokordi et al. (2012), Zabihi, Niusha and Mansouri (2012), Stewart and Yun (2011), Theresa (2011), Kaufman et al. (2011), Shine and Simkim (2008), Campbell and Sils et al. (2007). To explain this relationship, it should be noted that adolescence is a period when people should fulfill their social roles in peer groups and in relationship with opposite sex, and learn social skills, provide the conditions and requirements in training sites, and to decide on the future of their profession. Each of the above requires coping capabilities and coping skills. Social coping and ability to cope with primary problems is the first characteristic of a living creature. The coping in terms of emotional, social, and academic factors is necessary for everyday life, which the significance of the issue is doubled during the adolescence because of adolescents’ constant attempt to shape their own identity (Devisoon, Baker and Williams, 2011).

In the area of academic coping, resilience as a psychological capital can increase sense of efficacy among the adolescents and enhance their future prospective, thus it will boost their learning. Accordingly, such group of people make much effort to accomplish their own academic objectives, and in case they encounter problems they can find alternative paths to achieve their goals. By enhancing resiliency, man can show resistance to stressfull and anxious factors, and also the factors that can cause many mental problems in a person and overcome the relevant problems (Besharat & Abbaspour, 2012).

**Second hypothesis:** there is a relationship between rumination and coping skills among the adolescents in the care centers.

The results from correlation coefficient indicate that there is a relationship between rumination and coping skills among the adolescents in the caring centers (P<0.001), such that there is an inverse and significant correlation between rumination and emotional, social, academic and total coping with the values -0.681, -0.439, -0.551, and -0.549. Moreover, in the regression, R=0.681, and R² Modified was calculated to be 0.458. F(1, 88)=76.182 and P<0.001 showed that the correlation between rumination and coping skills among the adolescents in the caring systems is significant. In other words, 45.8 percent of the changes in coping skills could be explained by psychological resilience changes. This finding has been confirmed in some research including Kuohzadi and Makvandi (2005), Fahimi et al. (2014), Asadi Mojrej et al. (2012), Behzadpour et al. (2012), Feili et al. (2012), Chan et al. (2013), Spada et al. (2012), Sheperd and Larken (2011), and Clark (2011). To explain this finding, it could be said that man in the young age seeks to achieve identity and requires more coping. This is because adolescence is a critical period and adolescent’s coping in this period is subject to extremely grave changes emotionally, physically and mentally. The coping means the relationship between individual and environment which enables him to respond to its needs and motivations. A person can benefit from coping skills when he is able to establish a healthy relationship between himself and environment and when succeed in satisfying its aspirations. In fact, environment coping is a skill that must be learnt and its quality like other lessons depends on the amount of individual interest and attempt (Moradpour et al., 2013). In addition, according to the research findings, and to improve the situation and based on current assumptions, the following proposals are presented:

- Based on the findings, it is suggested that caring centers affiliated to Iranian welfare organization utilize psychology teachers and hold workshops to introduce the importance of rumination and resiliency in adolescents.
- Based on the research findings and the function of the two factors namely rumination and resilience, much attempt must be made to consider this variable among the adolescents more than before, such that brochures can be prepared and presented to them.
- It is recommended that to use psychological treatment to improve the adolescents’ coping skill in caring centers.
References


