The effect of resilience on depression and life satisfaction

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ABSTRACT

The purpose of this study was to evaluate and determine the nature of the connection that exists among resilience, life satisfaction and depression. The sample consisted of 57 different persons. Everyone who took part in the study was anywhere between the ages of 18 and 68. All of the ethical recommendations that should be followed when performing psychological testing were carefully considered and carried out as intended. The sample consisted of different 27 female participants and 29 different male individuals, and 1 other individuals. The Brief Resilience Scale by Smith B.W , Dalen, J Wiggins, life satisfaction scale by Diener and CESD-R by Radloff were employed to assess the variables in this study. The study's results supported the working hypothesis.

Pearson Correlation, which was used to analyse the association between resilience as an independent variable and the other two variables as dependent variables, life satisfaction and depression, led to the discovery of the result. It was found that there was a weak negative correlation between resilience and depression, while the resilience and life satisfaction had a weak positive correlation.This analysis was used to determine how resilience impacts life satisfaction and depression. The findings did not have an adequate amount of significance.

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INTRODUCTION

AIM: To study the effect of resilience on depression and life satisfaction.

Resilience: The ability to cope with and recover from setbacks is referred to as resilience. Resilient people remain calm in the face of disaster. People who have psychological resilience can use their skills and strengths to respond to life's challenges, which can include:

A loved one's death

Divorce

Concerns about money

Illness

Loss of employment

Emergencies in medicine

Natural catastrophes

Resilient people frequently possess a variety of characteristics that aid them in dealing with life's challenges. Among the signs of resilience are:

A survivor mentality: People who are resilient see themselves as survivors. They understand that even when things are difficult, they can persevere until they succeed.

Effective emotional regulation: The ability to manage emotions in the face of stress characterises resilience.

This is not to say that resilient people do not feel strong emotions like anger, sadness, or fear. It means they understand those feelings are fleeting and can be managed until they pass.

Feeling in control: Resilient people have a strong internal locus of control and believe that their actions can influence the outcome.

Some people are naturally resilient, with personality traits that allow them to remain calm in the face of adversity. These behaviours, however, are not just inherited traits found in a select few. Resilience is the result of a complex combination of internal and external factors such as genetics, physical fitness, mental health, and environment.

Another important factor that contributes to resilience is social support. Mentally strong people typically have the support of family and friends to help them through difficult times.

Resilient people also have characteristics such as:

Being an effective communicator

Having a locus of control within oneself

Emotional intelligence and effective emotion management

Possessing a positive attitude toward oneself and one's abilities

Possessing the ability to make and stick to realistic plans

Seeing themselves as combatants rather than victims of circumstance.

Resilience is the psychological strength that allows people to cope with stress and adversity. 8 It is the mental reservoir of strength that people can call on in times of need to keep them going without breaking down. Psychologists believe that resilient people are better able to deal with adversity and rebuild their lives after adversity.

Dealing with loss or change is an unavoidable part of life. Everyone, to varying degrees, suffers setbacks at some point in their lives. Some of these difficulties may be minor (not being admitted to a class or being turned down for a promotion at work), while others can be disastrous on a much larger scale (hurricanes and terrorist attacks).

Such experiences may overwhelm those who lack resilience. They may dwell on problems and employ counterproductive coping strategies to deal with them.

Disappointment or failure may motivate them to engage in unhealthy, destructive, or even dangerous behaviours. These people recover from setbacks more slowly and may experience more psychological distress as a result.

Stress and difficulties in life are not eliminated by resilience. 10 People with this trait do not see life through rose-coloured glasses. They understand that setbacks occur and that life can be difficult and painful at times. They still have negative emotions after a tragedy, but their mental outlook allows them to work through them and recover.

People who are resilient have the strength to face problems head on, overcome adversity, and move on with their lives. Following large-scale traumas such as terrorist attacks, natural disasters, and the COVID-19 pandemic, many people demonstrated resilience behaviours, and as a result, they experienced fewer symptoms of depression.

While some people are naturally more resilient than others, it is also a skill that can be developed. Positive thinking, getting support from others, and focusing on what can be controlled are all effective strategies. Good stress management abilities can also promote increased resilience.

While previous research suggested that most people are resilient, a 2016 study discovered that resilience in the face of events such as spouse death, divorce, and unemployment is less common than previously thought. 13 Such findings point to the need for interventions and support in the aftermath of stressful or traumatic life events.

Language learning and communication have proven to be helpful factors in developing resilience in people who travel, study abroad, work internationally, or find themselves as refugees in countries where their native language is not spoken. According to British Council research, there is a strong link between language and resilience in refugees. According to their language for resilience research, which was conducted in collaboration with institutions and communities from the Middle East, Africa, Europe, and the Americas, providing adequate English-learning programmes and support for Syrian refugees builds resilience not only in the individual, but also in the host community. Their findings revealed five major ways in which language promotes resilience: development of home language and literacy; access to education, training, and employment.

Related factors:

1. Significant research on the relationship between positive emotions and resilience can be found in scientific literature. According to research, maintaining positive emotions in the face of adversity promotes flexibility in thinking and problem solving. Positive emotions play an important role in assisting an individual in recovering from stressful

experiences and encounters. Having said that, maintaining a positive emotionality helps to offset the physiological effects of negative emotions. It also promotes adaptive coping and the development of long-term social resources.

2. Many studies show that social support is the most important factor in the development of resilience. While there are numerous competing definitions of social support, the majority can be thought of as the degree of access to, and use of, strong ties to other individuals who are similar to oneself. Social support necessitates not only the presence of relationships with others, but also the presence of solidarity and trust, intimate communication, and mutual obligation both within and outside the family.

3. A study was carried out among high-achieving professionals who seek challenging situations that necessitate resilience. The study looked at 13 high achievers from various professions who had all faced workplace challenges and negative life events during their careers but had also been recognised for their outstanding achievements in their respective fields. Participants were interviewed about their workday experiences as well as their resilience and thriving. Positive and proactive personality, experience and learning, sense of control, flexibility and adaptability, balance and perspective, and perceived social support were discovered to be six major predictors of resilience in the study. High achievers were also found to participate in a variety of activities unrelated to their work, such as hobbies, exercise, and organising meetups with friends and loved ones.

4. Other factors associated with resilience include the ability to make realistic plans, having self-confidence and a positive self image, developing communication skills, and the ability to manage strong feelings and impulses. Temperament andconstitutional disposition are regarded as important factors in resilience. It is one of the necessary precursors of resilience, along with warmth in family cohesion and access to prosocial support systems. The appetitive system, defensive system, and attentional system are the three temperamental systems that contribute to resilience. hobbies, exercising, and organising get-togethers with friends and loved ones.

Life satisfaction: Life satisfaction (LS) is a measure of a person's well-being that takes into account mood, relationship satisfaction, goals achieved, self-concepts, and self-perceived ability to cope with life. Life satisfaction entails a positive attitude toward one's life rather than an evaluation of current feelings. Life satisfaction has been measured in relation to economic status, education level, experiences, place of residence, and other factors. Life satisfaction is an important component of subjective well-being. There are numerous factors that influence subjective well-being and life satisfaction. Gender, age, marital status, income, and education are all socio-demographic factors. Health and illness, functional ability, activity level, and social relationships are all examples of psychosocial factors. As people age, they tend to gain more life satisfaction.

Life satisfaction influencing factors:

Personality

A meta-analysis using The Big Five personality model discovered that low neuroticism was the strongest predictor of life satisfaction among the Big Five. Life satisfaction is alsopredicted by openness to new experiences.

Aside from the Big Five model, a person's chronotype correlates with life satisfaction;morning people ("larks") reported higher life satisfaction than evening people.

Life satisfaction is also influenced by socialisation. People who are socially engaged are more satisfied with their lives.

Because a person's genes influence their life satisfaction, life satisfaction is partially heritable. One study discovered no significant differences in the heritability of life satisfaction between men and women.

Self-esteem

According to several studies, self-esteem is a strong predictor of life satisfaction.

Life perspective

An individual's mood and outlook on life have a significant impact on their perception of their own life satisfaction. Hope and optimism are two correlating emotions that may influence how people perceive their lives. Both of these emotions are composed of cognitive processes that are typically oriented toward goal perception and achievement. Furthermore, optimism is associated with higher life satisfaction, whereas pessimism is associated with depression symptoms.

Martin Seligman claims that the happier people are, the less they focus on the negative aspects of their lives. Happier people are also more likely to like other people, whichcontributes to a happier life.

Age

According to popular belief, age and life satisfaction have a "U-shape," with life satisfaction decreasing towards middle age and then increasing as people get older. Other researchers have discovered no general age trend in life satisfaction, arguing that Blanchflower and Oswald's work is flawed due to the inclusion of inappropriate control variables (which cannot affect how old someone is). Yuval Pali and Dov Shmotkin, psychologists, studied people mostly in their nineties. This subject group was discovered to be very proud of their past and present. However, the group as a whole was pessimistic about their prospects. These people were happy with their lives until they were polled, but they knew the end was near (and thus were not happy). Intelligence is also a factor because life satisfaction increases with age; as people age, they become wiser and more knowledgeable, and they begin to see that life will be better and understand the important things in life more.

Life events and encounters

Several factors, including one's unique life events and experiences, contribute to and influence one's self-reported levels of life satisfaction. These include both acute events (for example, the death of a loved one) and chronic, day-to-day experiences (e.g., ongoing family discord). Harvard lecturer Tal Ben-Shahar argues in his book Happier: Learn the Secrets to Daily Joy and Lasting Fulfilment that happiness should be one's ultimate goal, the primary factor in weighing alternative options. Happier, as the subtitle suggests, advocates pursuing immediate joyful experiences in ways that contribute to more long-term, meaningful satisfaction. Ben-Shahar goes on to argue that pursuing genuine self-motivated goals, rather than just instant gratification or selflessness in service of long-delayed enjoyment, leads to happiness.

Seasonal variations

A recent study compares life satisfaction by weekdays (weekend neurosis), days of the month (negative effects towards the end of the month), and year with gender and education and highlights the differences observed. An onset of depression, known as seasonal affective disorder, can affect us primarily during the winter months of the year (SAD). It occurs on a regular basis, beginning in the fall or winter and ending in the spring or summer. Those who have this disorder are said to have a history of major depressive or bipolar disorder, which may be hereditary, with a family member also affected.

Values It is proposed that overall life satisfaction stems from within an individual and is linked to better physical health, higher performance, and stronger social relationships. How happy you are with your life is important for your overall well-being. It may be family for some, love for others, or money or other material items for others; in any case, it varies from person to person. Economic materialism can be thought of as a value. Previous research discovered that materialistic people were predominantly male, and that materialistic people reported lower levels of life satisfaction than non-materialistic people.

Culture

Culture is defined by deeply ingrained societal values and beliefs. Culture has an impact on one's subjective well-being. Well-being encompasses both general life satisfaction and the relative balance of positive and negative affect in daily life. Culture directs attention to various sources of information in order to make life satisfaction judgments, thereby influencing subjective well-being appraisal. Individualistic cultures focus on inner states and feelings (such as positive or negative effects), whereas collectivistic cultures focus on

external sources (such as adhering to social norms or fulfilling one's duties). Indeed, it was discovered that the correlation between life satisfaction and the prevalence of positive effects is stronger in individualistic cultures, whereas affect and conformity to norms are equally important in collectivistic cultures.

Family

Family life and household circumstances can have an impact on life satisfaction. Family life satisfaction is an important topic because everyone is influenced by their family in some way, and most people strive for high levels of satisfaction in life as well as within their own family. According to studies, the ability of family members to jointly realise their family-related values in behaviour improves family life satisfaction. It is critical to examine family life satisfaction from all family members' perspectives, both perceived and ideal. Communication and understanding each member's attitudes and perceptions lead to increasedlife satisfaction within a family. A person's life satisfaction can be greatly influenced by hisor her family.

Marriage

Marriage has a correlation with life satisfaction, but the causality is debatable. Many studies fail to consider whether self-selection influences the relationship between marriage and life satisfaction. In other words, it is possible that happier people are more likely to marry, casting a different light on the effects of marriage. Myers stated, "People who are happy may make better marriage partners. They are more socially appealing because they are more pleasant, outgoing, and concerned with others."

Education

According to some research, those with higher levels of education have higher levels of life satisfaction. This could be because college graduates and those with higher education levels report working in more meaningful, engaging, and secure fields and positions than their less educated counterparts. As a result, those who work in more secure and meaningful jobs are more likely to report success.

Career

A fulfilling career is an important component of overall happiness. Doing something meaningful in a productive capacity increases one's sense of fulfilment in life. This concept of achievement is linked to a person's drive. The desire for accomplishment is a necessary part of becoming a fully functional person, and when someone feels accomplished in their career status, they are more likely to be optimistic about their life and future, therebyimproving their life satisfaction.

Social Stories

According to Daniel Kahneman, "life satisfaction is linked to a large degree to social yardsticks-achieving goals, meeting expectations." Based on this premise, Paul Dolan proposes that social yardsticks are an essential component of 'social narratives,' which he defines as "meta-social preferences that people in general consciously or unconsciously striveto fulfil." A classic social narrative would be: "getting married and having children is necessary for a female to be happy and fulfilled." From an evolutionary standpoint, such

inclination is most likely the result of our strong innate drive for culture-learning, in which we have evolved to trust and rely more on information embedded in our communities than on our own personal experiences or intuitions. While our 'addiction to culture' has been shown to be an evolutionary successful strategy, pursuing social narratives has mixed results in modern society in terms of achieving happiness and life satisfaction. Overall, focusing too much on achieving social narratives may divert people's attention away from what actually increases their life satisfaction level. This is known as "a narrative trap."

DEPRESSION:

Depression is a mental state characterised by low mood and aversion to activity that affects over 280 million people of all ages (roughly 3.5% of the global population). Depression, which is classified medically as a mental and behavioural disorder, affects a person's thoughts, behaviour, motivation, feelings, and sense of well-being. Anhedonia is the primary symptom of depression, and it refers to a loss of interest or a loss of pleasure in activities that normally bring people joy. Depressed mood is a symptom of some mood disorders, such as major depressive disorder or dysthymia, a normal temporary reaction to life events, such as the loss of a loved one, and a symptom of some physical diseases. It may include sadness, difficulty thinking and concentrating, as well as a significant increase or decrease in appetite and sleeping time. People suffering from depression may experience feelings of despair, hopelessness, and suicidal ideation. It can be either short or long term. Depressed mood may not necessitate professional intervention and may be a normal temporary reaction to life

events, a symptom of a medical condition, or a side effect of certain drugs or medical treatments. A prolonged depressed mood, especially when combined with other symptoms, may indicate a psychiatric or medical condition that requires treatment. Antidepressantsshould not be used routinely for the initial treatment of mild depression, according to the UK National Institute for Health and Care Excellence (NICE) 2009 guidelines, because the risk- benefit ratio is poor. Physical activity can help protect against the onset of depression.Physical activity can also help to reduce depressive symptoms by releasing neurotrophic proteins in the brain, which can help to rebuild the hippocampus, which may be damaged dueto depression. Yoga could also be considered an adjunctive treatment option for patients with depressive disorders and people who have high levels of depression. Another alternative formof treatment is reminiscence of old and fond memories, which is especially beneficial for the elderly who have lived longer and have had more life experiences. It is a technique that causes a person to recall memories from their own life, resulting in self-recognition and the identification of familiar stimuli. It is a technique that stimulates people to view their lives ina more objective and balanced manner, causing them to pay attention to positive information in their life stories, which successfully reduces depressive mood levels.

Life events

Childhood adversity, such as bereavement, neglect, mental abuse, physical abuse, sexual abuse, or unequal parental treatment of siblings, can all contribute to adult depression.Childhood physical or sexual abuse, in particular, is significantly associated with the survivor's lifetime risk of depression.

Personality

Changes in personality or in one's social environment can have an impact on depression levels. High neuroticism scores increase the likelihood of developing depressive symptoms aswell as all types of depression diagnoses, and depression is associated with low extraversion. Other signs of personality include: short-term hopelessness, loss of interest in activities that used to be a part of one's life, sleep disruption, withdrawal from previous social life, appetite changes, and difficulty concentrating.

Alcoholism

Alcohol is a depressant that slows down some areas of the brain, such as the prefrontal and temporal cortex, impairing rationality and memory. It also reduces serotonin levels in the brain, which may increase the likelihood of depression.

Bullying

Bullying and other forms of social abuse are defined as actions that target and harm vulnerable people. A study was conducted to determine whether individuals would have a higher level of depressive mood when exposed to daily acts of negative behaviour in order to capture a day-to-day observation of the relationship between the damaging effects of social abuse, the survivor's mental health, and depressive mood. The findings concluded that being exposed to abusive behaviours such as bullying on a daily has a positive relationship with depressed mood on the same day.

You will react to stressful events differently than the people around you, and even your relatives, depending on your genetic makeup and a variety of other factors. Some people are naturally energised by a challenge, even if it is frightening or intimidating, and can't wait to

conquer it. Others feel dwarfed by stress and simply want to hide from it; this is known as depression. Researchers and psychologists have long tried to figure out why people react so differently to stress, and a new study provides more insight into what's going on in the brain to explain this disparity in responses.

Divergent thinking is defined as a thought process that fosters creativity in ideas by investigating a wide range of potential solutions. A depressed mood reduces the possibility of divergent thinking by reducing the fluency, variety, and extent of originality of the possible ideas generated. Some depressive mood disorders may be beneficial to creativity. Christa Taylor was able to conclude that there is a clear positive relationship between creativity and depressive mood after identifying several studies and analysing data involving individuals with high levels of creativity. A possible explanation is that being depressed can lead to new ways of perceiving and learning about the world, but this cannot account for certain depressive disorders. The direct relationship between creativity and depression remains unknown, but research on this correlation has revealed that individuals suffering from a depressive disorder may have higher levels of creativity than a control group and would be aninteresting topic to follow depending on how creativity is perceived and demanded in the future.

AARON BECK'S EXPLANATION:

Aaron Beck is a well-known cognitive theorist. He studied people who were depressed and discovered that they rated events negatively.

Beck (1967) identified three mechanisms that he thought were responsible for depression:

1. The cognitive triad (of negative automatic thinking)

2. Negative self schemas

3. Errors in Logic (i.e. faulty information processing)

The cognitive triad refers to three types of negative (helpless and critical) thinking that are common in people who suffer from depression: negative thoughts about the self, the world, and the future. Depressed people's thoughts tended to be automatic, as they occurred spontaneously.

Depressed people, for example, have a tendency to see themselves as helpless, worthless, and inadequate. They interpret world events in an unrealistically negative and defeatist manner, and they see the world as presenting insurmountable obstacles and they have absolutely no hope for the future. When three components interact, they interfere they lead to impaired cognitive processing, perceptual defects and memory and problem solving issues because the person becomes obsessed with these negative thoughts. Beck believed that people who are prone to depression develop a negative self-schema. They have a set of negative and pessimistic beliefs and expectations about themselves. Beck asserted that negative schemas can be acquired as a result of a traumatic event as a child. A negative self-schema, on the other hand, predisposes the individual to depression, so someone who has acquired a cognitive triad will not necessarily develop depression. This negative schema must be activated later in life by some kind of stressful life event. When the negative schema is activated, it appears that a number of illogical thoughts or cognitive biases dominate thinking.The cognitive triad exacerbates and is exacerbated by such thoughts. Beck believed that these thoughts or ways of thinking had become habitual. When a person's stream of automatic thoughts is predominantly negative, one would anticipate depression. Even in the face of contrary evidence, these negative thoughts will frequently persist.

LEARNT HELPLESSNESS EXPLANATION:

Martin Seligman (1974) proposed learned helplessness as a cognitive explanation for depression. Depression, according to Seligman's learned helplessness theory, occurs when a person realises that their attempts to escape negative situations are futile. As a result, they become passive, enduring unpleasant stimuli or environments even when escape is possible. Seligman based his theory on dog research. A dog put into a partitioned cage learns to escape when the floor is electrified. If the dog is restrained whilst being shocked it eventually stops trying to escape. Dogs subjected to unavoidable electric shocks later failed to escape even when it was possible. Furthermore, they displayed some of the symptoms of depression seen in humans (lethargy, sluggishness, passive in the face of stress and appetite loss).Seligman (1974) used this to explain depression in humans as learned helplessness, in which theindividual gives up trying to influence their environment because they have learned that they are helpless as a result of having no control over what happens to them. Although Seligman's account may explain depression to some extent, it fails to take cognitions into account(thoughts). As a result, Abramson, Seligman, and Teasdale (1978) proposed a cognitive version of the theory, reformulating learned helplessness in terms of attributional processes (i.e. how people explain the cause of an event). The depression attributional style is based on three dimensions: locus (whether the cause is internal - relating to the person themselves - or external - relating to some aspect of the situation), stability (whether the cause is stable and permanent or unstable and transient), and global or specific (whether the cause relates to the 'whole' person or just some specific feature characteristic).

REVIEW OF LITERATURE

S no.	Title of research paper	Author	Sample size	Variable	Instruments used	Findings among variables
1.	Stress and Depression	Constance Hammen	N/A	Stress and depression	N/A	Many of the findings are based on Life Eventsand Difficulties by Brown and Harris (1978). According to the schedule, stressors were 2.5 times more likely in depressed patients. In community samples, 80% of depressed cases outperformed controls and were preceded by significant life events.

2.	Depressed or satisfied? The relationship between the dark triad traits,	Bruno Bonfá-Araujo & Ariela Raissa Lima-Costa	Sample of 488 Brazilian adults, with ages from 18 to 72 years. Participants	Dark triad, depression and life satisfaction	Short Dark Triad (SD3; Jones & Paulhus, 2014)	The Dark Triad's relationship to depressive symptoms is debatable. While some studies have discovered negative correlations,

		depression, and life satisfaction	& Makilim Nunes Baptista & Nelson Hauck-Filho	were mostly women (75.6%), with most of the sample (87.9%) comprising undergraduate students or individuals with a complete undergraduate degree.		Baptista's Depression Scale – Short Version Satisfaction with Life Scale (SWLS)	implying that the Dark Triad traits protect against depression, evidence also suggests that dark traits co-occur with depression. Another issue is that these associations may be moderated by gender, though this has yet to be proven.
3.	Building Resilience Through Exposure to Stressors: The Effects of Challenges Versus Hindrances	Monique F. Crane and Ben J. Searle	Two-hundred and 8 working adults (48.1% female) participated.	Work stress, psychological strain and Resilience	Rodell and Judge's (2009) scale	The impact of challenge stressors on well-being was found to be significantly different from that of hindrance stressors. Challenge stressors appeared to increase strain and decrease resilience, whereas hindrance stressors appeared to	

					increase strain and decrease resilience.
4.	Resilience in relation to personality and intelligence	Oddgeir Friborg, Dag Barlaugh, Monica martinussen, Jan H Rosenvinge, Odin Hjemdal	482 applicants for the military college.	Personality and Resilience	Resilience Scale for Adults (RSA) was cross validated and compared with measures of personality (Big Five/5PFs), cognitive abilities (Raven's Advanced Matrices, Vocabulary, Number series), and social intelligence (TSIS)	A high score on emotional stability, extroversion, openness, and conscientiousness, as well as agreeableness, has been repeatedly associated with resilience in studies relating personality factors to resilience. This discovery should, to some extent, apply to real-life problems. Intelligent people are expected to be more knowledgeable, to have better self-help skills, and to actively cope with stress.

| 5. | Psychological resilience in young and older adults | P. A. Gooding, A. Hurst, J. Johnson and N. Tarrier | Sixty older adults, 65 years or older, dwelling in communities in the UK were recruited opportunistically from community and activity centres, such as local libraries and communal gardens. Sixty young participants, between 18 and 25 years old, were opportunistically recruited from the first- and second- year | Depression, Hopelessness, General health and Resilience | Geriatric Depression Scale (Yesavage et al., 1983), Beck Hopelessness Scale (Beck et al., 1974), Resilience Appraisal Scale (Johnson et al., 2010), The Medical Outcomes Study 36-Item Short-Form Health Survey (Ware and Sherbourne, 1992). | In terms of emotional regulation and problem solving, older adults were the more resilient group. In terms of social support, young people were more resilient. Regardless of age, poor general health perceptions and low energy levels predicted low levels of resilience. Low hopelessness predicted greater resilience in bothgroups. Higher levels of mental illness and physical dysfunction were linked to higherresilience scores, particularly in older adults on the social support resilience scale. Only in young adults did low hopelessness offset |

		psychology undergraduate cohorts at the University of Manchester			the negative effects of depression on resilience related to emotional regulation.
6.	Resilience, vulnerability and mental health	Parvaneh Haddadia , Mohammad Ali Besharata	A sample of N=256 college students volunteers attending in this study	Resilience, Psychological wellbeing, psychological distress, Depression, Anxiety, General health	Connor-Davidson Resilience Scale (CD-RISC), Mental Health Inventory (MHI), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and General Health Questionnaire (GHQ).	Resilience was found to be related to psychological well-being but not to psychological distress, depression, or anxiety. Through self-esteem, personal competenceand tenacity, tolerance of negative affect, control, and spirituality, different levels of resilience influence psychological health and vulnerability indices.

| 7. | Purpose in Life, Satisfaction With Life, and Suicide Ideation in a Clinical Sample | Marnin J. Heisel and Gordon L. Flett | The participants were 49 patients of a tertiary care psychiatric hospital, including 40 inpatients and 9 outpatients some of whom had recent hospital admissions. | Suicide ideation, Neuroticism, Depression, Social hopelessness, Satisfaction with life, Purpose in life | 8-item suicide ideation subscale (SPS-SI) of Cull and Gill's 36-item Suicide Probability Scale (SPS; Cull & Gill, 1988), 24-item, Neuroticism subscale (EPQ-N) of the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975), Beck Depression Inventory | Purpose in life mediated the relationship between life satisfaction and suicide ideation, which also moderated the relationship between depression and suicide ideation. These findings emphasise the importance of takinginto account both resilience and pathology when developing predictive models of suicidal ideation, as well as key existential themes when assessing and treating suicidal people. |

| | | | | | (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Social Hopelessness Questionnaire (SHQ; Flett, Hewitt, Heisel, Davidson, & Gayle, 2003), 5-item Satisfaction with Life Scale (SWLS; Diener et al., 1985) ,purpose in life (PIL) subscale of a shortened version of | |

					Ryff's multidimensional measure of Psy Well-Being (PWB; Ryff, 1989).	
8.	Who self-initiates gratitude interventions in daily life? An examination of intentions, curiosity, depressive symptoms, and life satisfaction	Lukasz D. Kaczmarek a, Todd B. Kashdan b, Evan M. Kleiman b, Blazej Baczkowski, Jolanta Enko a, Adrianna Siebers a , Agata Szäefer a , Marek Król a , Barbara Bara	Participants were 226 undergraduates (71.2% female) from a university in Poland between the ages 18 and 29 years (M = 21.36, SD = 1.66).	Curiosity, Depressive symptoms, Life satisfaction, and Intentions to change their lifestyle.	The 10-item Curiosity and Exploration Inventory–II, the 20-item Centre for Epidemiologic Studies Depression Scale, The 5-item Satisfaction with Life Scale, The 6-item Initiative to Start Life Enhancing Exercises	People with higher trait curiosity were more likely to initiate this intervention, whereas those with higher depressive symptoms were less likely. Curiosity and depressive symptoms both had an indirect influence on the initiation of the gratitude intervention via intentions. These findings back up specific pathways that lead to the initial behavioural effort toward healthier living.

				scale.	
9.	Life Satisfaction and Suicide	Heli Koivumaa-Honkanen, M.D., Ph.D., M.P.H. Risto Honkanen, M.D., Ph.D. Heimo Viinamäki, M.D., Ph.D. Kauko Heikkilä, Ph.Lic. Jaakko	A nationwide sample of adults aged 18–64 years (N=29,173) from the Finnish Twin Cohort.	Suicide and Life Satisfaction	Health questionnaire that included a life satisfaction scale (score range=4–20, with higher scores indicating greater dissatisfactio n) that covered four	Life dissatisfaction appears to have a long-term effect on suicide risk, which appears to be mediated in part by poor health behaviour. Life satisfaction appears tobe a general health indicator.

				items:	
	Kaprio, M.D., Ph.D. Markku Koskenvuo, M.D., Ph.D			interest in life, happiness, general ease of living, and feeling of loneliness. "Dissatisfied " subjects (life satisfaction score=12–20) were compared to "satisfied" subjects (score=4–6)	
10 .	Emotional intelligence and life satisfaction	Benjamin Palmer, Catherine Donaldson, Con Stough	Emotional intelligence and life satisfaction	The 20 item Toronto TAS-20 Bagby et al., 1994, TMMS (Salovey et al., 1995),	The current study's findings support the notion that EI explains individual differences in life satisfaction. Consistent with previous research, positive affect
		The sample comprised 107 participants (47 males and 59 females, 1 unreported) ranging in age			

			from 16 to 64 years with a mean age of 35.44 years.		PANAS (Watson et al., 1988), SWLS (Diener et al., 1985).	was found to be the strongest predictor of life satisfaction.
11.	Resilience in the Face of Potential Trauma: Clinical Practices and Illustrations	Anthony D. Mancini and George A. Bonanno	N/A	N/A	N/A	One of the most important implications of resilience research is that it may lead to new treatments for those who suffer from grief. One of the most significant implications of resilience research isthat it may lead to new treatments for those who are bereaved. Finally, there is the huge issue of ethnic and cultural differences in bereavement resilience. Western, independent-minded countries value the personal experience

						of grief more than collectivist countries.
12.	A systematic review of variables associated with the relationship between obesity and depression	K. Preiss, L. Brennan and D. Clark	N/A	Demographic variables, severity of obesity, childhood experience health behaviours, physical health, eating and dieting behaviours, psychological factors, experience of stigma, body image and interpersonal effectiveness	N/A	One of the most important implications of resilience research is that it may lead to new treatments for those who suffer from grief. One of the most significant implications of resilience research isthat it may lead to new treatments for those who are bereaved. Finally, there is the huge issue of ethnic and cultural differences in bereavement resilience. Western, independent-minded countries value the personal experience of grief more than collectivist countries.

| 13. | Religion, Social Networks, and Life Satisfaction | Chaeyoon Lim and Robert D. Putnam | N/A | Religion, Social Networks, and Life Satisfaction | N/A | Religious people are more satisfied with their lives, according to the findings, because they attend religious services on a regular basis and build social networks within their congregations. The effect of within-congregation friendship, on the other hand, is dependent on the presence of a strong religious identity. Apart from congregational friendship and attendance, we find little evidence that other private or subjective aspects of religiosity affect life satisfaction. |
| 14. | Character strengths predict | María Luisa Martínez-Martí & | The sample consisted of 363 | Positive affect, Self-efficacy, | Connor-Davidson Resilience | Despite the fact that character is related to subjective well-being |

resilience over and above positive affect, self-efficacy, optimism, social support, self-esteem, and life satisfaction	Willibald Ruch	participants (65 men) with mean age M = 28.34 years (SD = 10.73, range 18–73). Most participants were German-speaking Swiss (74.4%), followed by German (9.1%), Liechtensteiner (5.0%), and Austrian (3.0%). An 8.5% of the sample reported 'other nationality.' Regarding education, 6.6% of the	Optimism, Social support, Self-esteem, and Life satisfaction	Scale (CD-RISC), The 240-item Values in Action Inventory of Strengths (VIA-IS; Peterson & Seligman, 2004), The 10-item General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995. The 20-item Positive and Negative Affect Schedule (PANAS; Watson,	(e.g., life satisfaction), research on the relationship between character strengths and resilience is still limited. Third, the findings support the idea that different positive outcomes are associated with different character strengths in various ways. As previously stated, most research on character strengths has emphasised the importance of specific strengths for well-being (i.e. hope, zest, love, gratitude, and curiosity), primarily using life satisfaction as an indicator of well-being.

			sample graduated from primary school, 49.6% from secondary school, 46.3% from tertiary education, and 0.6% reported 'other education.		Clark, & Tellegen, 1988), The 10-item Revised Life Orientation Test (LOT-R; Scheier, Carver, & Bridges, 1994), The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), The 5-item Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, &	

					Griffin, 1985), The 14-item Social Support Questionnaire [Fragebogen zur sozialen Unterstützung] (F-SozU K-14; Fydrich, Sommer, Tydecks, & Brähler, 2009)	
15.	The association between social relationships and depression	Ziggi Ivan Santini a, n, Ai Koyanagi a, Stefanos Tyrovolas a , Catherine Mason b , Josep Maria	Total of 51 papers being included in the review.	Social networks, social support, or social connectedness, and depression.	N/A	This review provides some evidence that perceived social support, as well as larger, more diverse social networks, protect against depression in the general population, including

| | | Haro | | | | those with chronic somatic illness or disability. Some issues, however, remain and must be addressed. It was difficult to compare studies because they used different support and network variables that are distinct and not always comparable,even when referring to social support or social networks. As a result, the best comparisons came from studies that used multiple social support variables (e.g., perceived and received support) or social network variables. |
| 16. | Personality and Life Satisfaction: A Facet-Level | Ulrich Schimmack, Mississauga Shigehiro, | 136 students at the University of Illinois, Urbana | BIG 5, Depression, Positive emotions and | NEO-PI-R (Costa & McCrae, 1992). This | At the Big Five level, extraversion and neuroticism are the most powerful predictors of |

Analysis	Michael Furr, David C. Funder	Champaign. The sample included 100 female and 36 male participants who were on average 20 years old.	their correlations	240-item questionnaire assesses the Big Five and six facets of the Big Five with 8 items for each facet. Life satisfaction was assessed with the Satisfaction with Life Scale.	life satisfaction. In contrast, extraversion and neuroticism are multifaceted constructs that combine more specific traits. The depression facet of Neuroticism and the positive emotions/cheerfulness facet of Extraversion were the strongest and most consistent predictors of life satisfaction. More variation in life satisfaction was explained by these two characteristics than by Neuroticism and Extraversion. According to the findings, measures of depression and positive emotions/joyfulness are

						both required and sufficient for personality traits to predict life satisfaction. The findings also help us understand the specific personality traits that influence life satisfaction: depressionis more important than anxiety or anger, and a cheerful disposition is more important than socialisation.
17.	Perceived Self-Efficacy and its Relationship to Resilience	Ralf Schwarzer and Lisa Marie Warner	N/A	Self-Efficacy and Resilience	N/A	Self-sufficient patients with traumatic brain injury adjusted better to returning to work and had a higher quality of life. Similarly, general self-efficacy consistently predicted return to work in people who had been on long-term sick leave. Helping

					people with low self-efficacy gain confidence in their abilities increases their chances of re-entering the labour force. The positive effects of general self-efficacy beliefs on stressor coping and proactive stressor preparation make the self-efficacy construct useful for resilience research.
18.	The contribution of socio-demographic and psychosocial factors to life satisfaction	Rocio Fernandaz, Mari Dolores Zammaro and Miguel Angel Rui.	The sample consisted of507 individuals (210 men and 297 women) aged 65 and over.	Life satisfaction, health, social support, functional abilities, activities, socio demographic areas	Philadelphia Geriatric Centre Moral Scale (PGCMS), Functional abilities were assessed through two questions: general	Life satisfaction is strongly related to socio-demographic and psychosocial factors, according to research. These, on the otherhand, are interactive and mutually dependent variables, and much more attention should be paid to the study of the

					appraisal and ADL I.	relative contribution of these two types of factors to life satisfaction. The study described in this article sought to ascertain which socio-demographic conditions and psychosocial factors are the most important, as well as how much they contribute to life satisfaction.
19.	General health mediates the relationship between loneliness, life satisfaction and depression	Viren Swami, Tomas Chamorro-Premuzic, Dhachayani Sinniah, Thambu Maniam, Kumaraswami Kannan Debbi,	The participants of this study were 174 (100 female, 72 male) medical students from a local university in Malaysia.	Attitude towards suicide, general health, self-consciousness, depression, loneliness and life satisfaction.	Attitudes Toward Suicide Scale, General Health Questionnaire (GHQ-12), The Self-Consciousness Scale (SCS), Beck	Suicidal attitudes, loneliness, and depression were found to be negatively and significantly related to life satisfaction, as well as positively related to health, which was found to be negatively and significantly related to depression and loneliness. Loneliness

| | | Stanistreet Adrian Furnham | | | Depression Inventory (BDI), revised UCLA Loneliness Scale (RULS), Life Scale (SWLS). | and depression were found to be negatively related to self-concept, whereas loneliness was found to be positively and significantly related to depression. According to mediation analyses, the effects of loneliness and life dissatisfaction on depression were fully mediated by health. Conclusion Individuals who are dissatisfied with their lives, particularly those who are lonely, are more likely to report higher levels of depression; however, this is only because higher levels of loneliness and life dissatisfaction are associated with poorer |

					health.

OBJECTIVE

The objective of this experimental study was to observe how people who are highly resilient respond to depression and how much they score on life satisfaction. In today's fast pacing world, it is very important to be resilient and self-efficient. It is important to be able to take care of your own needs and overcome difficult obstacles in life by oneself.

Increased level of resilience positively affects one's ability to overcome adverse situations and jump back from them. It also affects one's belief in his or her capacity to execute

behaviour necessary to produce specific performance attainments (Bandura, 1977, 1986, 1997).

SIGNIFICANCE

Resilience is necessary for processing and overcoming adversity. People who lack resilience are easily overwhelmed and may resort to unhealthy coping mechanisms. To overcome challenges and work through problems, resilient people draw on their strengths and support systems.

Life satisfaction (LS) is a measure of a person's well-being that takes into account mood, relationship satisfaction, goals achieved, self-concepts, and self-perceived ability to cope with life. Life satisfaction entails a positive attitude toward one's life rather than an evaluation of current feelings.

Depression is a leading cause of disability worldwide, contributing significantly to the global disease burden. Depression's effects can be long-lasting or recurring, and they can have a significant impact on a person's ability to function and live a fulfilling life. Depression is caused by complex interactions between social, psychological, and biological factors.

METHODOLOGY

Hypothesis

Individuals who are highly resilient are less depressed and have greater life satisfaction.

There exists a negative correlation between resilience and depression and a positive one between resilience and life satisfaction.

Operational definition of each variable:

Depression: Depression is a mood disorder characterised by persistent sadness and loss of interest. It affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. It is also known as major depressive disorder or clinical depression.

Resilience:

The capacity of systems to withstand, absorb, recover from, or adapt to an unfavourable event that could injure, destroy, or impair their ability to carry out mission-related tasks.

Life Satisfaction:

Life satisfaction is a measure of a person's well-being that takes into account mood, relationship satisfaction, goals achieved, self-concepts, and self-perceived ability to cope withlife.

Research design:

It was an experimental study which measures the levels of resilience, life satisfaction and depression in individuals.

Participants for the study were approached through online platforms like Instagram and WhatsApp via google forms, in which with their consent their demographic details were note.

A total number of 57 participants were made to fill in questionnaires for depression, resilience and life satisfaction via the google form and the scores were later calculated and analysed.

<u>Sample:</u>

Participants required for the study were approached through online platforms like Instagram and WhatsApp via google forms. The sample was collected from Indian residents only.

<u>Inclusion criteria:</u>

People falling in the age group of 18 to 60 were considered.

People fairly healthy in all dimensions of being- mental, emotional, physical

People who could spare time for filling in the google form attentively

People from India

<u>Exclusion criteria:</u>

People who have been diagnosed with mental and physiological issues

People who are from outside of India

People who do not fall within the desired age group size

A sample of 57 participants was finalised on which a study was conducted.

| Age | • Youngest- 18 |
| | • Eldest- 58 |

Gender	• Females - 27
	• Males - 29
	• Other: 1

Qualification	• Undergraduates
	• Masters Student
	• Working Women

Measurement tools

1. The Brief Resilience Scale:

This is a 6 item, self-report measure for measuring resilience. The brief resilience scale is based on a 5 pointer Linkert scale.

For positive statements (1,3,5)

The scoring is as follows:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

For negative statements (2,4,6)

The scoring is as follows:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

The brief resilience scale is a shorter version of resilience scale as it does not measure any other factors apart from the resilience factor there are no other protective factors.

2. <u>Satisfaction with Life Scale:</u>

The SWLS is a 5-item questionnaire designed to assess global cognitive judgments of life satisfaction. The scale usually only takes about one minute of a respondent's time, and respondents respond on a Likert scale.

A 5-item scale intended to assess global cognitive judgments of life satisfaction (not a measure of either positive or negative affect). Participants use a 7-point scale ranging from 7 strongly agree to 1 strongly disagree to indicate how much they agree or disagree with each of the 5 items.

Strongly Disagree	Disagree	Slight Disagree	None	Slightly Agree	Agree
1	2	3	4	5	6

Strongly Agree

7

Scoring:

Though scoring should be kept continuous (sum up scores on each item), here are some cut offs to be used as benchmarks.

- 31 - 35 Extremely satisfied

- 26 - 30 Satisfied

- 21 - 25 Slightly satisfied

- 20 Neutral

- 15 - 19 Slightly dissatisfied

- 10 - 14 Dissatisfied

- 5 - 9 Extremely dissatisfied

3. Centre for Epidemiologic Studies Depression Scale (CES-D), NIMH

This scale is a self-report measure of depression. Questions measure 8 different subscales, including: Sadness (Dysphoria): (Q. 2, 4, 6), Loss of Interest (Anhedonia): (Q. 8, 10), Appetite: (Q. 1, 18), Sleep: (Q. 5, 11, 19), Thinking / concentration: (Q. 3, 20), Guilt (Worthlessness): (Q. 9, 17), Tired (Fatigue): (Q. 7, 16), Movement (Agitation): (Q. 12, 13), Suicidal Ideation: (Q. 14, 15).

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items

is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

1 = Rarely or None of the Time (Less than 1 Day), 2 = Some or a Little of the Time (1-2 Days), 3 = Occasionally or a Moderate Amount of Time (3-4 Days), 4 = Most or All of the Time (5-7 Days).

Procedure: All the participants filled in the questionnaire in an online medium. They were given the google form and they had to answer each statement carefully and properly. They were not allowed to skip any questions. The google form was floated and participants who fitted into the criteria were allowed to fill the form. The questionnaire considered of 4 pagesin total.

The first page collected their demographic and basic details. The consent of the individuals was taken before hand and they were assured that all the information will be kept confidential.

The second page consisted of the The Brief Resilience Scale:

This is a 6 item, self-report measure for measuring resilience. The brief resilience scale is based on a 5 pointer Linkert scale.

 For positive statements (1,3,5)

The scoring is as follows:

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

1	2	3	4	5

For negative statements (2,4,6)

The scoring is as follows:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5	4	3	2	1

The brief resilience scale is a shorter version of resilience scale as it does not measure any other factors apart from the resilience factor there are no other protective factors.

The third page consisted of the CEDS (Centre for Epidemiologic Studies Depression Scale)

This scale is a self-report measure of depression. Questions measure 8 different subscales, including: Sadness (Dysphoria): (Q. 2, 4, 6), Loss of Interest (Anhedonia): (Q. 8, 10), Appetite: (Q. 1, 18), Sleep: (Q. 5, 11, 19), Thinking / concentration: (Q. 3, 20), Guilt (Worthlessness): (Q. 9, 17), Tired (Fatigue): (Q. 7, 16), Movement (Agitation): (Q. 12, 13), Suicidal Ideation: (Q. 14, 15).

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

1 = Rarely or None of the Time (Less than 1 Day), 2 = Some or a Little of the Time (1-2 Days), 3 = Occasionally or a Moderate Amount of Time (3-4 Days), 4 = Most or All of the Time (5-7 Days).

The fourth page consisted of the <u>Satisfaction with Life Scale:</u> The SWLS is a 5-item questionnaire designed to assess global cognitive judgments of life satisfaction. The scale usually only takes about one minute of a respondent's time, and respondents respond on a Likert scale.A 5-item scale intended to assess global cognitive judgments of life satisfaction (not measure of either positive or negative affect). Participants use a 7-point scale ranging from 7 strongly agree to 1 strongly disagree to indicate how much they agree or disagree with each of the 5 items.

Strongly Disagree	Disagree	Slight Disagree	None	Slightly Agree	Agree
1	2	3	4	5	6

Strongly Agree

7

Scoring:

Though scoring should be kept continuous (sum up scores on each item), here are some cut offs to be used as benchmarks.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied

⁻ 20 Neutral

⁻ 15 - 19 Slightly dissatisfied

⁻ 10 - 14 Dissatisfied

☐ 5 - 9 Extremely dissatisfied

The participants were asked to choose an option that best suited them.

RESULT

The study was done with a total number of 57 participants. The age group for the participants was between 18-68. Out of these there were 29 male and 27 female participants. There was a correlation between depression and resilience and there was correlation between depression and life satisfaction. Individuals who scored high in depression also scored low in life satisfaction. But both the relationships were very weak. Below are the tables for the scales and corelations in the study.

SUMMARY OF DATA OF ALL 3 VARIABLES

Summary of Data						
	Treatments					
	1	2	3	4	5	Total
N	56	56	56			168
$\sum X$	1067	2254	1185			4506

Mean	19.0536	40.25	21.1607			26.821
$\sum X^2$	21727	102392	28269			152388
Std.Dev.	5.0396	14.5655	7.62			13.7407

ONE WAY ANOVA FOR ALL 3 VARIABLES

Result Details

Source	*SS*	*df*	*MS*	
Between-treatments	15271.75	2	7635.875	*F* = 77.49109
Within-treatments	16258.8929	165	98.5387	
Total	31530.6429	167		

The *f*-ratio value is 77.49109. The *p*-value is < .00001. The result is significant at *p* < .05.

ONE WAY ANOVA FOR RESILIENCE AND DEPRESSION

Result Details

Source	SS	df	MS	
Between-treatments	12580.0804	1	12580.0804	$F = 105.9145$
Within-treatments	13065.3393	110	118.7758	
Total	25645.4196	111		

The *f*-ratio value is 105.9145. The *p*-value is $< .00001$. The result is significant at $p < .05$.

ONE WAY ANNOVA RESILIENCE AND LIFE SATISFACTION

Result Details

Source	SS	df	MS	
Between-treatments	124.3214	1	124.3214	$F = 2.97913$
Within-treatments	4590.3929	110	41.7308	
Total	4714.7143	111		

The *f*-ratio value is 2.97913. The *p*-value is .087153. The result is *not* significant at $p < .05$.

CORRELATION BETWEEN RESILIENCE AND DEPRESSION

The value of R is -0.4753.

Although technically a negative correlation, the relationship between your variables is only weak (nb. the nearer the value is to zero, the weaker the relationship).

CORRELATION BETWEEN RESILIENCE AND LIFE SATISFACTION

The value of R is 0.4813.

Although technically a positive correlation, the relationship between your variables is weak (nb. the nearer the value is to zero, the weaker the relationship).

Discussion:

The purpose of this study was to investigate the connection between resilience, life satisfaction, and depression in a group of 57 participants ranging in age from 18 to 68 years old. The brief resilience scale, life satisfaction scale and CES-D scale were the instruments that were utilized for the purpose of evaluating the variables that were involved in the study. The scores of all these 3 scales were added and individual results were taken out. Then these results were used to find correlation among resilience, life satisfaction and depression.

The findings provide evidence in favor of the hypothesis that being resilient will lead to lesser depressive tendencies and higher life satisfaction. There was a marginally significant positive association between resilience and life satisfaction and marginally negative correlation between resilience and depression; this suggests that an increase in resilience can lead to an improvement life satisfaction and lower depressive tendencies.

It was found that there was a weak negative correlation between resilience and depression, while the resilience and life satisfaction had a weak positive correlation.

According to the findings of several studies, there is already a well-established connection between acts of resilience and depression.

Resilience is an important factor in preventing psychological distress and giving life satisfaction. According to a systematic review and meta-analysis, older adults with higher resilience were less likely to experience depressive symptoms.

Conclusion

The purpose of this study was to assess the impact of altruism on the well-being and quality of life of 57 adults aged 18 to 68. The Brief Resilience Scale by Smith B.W , Dalen, J Wiggins, life satisfaction scale by Diener and CESD-R by Radloff were employed to assess the variables in this study. The study's results supported the working hypothesis.

According to the data, there is a weak positive correlation between resilience and life satisfaction and weak negative correlation between resilience and depression. This shows that a person's life satisfaction may somewhat be positively affected by being resilient and that life satisfaction may increase in resilient individuals.

LIMITATIONS

1. The sample size used for this study was not very large.

2. The testing was done in an online mode and no interviews/interactions could take place.

3. A lot of participants left the forms midway and did not complete them.

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