

The Relationship Between Emotional Regulation, Social Support, Family Integration, Community or Institutional Support, And The Psychological Resilience Among Adolescents And Adults In Tamil Nadu

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ABSTRACT

The present study examines the relationship between emotional regulation, social support, family integration, community or institutional support, and psychological resilience among adolescents and adults in Tamil Nadu. The study is based on a systemic perspective of resilience, which views resilience as a collective process influenced by individual, familial, and community-level factors rather than as an isolated personal trait.

A quantitative cross-sectional survey design is employed. The sample consists of 93 adolescents and adults aged 16 years and above from different regions of Tamil Nadu. Data are collected using a structured questionnaire assessing emotional regulation, social support, family integration, community or institutional support, and psychological resilience. Descriptive statistics, Pearson's product-moment correlation, and multiple regression analysis are used to analyze the data.

The findings indicate that psychological resilience has the highest mean score among the study variables ($M = 3.94$, $SD = 0.77$). Emotional regulation shows a strong positive correlation with psychological resilience ($r = 0.61$), while social support ($r = 0.43$) and community support ($r = 0.41$) show moderate positive correlations. Family integration demonstrates a weak positive correlation with psychological resilience ($r = 0.27$). Multiple regression analysis indicates that the overall model is statistically significant, $F(4,87) = 15.70$, $p < .001$, and explains 41.9% of the variance in psychological resilience ($R^2 = .419$). Emotional regulation emerges as the only significant predictor of psychological resilience ($\beta = 0.51$, $p < .001$). Social support ($\beta = 0.17$, $p = .058$), family integration ($\beta = -0.06$, $p = .416$), and community support ($\beta = 0.06$, $p = .542$) do not significantly predict psychological resilience when all variables are examined simultaneously.

The study concludes that emotional regulation is the strongest predictor of psychological resilience, and psychological resilience is strengthened through the interaction of individual emotional capacities and supportive social systems.

Keywords: Psychological resilience; emotional regulation; social support; family integration; community support; crisis preparedness

INTRODUCTION

Psychological resilience refers to an individual's capacity to adapt, recover, and maintain mental well-being in the face of adversity. In recent years, global and regional crises—including pandemics, natural disasters, and socio-economic disruptions—have drawn renewed attention to the importance of resilience as a crucial component of mental health (Masten, 2014). Increasingly, resilience is no longer understood solely as an internal strength or personal trait, but as a dynamic process shaped by multiple interacting systems that operate at individual, familial, and community levels (Ungar, 2011).

Traditional approaches to resilience have primarily emphasized individual characteristics such as optimism, coping skills, or emotional strength (Rutter, 2012). While these individual factors remain important, emerging perspectives highlight the role of external systems in sustaining resilience across stressful circumstances. Emotional regulation allows individuals to manage stress responses and emotional reactions effectively, supporting adaptive functioning during crises (Gross, 2015). At the same time, social support and family integration provide emotional security, shared coping resources, and a sense of belonging, all of which contribute to psychological stability during adversity (Taylor, 2011). At a broader level, community and institutional systems play a vital role by offering access to resources, social cohesion, and collective meaning, particularly during large-scale crises (Hobfoll et al., 2018).

Understanding resilience as a systemic and collective process is especially relevant within culturally diverse and collectivistic contexts such as India, where family relationships and community networks occupy a central role in psychological functioning (Triandis, 1995). In such contexts, resilience often emerges not only from individual effort but from ongoing interactions between personal, emotional capacities and supportive social environments. Examining how these interconnected systems contribute to resilience can inform preventive mental health interventions and strengthen preparedness for future crises. Therefore, the present study seeks to examine the relationships between emotional regulation, social support, family integration, community support, and psychological resilience among adolescents and adults in Tamil Nadu.

OBJECTIVES

Guided by a systemic understanding of psychological resilience, the present study was designed with the following objectives:

1. To assess the levels of emotional regulation, social support, family integration, community support, and psychological resilience among the participants.
2. To examine the relationship between systemic factors (emotional regulation, social support, family integration, and community support) and psychological resilience.
3. To identify significant predictors of psychological resilience using multiple regression analysis.

HYPOTHESES

Based on existing theoretical frameworks that conceptualize resilience as an outcome of emotional and

social resources (Rutter, 2012; Ungar, 2011), the following hypotheses were formulated:

1. Emotional regulation will be positively associated with psychological resilience.
2. Social support will be positively associated with psychological resilience.
3. Family integration will be positively associated with psychological resilience.
4. Community support will be positively associated with psychological resilience.

METHODOLOGY

Research Design

The present study adopted a quantitative, cross-sectional survey design. This design was considered appropriate as it allows for the examination of relationships between multiple variables at a single point in time. Cross-sectional designs are commonly used in resilience research to explore associations between emotional, social, and environmental factors without manipulating variables (Creswell, 2014). The study aimed to understand how different systemic factors contribute to psychological resilience rather than to establish causal relationships.

Participants

The participants included adolescents and adults aged **16 years and above**, comprising both students and working adults from various regions of Tamil Nadu. Inclusion criteria required participants to be able to read and understand English and to provide informed consent prior to participation. Individuals below the age of 16 and those unwilling to provide consent were excluded from the study. This diverse participant pool allowed for the examination of resilience across different developmental and occupational contexts.

Sampling Technique

An online snowball sampling technique was employed for data collection. This method was selected due to its feasibility and effectiveness in reaching participants across diverse geographical locations, particularly when direct access to the population is limited (Goodman, 1961). The survey link was initially shared with a small group of participants, who were then encouraged to forward it within their social networks, enabling broader participation across Tamil Nadu.

Sample Size

The final sample consisted of 93 participants and was proposed based on feasibility considerations and basic statistical requirements for correlation and regression analyses.

Tools Used

Data were collected using a **structured self-report questionnaire** designed to assess systemic factors contributing to psychological resilience. The questionnaire consisted of the following sections:

1. **Demographic Details:** Items assessing age, gender, educational status, and occupation.
2. **Emotional Regulation:** Emotional regulation was assessed using five items measuring individuals' ability to manage, understand, and recover from emotional responses during stressful situations. The items were conceptually aligned with established measures of emotion regulation, particularly the *Emotion Regulation Questionnaire* (Gross & John, 2003) and the *Difficulties*

in Emotion Regulation Scale (Gratz & Roemer, 2004). Higher scores indicated better emotional regulation.

3. **Social Support :** Social support was assessed using five items measuring perceived emotional and practical support, availability of supportive relationships, and feelings of social connectedness during stressful situations. The items were conceptually aligned with established measures of perceived social support, particularly the *Multidimensional Scale of Perceived Social Support* (Zimet et al., 1988) and the *Social Support Questionnaire* (Sarason et al., 1983). Higher scores indicated greater perceived social support..
4. **Family Integration:** Family integration was assessed using five items measuring perceived emotional support, understanding, open communication, emotional security, and family-based coping during stressful situations. The items were conceptually aligned with established measures of family functioning, particularly the *Family Adaptability and Cohesion Evaluation Scales* (Olson et al., 1985) and the *Family Environment Scale* (Moos & Moos, 1981). Higher scores indicated greater family integration.
5. **Community / Institutional Support:** Community and institutional support were assessed using five items measuring perceived support from educational or workplace institutions, trust in institutional responses during crises, awareness of available community resources, and the role of community support in reducing stress during difficult situations. The items were conceptually aligned with community resilience and social-ecological frameworks that emphasize the role of institutional trust, resource availability, and collective support during crises (Ungar, 2011; Pfefferbaum et al., 2013; Hobfoll et al., 2018). Higher scores indicated greater perceived community and institutional support..
6. **Psychological Resilience:** Psychological resilience was assessed using five items measuring adaptability, coping with uncertainty, confidence in handling future crises, ability to recover from stress, and mental strength during prolonged difficulties. The items were conceptually aligned with established measures of resilience, particularly the *Connor-Davidson Resilience Scale* (Connor & Davidson, 2003), the *Brief Resilience Scale* (Smith et al., 2008), and the *Resilience Scale* (Wagnild & Young, 1993). Higher scores indicated greater psychological resilience.

All items were rated on a **Likert-type scale**, with higher scores indicating greater levels of the respective constructs.

Procedure

The questionnaire was administered online using a digital survey platform. Participants were informed about the purpose of the study and were assured that their participation was voluntary. Prior to responding to the questionnaire, **informed consent** was obtained from all participants. Responses were collected anonymously to ensure confidentiality and to minimize response bias. Participants were free to withdraw from the study at any point without any consequences.

Statistical Analysis

Data were analyzed using descriptive and inferential statistics. Descriptive statistics were used to summarize demographic characteristics and variable distributions. Pearson's correlation analysis was conducted to examine the relationships between systemic factors and psychological resilience. Multiple regression analysis was performed to identify significant predictors of psychological resilience and

to assess the relative contribution of each independent variable.

Ethical Considerations

Ethical principles were strictly followed throughout the study. Participation was entirely voluntary, and informed consent was obtained prior to data collection. Participants were assured of the confidentiality and anonymity of their responses, and no personally identifiable information was collected. The study adhered to basic ethical guidelines for psychological research involving human participants.

RESULTS

Descriptive Statistics

Table 1 presents the mean and standard deviation scores of the variables

Variable	Mean (M)	Standard Deviation (SD)
Emotional Regulation	3.67	0.80
Social Support	3.50	0.96
Family Integration	3.79	0.99
Community Support	3.41	0.85
Psychological Resilience	3.94	0.77

Descriptive statistics were computed to examine the mean levels and variability of the study variables. The results indicated that psychological resilience had the highest mean score ($M = 3.94$, $SD = 0.77$), suggesting relatively high resilience levels among the participants. This was followed by family integration ($M = 3.79$, $SD = 0.99$) and emotional regulation ($M = 3.67$, $SD = 0.80$). Social support ($M = 3.50$, $SD = 0.96$) and community support ($M = 3.41$, $SD = 0.85$) showed moderate mean levels. Overall, these findings suggest that participants generally reported moderate to high levels of resilience and systemic support.

Correlation Analysis

Pearson's correlation analysis was conducted to examine the relationships between emotional regulation, social support, family integration, community support, and psychological resilience.

Table 2 presents the correlation matrix among the study variables.

Variable	1	2	3	4	5
1. Emotional Regulation	1				
2. Social Support	0.44	1			
3. Family Integration	0.25	0.47	1		
4. Community Support	0.42	0.50	0.38	1	
5. Psychological Resilience	0.61	0.43	0.27	0.41	1

Note. Values represent Pearson's correlation coefficients (r).

Diagonal values represent correlations of variables with themselves.

The results showed a strong positive correlation between emotional regulation and psychological resilience ($r = 0.61$), indicating that higher emotional regulation was correlated with greater resilience. Social support ($r = 0.43$) showed a moderate positive correlation with psychological resilience. Community support ($r = 0.41$) showed a moderate positive correlation with psychological resilience, while family integration showed a weak positive correlation ($r = 0.27$) with psychological resilience. Overall, the factors emotional regulation, social support, family integration, community or institutional support, were positively associated with psychological resilience, with emotional regulation showing the strongest relationship.

Multiple Regression Analysis

Predictor Variable	B	β	T	p
Emotional Regulation	0.51	0.51	5.64	< .001
Social Support	0.17	0.17	1.92	.058
Family Integration	-0.06	-0.06	-0.82	.416
Community Support	0.06	0.06	0.61	.542

Model Summary:

$R = 0.647$

$R^2 = 0.419$

$F(4, 87) = 15.70$, $p < .001$

Multiple regression analysis was performed to identify the relative contribution of emotional regulation, social support, family integration, and community support in predicting psychological resilience. The overall regression model was statistically significant, $F(4, 87) = 15.70$, $p < .001$, explaining 41.9% of the variance in psychological resilience ($R^2 = .42$).

Among the predictor variables, emotional regulation emerged as a significant positive predictor of psychological resilience ($\beta = 0.51$, $p < .001$), indicating that individuals with higher emotional regulation skills were more likely to report greater resilience. Social support showed a positive but non-significant contribution ($\beta = 0.17$, $p = .058$). Family integration ($\beta = -0.06$, $p = .416$) and community support ($\beta = 0.06$, $p = .542$) did not significantly predict psychological resilience when all variables were entered simultaneously into the model. These results suggest that emotional regulation plays a central role in predicting psychological resilience when systemic factors are considered together.

DISCUSSION

The present study aimed to examine psychological resilience as an outcome of interconnected individual, familial, and community systems rather than as an isolated personal trait. The findings provide partial support for this systemic perspective and highlight emotional regulation as a central factor in resilience, while also underscoring the nuanced roles of social, family, and community support (Ungar, 2011; Masten, 2014).

The results of the correlation analysis indicated that all systemic variables—emotional regulation, social support, family integration, and community support—were positively associated with psychological resilience. Among these, emotional regulation showed the strongest relationship with resilience. This finding is consistent with existing psychological literature, which emphasizes emotional regulation as a core internal resource that enables individuals to manage stress, adapt to adversity, and recover from challenging experiences (Gross, 2015; Masten, 2014). Individuals who can regulate their emotions effectively may be better equipped to maintain psychological stability during crises, thereby enhancing resilience.

The multiple regression analysis further clarified these relationships by examining the unique contribution of each predictor when all variables were considered simultaneously. Emotional regulation emerged as the only significant predictor of psychological resilience, indicating its dominant role in explaining resilience outcomes. This suggests that while external systems of support are important, the ability to internally manage emotional responses plays a decisive role in determining resilience levels. This finding aligns with theoretical models that conceptualize resilience as a dynamic process involving self-regulation, adaptive coping, and emotional control (Gross, 2015; Rutter, 2012).

Social support and community support, although moderately correlated with psychological resilience, did not

significantly predict resilience in the regression model. This may be due to the shared variance between these variables and emotional regulation, indicating that external support systems may influence resilience indirectly by facilitating emotional regulation rather than acting as independent predictors. Similarly, family integration did not emerge as a significant predictor when other variables were controlled. In collectivistic cultural contexts such as India, family support is often a normative and pervasive experience, which may reduce variability in responses and limit its predictive power in multivariate analyses (Triandis, 1995; Ungar, 2011).

Overall, the findings support a holistic understanding of resilience, wherein individual emotional capacities interact with broader social and community systems. While emotional regulation appears to be the most salient predictor of resilience, the positive correlations observed across all systemic factors reinforce the view that resilience is embedded within interconnected relational and environmental contexts (Masten, 2014; Ungar, 2011). These results highlight the importance of strengthening emotional regulation skills alongside fostering supportive family and community environments to enhance preparedness for future crises.

CONCLUSION AND IMPLICATIONS

The present study examined psychological resilience as a systemic outcome shaped by individual, familial, and community-level factors. The findings highlight emotional regulation as a central and significant predictor of psychological resilience, while social support, family integration, and community support demonstrated positive but comparatively weaker roles when examined alongside emotional regulation. These results reinforce the view that resilience is not solely dependent on external support systems but is strongly rooted in an individual's capacity to regulate emotions and adapt to stress (Gross, 2015; Masten, 2014).

The study contributes to a holistic understanding of resilience by emphasizing the interaction between internal emotional capacities and broader social systems. While family and community support remain important contextual resources, the findings suggest that emotional regulation may function as a foundational mechanism through which individuals effectively utilize available support during crises. This interpretation is consistent with social-ecological models of resilience, which emphasize the dynamic interaction between personal strengths and environmental resources (Ungar, 2011; Rutter, 2012).

From an applied perspective, the results have important implications for mental health preparedness and intervention planning. Programs aimed at enhancing resilience should prioritize the development of emotional regulation skills through school-based interventions, community workshops, and mental health awareness initiatives. Strengthening emotional coping strategies may improve individuals' ability to navigate future crises, even in the presence of varying levels of external support. Additionally, policymakers and mental health professionals may benefit from adopting integrated approaches that combine emotional skill-building with the reinforcement of supportive family and community environments (Masten, 2014; Hobfoll et al., 2018).

Overall, the study underscores the importance of fostering emotionally resilient individuals within supportive systems to promote long-term psychological well-being and societal preparedness for future crises. The findings suggest that emotional regulation serves as a key protective factor in resilience and should be considered a central component of

future mental health promotion and crisis-preparedness efforts.

LIMITATIONS

While the present study offers valuable insights into psychological resilience as a systemic construct, certain limitations should be considered when interpreting the findings. First, the **cross-sectional research design** limits the ability to draw causal conclusions about the relationships between systemic factors and psychological resilience. Although meaningful associations were identified, the direction of influence cannot be determined. Future studies employing longitudinal or experimental designs may provide deeper insight into how resilience develops and evolves over time (Creswell, 2014).

Second, the study relied on **self-report measures**, which may be influenced by response biases such as social desirability or subjective self-perception. Participants may have overestimated or underestimated their emotional regulation or perceived support. Incorporating qualitative approaches or multi-informant assessments in future research could strengthen the validity and depth of findings (Podsakoff et al., 2003).

Third, the use of an **online snowball sampling technique** may limit the generalizability of the results. The sample may not fully represent the broader population, as individuals with access to digital platforms and higher engagement levels were more likely to participate. Future research using probability-based sampling methods and more diverse samples may enhance representativeness and external validity (Goodman, 1961).

FUTURE DIRECTIONS

Building on the findings of the present study, future research may adopt longitudinal designs to examine causal pathways and changes in psychological resilience across different developmental stages and life contexts. Such approaches could provide a more nuanced understanding of how resilience is sustained or strengthened over time.

Future studies may also explore mediating or moderating variables, such as coping strategies, emotional intelligence, or mindfulness, to better understand how emotional regulation interacts with social, family, and community support systems (Gross, 2015; Ungar, 2011). Examining these mechanisms may clarify why emotional regulation emerged as a dominant predictor in the current study.

Future research may further employ advanced statistical techniques, including mediation, moderation, and structural equation modeling, to examine the pathways through which emotional regulation influences psychological resilience and to better understand the complex interactions among individual, familial, and community-level factors.

Additionally, including larger and more diverse samples from different cultural and socioeconomic backgrounds may enhance the generalizability of findings. Integrating qualitative methods, such as interviews or narrative approaches, could further enrich understanding by capturing lived experiences and contextual aspects of resilience that are not fully reflected through quantitative measures alone (Masten, 2014).

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REFERENCES

- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publications.
- Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage Publications.
- Goodman, L. A. (1961). Snowball sampling. *The Annals of Mathematical Statistics*, 32(1), 148–170. <https://doi.org/10.1214/aoms/1177705148>
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Friedman, M., Ursano, R. J., & Ursano, R. J. (2018). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283–315.
- Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Press.
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
- Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335–344. <https://doi.org/10.1017/S0954579412000028>
- Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Pearson Education.
- Triandis, H. C. (1995). *Individualism and collectivism*. Westview Press.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
- Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348–362. <https://doi.org/10.1037/0022-3514.85.2.348>
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127–139. <https://doi.org/10.1037/0022-3514.44.1.127>
- Olson, D. H., Portner, J., & Lavee, Y. (1985). *FACES III*. Family Social Science, University of Minnesota.
- Moos, R. H., & Moos, B. S. (1981). *Family Environment Scale manual*. Consulting Psychologists Press.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
- Pfefferbaum, B., Reissman, D. B., Pfefferbaum, R. L., Klomp, R. W., & Gurwitch, R. H. (2013). Building resilience to mass trauma events. *Handbook of Injury and Violence Prevention*, 347–358.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M., Friedman, M. J., Friedman, M., Ursano, R. J., & Ursano, R. J. (2018). Five essential elements of immediate and mid-term mass trauma intervention. *Psychiatry*, 70(4), 283–315.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back from stress. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178.