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# Self-Esteem, Resilience, And Mental Well-Being Among Students

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| ARTICLE INFO | ABSTRACT |
|---|---|
| | This study examines the complex connections between students' resilience, self-worth, and mental health while taking gender and residential area disparities into account. Assessing the connection between resilience and self-esteem, resilience and, mental health, and the positive relationship between resilience and mental health are among the goals. Data on these factors were gathered from a sample of participants using a correlational study methodology, and statistical analyses were carried out using Pearson correlation coefficients. The results show a strong beneficial relationship between students' resilience, self-worth, and mental health. The examination of gender and residential area differences also revealed differences in self-esteem, resilience, and mental health among the various demographic groups. Although correlational research cannot prove causation, these findings provide important light on the possible connections between these variables, laying the groundwork for additional research and intervention initiatives to promote students' overall growth, well-being, and academic achievement.<br><br>**Keywords:** Mental well-being, Self-esteem, Resilience, Gender Differences, Students |

## Introduction

### Self-esteem, Resilience, and Mental Well-Being
The concepts of self-esteem, resilience, and mental well-being have garnered substantial attention from the psychology research community because of their profound impact on people's general functioning and quality of life. In particular, these ideas have a big influence on how student groups succeed academically, interact with others, and experience emotional roller coasters. It is essential to have a deep understanding of the complex connections that exist between resilience, self-esteem, and mental health to build effective tactics and support systems that promote students' overall growth and achievement. Leary and Baumeister (2000) state that a person's subjective evaluation of their value, worth, and skill is a crucial component of their self-esteem, which is a crucial aspect of their self-concept. It demonstrates how people have a positive self-perception and have faith in their ability to overcome challenges in life. Possessing a strong sense of self-worth has benefits for psychological health, resilience, and increased confidence (Orth et al., 2018). On the other side, individuals who have low self-esteem could be more vulnerable to psychological issues like anxiety, sadness, and subpar academic results (Baumeister et al., 2003). A person's ability to feel good about themselves is essential for many facets of their existence. First of all, it provides a basis for resilience and mental health, empowering people to deal with obstacles and disappointments in life. Studies show that those people who have a high sense of self-esteem are more likely to display favorable psychological effects, like reduced anxiety and depression (Orth et al., 2018). Furthermore, a good self-image and confidence are fostered by high self-esteem, which enhances social functioning and interpersonal interactions. Healthy communication and conflict resolution are facilitated by the assertiveness with which people with elevated self-esteem communicate their needs and opinions (Leary & MacDonald, 2003). Furthermore, there is a correlation between elevated self-

worth and greater drive and success across multiple spheres, such as scholarly and occupational endeavors. People who have confidence in their skills and values are more inclined to aim high and keep going when faced with challenges (Baumeister et al., 2003). All things considered, developing a strong sense of self-worth is critical to supporting mental health, improving social interactions, and encouraging individual development and achievementLow self-esteem is defined as having a negative opinion of oneself and lacking trust in one's abilities, worth, and overall value as a person. Individuals with poor self-esteem typically feel inadequate, think badly of themselves, and constantly battle self-doubt. Numerous aspects of their lives, including relationships, work productivity, and mental health, could be significantly impacted by this. Numerous factors, such as early experiences, cultural influences, and personal problems, can contribute to low self-esteem. According to research, having poor self-esteem makes one more vulnerable to mental health problems like anxiety, depression, and even drug dependence (Orth et al., 2019). In addition, it can impede personal growth and prevent people from realizing their greatest potential (Mann et al., 2004). Therapeutic therapies that aim to challenge negative beliefs, enhance self-awareness, and develop self-acceptance are commonly used to address and improve self-esteem (Mann et al., 2004). Resilience is the capacity of an individual to cope and recover from adversity, trauma, or significant pressures (Masten, 2014). It involves utilizing both internal and external resources to maintain psychological equilibrium and effectively handle challenges. Resilient people exhibit flexibility, perseverance, and optimism in the face of adversity, enabling them to thrive despite adverse circumstances (Southwick et al., 2014). Resilience is more than just the absence of distress; it also involves positive adaptation and development after adversity. Resilience is a complex concept that encompasses several crucial traits necessary for overcoming hardship and preserving mental health. First of all, resilience is the capacity to adjust constructively to adversity while exhibiting adaptability and ingenuity (Bonanno, 2004). Strong feelings of self-esteem and the conviction that they can overcome obstacles and achieve their objectives despite setbacks characterize resilient people (Bandura, 1994). Additionally, resilient people can control their emotions, which helps them manage stress and overcome adversity with fortitude (Tugade & Fredrickson, 2004). They remain hopeful and upbeat, considering obstacles as temporary and manageable, which encourages tenacity and resolve (Seligman, 2011). Furthermore, social support networks are essential for resilience because they give channels for obtaining help and direction in trying situations and act as stress relievers for strong interpersonal ties (Masten, 2001). In the end, resilience refers to the dynamic interaction of social, emotional, and cognitive elements that empower people to overcome obstacles with fortitude and determination. The existence of a robust support system, comprising friends, family, or community ties that offer consolation and useful help in trying times, is a notable indicator (Southwick et al., 2014). Moreover, resilient individuals usually exhibit optimism and hope, maintaining a positive outlook in the face of difficulty (Bonanno, 2004). They exhibit versatility in changing their approaches to get around impediments and flexibility in solving problems (Masten, 2001). Furthermore, people with a resilient attitude are tenacious and determined, continuing to work towards their objectives despite obstacles (Fletcher & Sarkar, 2013). Ultimately, resilient people can effectively handle stress and preserve psychological well-being because they possess self-awareness and the capacity to regulate their emotions (Tugade & Fredrickson, 2004). Together, these indicators show how resilient people may be when faced with obstacles in life, underscoring the complex nature of this crucial quality. A few elements of psychological health that make up mental well-being are social relationships, emotional regulation, and cognitive function (Keyes, 2005). It stands for people's overall happiness with life, positive attitude, and lack of mental illness. Individuals who are in good mental health can overcome challenges in life with resilience, meaning, and fulfillment (Keyes, 2007). On the other hand, being mentally ill raises the likelihood of psychiatric issues, substance misuse, and functional impairment (Huppert & So, 2013). Our mental health has a major influence on our general well-being and standard of life. It influences our daily ideas, feelings, and behaviors and encompasses social, psychological, and emotional aspects of our identity. Making mental health a priority is crucial for stress management, emotional regulation, resilience building, and upholding positive relationships. Research has repeatedly demonstrated the substantial influence that mental health has on productivity, general life satisfaction, and physical health outcomes (Keyes, 2005; World Health Organization, 2014). Neglecting one's mental health can lead to a range of mental health issues, including addiction to substances, depressive disorders, and anxiety. These problems affect not just the person experiencing them but also the people around them and society at large (WHO, 2001). Promoting mental well-being through awareness, education, and access to mental health services is essential to building a population that is healthier and more productive (Huppert & So, 2013). Self-esteem, resilience, as well as mental health have complex and dynamic interactions. A strong feeling of self-worth boosts resilience and guards against stress, enabling people to deal with life's challenges and maintain their mental health, claim Leary and Baumeister (2000). Conversely, low self-esteem undermines resilience, raises the likelihood of psychological pain, and encourages the use of harmful coping strategies (Orth et al., 2018). Resilient people are characterized by adaptive coping strategies, social support, and positive outlooks. Even amid hardship, these people are more likely to preserve excellent psychological conditions (Masten, 2014). Furthermore, it is crucial to emphasize the reciprocal relationship between resilience and self-esteem because mental health both influences and is influenced by these traits. In the context of student populations, the relationship among resilience, self-worth, and mental health has significant implications for overall adjustment, social integration, and academic performance. Strong resilience and self-worth enable students to better manage the challenges, setbacks, and adjustments that occur with learning (Baumeister et al., 2003). They demonstrate greater levels

of academic enthusiasm, involvement, and tenacity, which enhances academic accomplishments and pleasure, according to Ort et al. (2018). Additionally, a student's mental health improves their emotional resilience, interpersonal relationships, and overall quality of life, all of which contribute to holistic development and a positive learning environment (Keyes, 2005). Understanding the intricate relationships that exist between mental health, self-worth, and resilience is essential for promoting students' overall development, well-being, and scholastic success.

## Objectives

- To assess the correlation between self-esteem and resilience among students
- To assess the correlation between self-esteem and mental well-being among students
- To assess the positive correlation between resilience and mental well-being among students
- To assess gender differences, resilience, and mental well-being among students
- To assess residential area differences in self-esteem, resilience, and mental well-being among students

### Hypotheses

- There will be a significant positive correlation between self-esteem and resilience among students
- There will be a significant positive correlation between self-esteem and mental well-being among students
- There will be a significant positive correlation between resilience and mental well-being among students
- There will be no significant gender difference in self-esteem, resilience, and mental well-being among students
- There will be no significant residential area difference in self-esteem, resilience, and mental well-being among students

### Research Design

The study design employed was correlational. Examining the relationship between two or more variables without altering the variables is the primary objective of correlational research.

### Sample

To gather data for this study, a sample size of 100 individuals was selected. The quantity of samples is the number of participants in the study who are randomly selected from the population. Selecting an appropriate sample size is crucial in research since it impacts the reliability and applicability of the findings.

### Sampling Method

Random sampling with a purpose was applied. Purposive sampling and random sampling techniques are used in "purposive random sampling".

### Tools Used

#### Rosenberg Self-Esteem Scale (RSES)

In 1965, Morris Rosenberg developed the popular RSES to measure self-esteem, a vital indicator of psychological well-being. This scale has ten items in total and uses a four-point Likert scale to rank feelings of confidence and acceptance of oneself, from strongly agreeing to strongly disapprove. The RSES has been extensively utilized to evaluate people's self-esteem in a range of cultural and demographic contexts, such as psychology, sociology, and education. For researchers and practitioners alike, its conciseness, simplicity, and dependability make it an invaluable resource for comprehending self-esteem and its consequences for mental well-being and social interactions.

#### Brief Resilience Scale (BRS)

The Brief Resilience Scale (BRS), a psychological exam, is utilized to assess an individual's ability to bounce back from adversity and stress. Six variables make up the BRS, which was developed by Smith et al. (2008). The ratings range from 1 (strongly disapproved) to 5 (strongly agreed). It evaluates the ability to recover from stress as well as the ability to remain positive in the face of adversity. In both academic and therapeutic contexts, the measure has been widely used to assess resilience levels in several communities, particularly employees, pupils, and individuals dealing with health concerns. Research utilizing the BRS has demonstrated its validity and reliability in assessing resilience, making it a valuable tool for comprehending and enhancing mental well-being in a range of situations (Smith et al., 2008).

#### The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

One widely used tool for evaluating adults' psychological well-being is the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS). The 14 positively worded items on this scale, which was co-developed by the Universities of Warwick and Edinburgh, address both hedonic and eudaimonic aspects of mental health, such as autonomy, personal growth, and good connections. Respondents rate each item on a 5-point Likert scale according to how often they experienced each emotion during the preceding period. The scale has strong validity and reliability, which makes it appropriate for use in clinical settings, research, and public health

surveys to evaluate mental health in a range of demographics. It stands out from other measures due to its simplicity, brevity, and emphasis on positive features, which makes it easier for people to adopt and use widely.

## Procedure for data collection

To ensure the validity and reliability of the data collected, participants must be provided with clear and comprehensive instructions before completing a questionnaire. The following explains the standard instructions that participants are given:

**1. Study Purpose:** The objectives and aim of the study are communicated to the participants. This covers the study's purpose, the particular research topics it is addressing, and any possible ramifications of its conclusions. Comprehending the aim of the research facilitates participants' meaningful interaction with the questionnaire and offers a framework for their answers.

**2. Voluntary Participation:** Subjects are guaranteed that their involvement in the research is wholly voluntary. They are informed that their choice to join or not will not affect them in any way and that they are free to stop the research at any time without suffering any consequences. This ensures that subjects are comfortable and have the autonomy to choose if they want to engage in the study.

**3. Informed Consent:** Participants are informed about the protocol of the study, any advantages and hazards, confidentiality safeguards, and their rights as research subjects. Informed consent is requested from them, signifying their knowledge of the study and their desire to take part. Before completing the questionnaire, participants are usually requested to sign a consent form or agreement, which is how informed consent is usually gained.

**4. Confidentiality and Anonymity:** Participants are guaranteed anonymity and confidentiality for their answers. They are made aware of how their privacy will be maintained through the use, storage, and protection of their data. This contains rules for data access and sharing, secure storage techniques, and data encryption explanations. It is urged that participants answer honestly and candidly, even though they are aware that their specific answers will remain anonymous.

**5. Guidelines for Filling Out the Questionnaire:** Participants receive precise guidelines for filling out the questionnaire. This covers instructions on how to choose or supply answers, how to read and understand the questions, and any formatting or layout guidelines. For instance, participants might be told to score their answers on a particular scale (like the Likert scale) or to write their responses down to a certain word count.

**6. Contact Information and Support:** If participants have any queries, or worries, or need help completing the questionnaire, they can get in touch with the researchers or study coordinators using the information provided. This might contain the phone numbers, email addresses, or office hours of researchers who are available to help or clarify as needed.

Before completing the questionnaire, participants are given comprehensive instructions by researchers, which guarantees their knowledge, involvement, and ability to provide precise and insightful answers. This improves the general quality and integrity of the information collected for the study.

## Data Analysis

Correlation and t-tests were used in this research paper.

## Correlations
## X=SELF ESTEEM. Y= RESILIENCE. Z= MENTAL WELL BEING

**Descriptive Statistics**

|   | Mean | Std. Deviation | N |
|---|------|----------------|---|
| X | 50.5000 | 29.01149 | 100 |
| Y | 21.7600 | 4.46336 | 100 |
| Z | 17.5700 | 3.54268 | 100 |

The additional information provided includes the mean, standard deviation, and sample size (N) for each variable: Self-esteem (X), Resilience (Y), and Mental Well-being (Z).

## Self-esteem (X):
o **Mean:** 50.5000

o **Standard Deviation:** 29.01149

o **Sample Size (N):** 100

**Interpretation:** The mean self-esteem score in the sample is 50.5000, indicating the average level of self-esteem. The standard deviation of 29.01149 suggests that the self-esteem scores in the sample vary widely from the mean. This could imply a diverse range of self-esteem levels within the sample.

**Resilience (Y):**
o **Mean:** 21.7600

o **Standard Deviation:** 4.46336

o **Sample Size (N):** 100

**Interpretation:** The mean resilience score is 21.7600, indicating the average level of resilience in the sample. The relatively low standard deviation of 4.46336 suggests that resilience scores are more tightly clustered around the mean compared to self-esteem scores. This could indicate less variability in resilience levels within the sample.

**Mental Well-being (Z):**
o **Mean:** 17.5700

o **Standard Deviation:** 3.54268

o **Sample Size (N):** 100

**Interpretation:** The mean mental well-being score is 17.5700, representing the average level of mental well-being in the sample. The standard deviation of 3.54268 suggests that mental well-being scores also vary but to a lesser extent compared to self-esteem scores. This implies that there may be less diversity in mental well-being levels within the sample compared to self-esteem.

Overall, these descriptive statistics provide insight into the central tendency and variability of each variable within the sample. They help in understanding the distribution of scores and the relative spread around the mean for self-esteem, resilience, and mental well-being.

Correlations

|   |   | X | Y | Z |
|---|---|---|---|---|
| X | Pearson Correlation | 1 | .712 | .0513 |
|   | Sig. (2-tailed) |   | .000 | .000 |
|   | N | 100 | 100 | 100 |
| Y | Pearson Correlation | .712 | 1 | .412 |
|   | Sig. (2-tailed) | .000 |   | .000 |
|   | N | 100 | 100 | 100 |
| Z | Pearson Correlation | .513 | .412 | 1 |
|   | Sig. (2-tailed) | .000 | .000 |   |
|   | N | 100 | 100 | 100 |

The provided correlation matrix shows the Pearson correlation coefficients between three variables: Self-esteem (X), Resilience (Y), and Mental Well-being (Z). Let's break down what each correlation coefficient means:

**Correlation between Self-esteem (X) and Resilience (Y):**
o **Pearson Correlation Coefficient:** 0.712

o **Significance (2-tailed):** 0.000

**Interpretation:** The relationship between resilience and self-esteem is strongly favorable (0.712). This implies that resilience is generally greater in people who have higher levels of self-esteem. The probability of this link is indicated by the significance value of 0.000.

**Correlation between Self-esteem (X) and Mental Well-being (Z):**
o **Pearson Correlation Coefficient:** 0.0513

o **Significance (2-tailed):** 0.000

**Interpretation:** The correlation is somewhat positive. (0.0513) between self-esteem and mental well-being. Although statistically significant due to the p-value being 0.000, the correlation coefficient suggests that the relationship is not practically significant. Put differently, there isn't much data to support the idea that mental health and self-esteem are closely related.

**Correlation between Resilience (Y) and Mental Well-being (Z):**
o **Pearson Correlation Coefficient**: 0.412

o **Significance (2-tailed):** 0.000

**Interpretation**: The relationship between mental health and resilience is moderately good (0.412). This suggests that people who possess greater resilience also typically exhibit a greater degree of mental wellness. This link appears to be statistically significant, as indicated by a significance score of 0.000.

**In summary:**
o Self-esteem (X) and Resilience (Y) are strongly positively correlated.
o Self-esteem (X) and Mental Well-being (Z) have a weak positive correlation.
o Resilience (Y) and Mental Well-being (Z) are moderately positively correlated.
These correlations suggest that while self-esteem and resilience are closely related, resilience appears to be more strongly associated with mental well-being than self-esteem. The above information indicates that hypotheses 1, 2, and 3 are supported.

**T-Test**

**Group Statistics**

|   | GENDER | N | Mean | Std. Deviation | Std. Error Mean |
|---|--------|---|------|----------------|-----------------|
| X | MALE | 51 | 50.4706 | 29.29734 | 4.10245 |
|   | FEMALE | 49 | 50.5306 | 29.01444 | 4.14492 |
| Y | MALE | 51 | 20.9020 | 3.97620 | .55678 |
|   | FEMALE | 49 | 22.6531 | 4.79822 | .68546 |
| Z | MALE | 51 | 18.2157 | 3.62389 | .50745 |
|   | FEMALE | 49 | 16.8980 | 3.36183 | .48026 |

The provided data presents the descriptive statistics broken down by gender for each of the variables: Self-esteem (X), Resilience (Y), and Mental Well-being (Z).

**1. Self-esteem (X)**:
o **For males:**
▪ Mean: 50.4706
▪ Standard Deviation: 29.29734
▪ Standard Error Mean: 4.10245
▪ Sample Size (N): 51

o **For females:**
▪ Mean: 50.5306
▪ Standard Deviation: 29.01444
▪ Standard Error Mean: 4.14492
▪ Sample Size (N): 49
          o
o **Interpretation:** The average self-esteem ratings of men and women are quite similar, with males having a mean of 50.4706 and females 50.5306. The standard deviations and standard errors are also similar between genders, indicating comparable variability and precision in the estimates of self-esteem.

**2. Resilience (Y)**:
o **For males:**
▪ Mean: 20.9020
▪ Standard Deviation: 3.97620
▪ Standard Error Mean: 0.55678
▪ Sample Size (N): 51

o **For females:**
▪ Mean: 22.6531
▪ Standard Deviation: 4.79822
▪ Standard Error Mean: 0.68546
▪ Sample Size (N): 49

o **Interpretation:** There is a noticeable difference in resilience between genders. Females have a higher mean resilience score (22.6531) compared to males (20.9020). Additionally, the standard deviation and standard error for females are higher, indicating greater variability and less precision in estimating resilience scores for females compared to males.

### 3. Mental Well-being (Z):
o For males:
- Mean: 18.2157
- Standard Deviation: 3.62389
- Standard Error Mean: 0.50745
- Sample Size (N): 51

### o For females:
- Mean: 16.8980
- Standard Deviation: 3.36183
- Standard Error Mean: 0.48026
- Sample Size (N): 49

o **Interpretation:** There is a difference in mental well-being between genders as well. Males have a higher mean mental well-being score (18.2157) compared to females (16.8980). The standard deviation and standard error are slightly higher for males, indicating slightly more variability and less precision in estimating mental well-being scores for males compared to females.

These statistics provide insights into potential gender differences in self-esteem, resilience, and mental well-being within the sample.

**Independent Samples Test**

| | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
|---|---|---|---|---|---|---|---|---|---|
| | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | Lower | Upper |
| X | .000 | .984 | -.010 | 98 | .992 | -.06002 | 5.83299 | -11.63540 | 11.51536 |
| | | | -.010 | 97.908 | .992 | -.06002 | 5.83185 | -11.63327 | 11.51322 |
| Y | 1.365 | .245 | -1.990 | 98 | .049 | -1.75110 | .87979 | -3.49701 | -.00519 |
| | | | -1.983 | 93.261 | .050 | -1.75110 | .88310 | -3.50469 | .00249 |
| Z | .160 | .690 | 1.883 | 98 | .063 | 1.31773 | .69974 | -.07088 | 2.70633 |
| | | | 1.886 | 97.883 | .062 | 1.31773 | .69868 | -.06880 | 2.70425 |

The provided information includes the results of Levene's Test for Equality of Variances and the t-test for Equality of Means for each variable: Self-esteem (X), Resilience (Y), and Mental Well-being (Z).

### 1. Self-esteem (X):
o **Levene's Test:**
- For equal variances assumed: F = 0.000, p = 0.984
- For equal variances not assumed: F= 0.000, p = 0.984

o **T-test:**
- t = -0.010, df = 98, p = 0.992
- Mean Difference: -0.06002
- Std. Error Difference: 5.83299
- 95% Confidence Interval of the Difference: Lower = -11.63540, Upper = 11.51536

o **Interpretation:** Assuming equal variances and not assuming equal variances, Levene's Test and the t-test both indicate there aren't significant variations in self-esteem between groups. Since the p-values are higher than the significance level of 0.05, the null hypothesis of equal means cannot be rejected.

### 2. Resilience (Y):
o **Levene's Test:**
- For equal variances assumed: F = 1.365, p = 0.245
- For equal variances not assumed: F = 1.983, p = 0.050

o **T-test:**
- t = -1.990, df = 98, p = 0.049 (significant at p < 0.05)
- Mean Difference: -1.75110
- Std. Error Difference: 0.87979
- 95% Confidence Interval of the Difference: Lower = -3.49701, Upper = -0.00519

o**Interpretation:** When assuming equal variances, Levene's Test indicates that there is no significant difference in the variances for resilience between groups; but, when assuming unequal variances, it indicates an important variation. The results of the t-test reveal a noteworthy distinction in resilience among the two groups, with females demonstrating notably greater resilience than males.

### 3. Mental Well-being (Z):
o**Levene's Test:**
- For equal variances assumed: F = 0.160, p = 0.690
- For equal variances not assumed: F = 1.886, p = 0.062

o**t-test:**
- t = 1.883, df = 98, p = 0.063 (marginally significant at p < 0.05)
- Mean Difference: 1.31773
- Std. Error Difference: 0.69974
- 95% Confidence Interval of the Difference: Lower = -0.07088, Upper = 2.70633

o**Interpretation:** When equal variances are assumed, Levene's Test indicates a small variance in variances for mental health among populations; but, when equal variances are not assumed, it implies a slightly significant difference. The t-test shows that there is a slightly significant difference in mental health between the groups, with men showing somewhat better mental health than women. However, at the traditional significance level of 0.05, this difference is not significantly different. The data presented above suggests that hypothesis 4 is validated.

### T-Test

**Group Statistics**

|   | RA | N | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| X | RURAL | 69 | 51.4058 | 29.54424 | 3.55671 |
|   | URBAN | 31 | 48.4839 | 28.15892 | 5.05749 |
| Y | RURAL | 69 | 21.7391 | 3.92073 | .47200 |
|   | URBAN | 31 | 21.8065 | 5.55829 | .99830 |
| Z | RURAL | 69 | 17.6522 | 3.37302 | .40606 |
|   | URBAN | 31 | 17.3871 | 3.94696 | .70889 |

The provided data presents the descriptive statistics broken down by residence (rural and urban) for each of the variables: Self-esteem (X), Resilience (Y), and Mental Well-being (Z).

### 1. Self-esteem (X):
o**For rural residents:**
- Mean: 51.4058
- Standard Deviation: 29.54424
- Standard Error Mean: 3.55671
- Sample Size (N): 69

o**For urban residents:**
- Mean: 48.4839
- Standard Deviation: 28.15892
- Standard Error Mean: 5.05749
- Sample Size (N): 31

o Interpretation: On average, rural residents have slightly higher self-esteem scores (mean of 51.4058) compared to urban residents (mean of 48.4839). The standard deviation and standard error indicate the variability and precision of these estimates, respectively.

### 2. Resilience (Y):
o**For rural residents:**
- Mean: 21.7391
- Standard Deviation: 3.92073
- Standard Error Mean: 0.47200
- Sample Size (N): 69

o**For urban residents:**
- Mean: 21.8065
- Standard Deviation: 5.55829

- Standard Error Mean: 0.99830
- Sample Size (N): 31

o **Interpretation:** There is a small difference in resilience between rural and urban residents, with rural residents having a slightly lower mean resilience score compared to urban residents. The standard deviation and standard error provide information on the variability and precision of these estimates.

### 3. Mental Well-being (Z):
o **For rural residents:**
- Mean: 17.6522
- Standard Deviation: 3.37302
- Standard Error Mean: 0.40606
- Sample Size (N): 69

o **For urban residents:**
- Mean: 17.3871
- Standard Deviation: 3.94696
- Standard Error Mean: 0.70889
- Sample Size (N): 31

o **Interpretation:** There is a slight difference in mental well-being between rural and urban residents, with rural residents having a slightly higher mean mental well-being score compared to urban residents. The standard deviation and standard error provide information on the variability and precision of these estimates. Overall, these statistics provide insights into potential differences in self-esteem, resilience, and mental well-being between rural and urban residents within the sample.

**Independent Samples Test**

| | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
| | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | | Lower | Upper |
|---|---|---|---|---|---|---|---|---|---|
| X | .281 | .597 | .464 | 98 | .644 | 2.92193 | 6.29786 | -9.57597 | 15.41982 |
| | | | .473 | 60.485 | .638 | 2.92193 | 6.18291 | -9.44370 | 15.28755 |
| Y | 5.788 | .018 | -.069 | 98 | .945 | -.06732 | .96995 | -1.99216 | 1.85752 |
| | | | -.061 | 43.943 | .952 | -.06732 | 1.10426 | -2.29289 | 2.15825 |
| Z | 1.343 | .249 | .345 | 98 | .731 | .26508 | .76943 | -1.26183 | 1.79198 |
| | | | .324 | 50.517 | .747 | .26508 | .81696 | -1.37541 | 1.90557 |

The provided information includes the results of Levene's Test for Equality of Variances and t-tests for Equality of Means for each variable (X, Y, and Z) based on residence (rural and urban).

### 1. Self-esteem (X):
o **Levene's Test:**
- For equal variances assumed: F = 0.281, p = 0.597
- For equal variances not assumed: F = 0.473, p = 0.638

o **t-test:**
- t = 0.464, df = 98, p = 0.644
- Mean Difference: 2.92193
- Std. Error Difference: 6.29786
- 95% Confidence Interval of the Difference: Lower = -9.57597, Upper = 15.41982

o **Interpretation:** Levene's Test and the t-test indicate that there are no statistically significant variations in self-esteem between people living in rural and urban areas. Since the p-values are higher than the significance level of 0.05, the null hypothesis of equal means cannot be rejected.

### 2. Resilience (Y):
o **Levene's Test:**
- For equal variances assumed: F = 5.788, p = 0.018 (significant at p < 0.05)

▪ For equal variances not assumed: F = 0.061, p = 0.952

**ot-test:**
▪ t = -0.069, df = 98, p = 0.945
▪ Mean Difference: -0.06732
▪ Std. Error Difference: 0.96995
▪ 95% Confidence Interval of the Difference: Lower = -1.99216, Upper = 1.85752

o **Interpretation:** According to Levene's Test, there is a considerable difference in the variances of resilience between residents of rural and urban areas when equal variances are assumed, but not when they are not. The t-test shows that there is no discernible resilience difference between people living in rural and urban areas. Since the p-value is higher than 0.05, a null hypothesis of equal means cannot be rejected.

### 3. Mental Well-being (Z):
o Levene's Test:
▪ For equal variances assumed: F = 1.343, p = 0.249
▪ For equal variances not assumed: F = 0.324, p = 0.747

**ot-test:**
▪ t = 0.345, df = 98, p = 0.731
▪ Mean Difference: 0.26508
▪ Std. Error Difference: 0.76943
▪ 95% Confidence Interval of the Difference: Lower = -1.26183, Upper = 1.79198

o **Interpretation:** Levene's Test and the t-test indicate that there are no statistically significant disparities in mental health between people living in rural and urban areas. Since the p-values are higher than the significance level of 0.05, the null hypothesis of equal means cannot be rejected.
In summary, for all three variables (X, Y, and Z), there are no significant differences between rural and urban residents, as indicated by the t-tests. Assuming equal variations, however, there are notable distinctions in the resilience variances of residents in both urban and rural regions. The above information indicates that hypothesis 5 is supported.

### Major Findings
Based on the analyses conducted, the following conclusions can be drawn regarding the variables self-esteem (X), resilience (Y), and mental well-being (Z) to residence (rural vs. urban):
o Self-esteem (X) and Resilience (Y) are strongly positively correlated.
o Self-esteem (X) and Mental Well-being (Z) have a weak positive correlation.
o Resilience (Y) and Mental Well-being (Z) are moderately positively correlated.
o There is no significant difference in self-esteem between rural and urban residents. Regardless of residence, individuals demonstrate similar levels of self-esteem.
o There is no significant difference in resilience between rural and urban residents according to the t-test results. However, Levene's Test suggests a significant difference in variances for resilience between the two groups when assuming equal variances.
o Similar to self-esteem, there is no significant difference in mental well-being between rural and urban residents. Individuals from both rural and urban areas report comparable levels of mental well-being.
o In the study, no significant gender differences were found in self-esteem (X) and mental well-being (Z). However, females demonstrated significantly higher levels of resilience (Y) compared to males.
Overall, while there may be variance differences in resilience between rural and urban residents when assuming equal variances, the t-tests indicate no significant differences in means for resilience and mental well-being between the two groups. This suggests that factors other than residence may play a more substantial role in determining levels of resilience and mental well-being. Further research could explore these factors to better understand their influence on psychological well-being across different populations.

### REFERENCES

1. Abdel-Khalek, A. M., Korayem, A. S., & El-Nayal, M. A. (2012). Self-Esteem among College Students from Four Arab Countries. Psychological Reports, 110(1), 297-303.
2. Adger, W. N. (2000). Social and ecological resilience: Are they related? Progress in Human Geography, 24(3), 347–364.
3. Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: the challenge of the gradient. American Psychologist, 49(1), 15–24.
4. Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. Clinical Psychology Review, 30(2), 217-237.

5. Aldrich, D. P., & Meyer, M. A. (2015). Social capital and community resilience. American Behavioral Scientist, 59(2), 254–269.
6. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
7. Anita Laidlaw, Julie McLellan & Gozde Ozakinci (2016) Understanding undergraduate student perceptions of mental health, mental well-being, and help-seeking behavior, Studies in Higher Education, 41:12, 2156-2168, DOI: 10.1080/03075079.2015.1026890
8. Ayman M. Hamdan-Mansour, Saleh N. Azzeghaiby, Ibrahim N. Alzoghaibi, Talal H. Al Badawi, Omayah S. Nassar, and Abeer M. Shaheen, "Correlates of Resilience among University Students." American Journal of Nursing Research, vol. 2, no. 4 (2014): 74-79.
9. B.Ann Bettencourt, Kelly Charlton, Janie Eubanks, Cyndi Kernahan & Bret Fuller (1999) Development of Collective Self-Esteem Among Students: Predicting Adjustment to College, Basic and Applied Social Psychology, 21:3, 213-222,
10. Baldwin, D. S., & Montgomery, S. A. (2019). Pharmacological Treatment of Generalized Anxiety Disorder. Current Topics in Behavioral Neurosciences, 44, 73–84.
11. Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall, Inc.
12. Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). Academic Press.
13. Bandura, A. (1997). Self-efficacy: The exercise of control. W H Freeman/Times Books/ Henry Holt & Co.
14. Barbayannis G, Bandari M, Zheng X, Baquerizo H, Pecor KW and Ming X (2022) Academic Stress and Mental Well-Being in College Students: Correlations, Affected Groups, and COVID-19. Front. Psychol. 13:886344. doi: 10.3389/fpsyg.2022.886344
15. Barrera, M. (1986). Distinctions between social support concepts, measures, and models. American Journal of Community Psychology, 14(4), 413-445.
16. Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61(2), 226–244.
17. Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497–529.
18. Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does High Self-Esteem Cause Better Performance, Interpersonal Success, Happiness, or Healthier Lifestyles? Psychological Science in the Public Interest, 4(1), 1–44. https://doi.org/10.1111/1529-1006.01431
19. Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. The Journal of Early Adolescence, 11(1), 56-95.
20. Beck, A. T. (1967). Depression: Clinical, experimental, and theoretical aspects. Harper & Row.
21. Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive Therapy of Depression. Guilford Press.
22. Berkes, F., & Ross, H. (2013). Community resilience: Toward an integrated approach. Society & Natural Resources, 26(1), 5–20.
23. Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. Professional Psychology: Research and Practice, 40(4), 361–368.
24. Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (2002). Cross-cultural psychology: Research and applications. Cambridge University Press.
25. Bhugra, D., &Bhui, K. (2019). Cultural psychiatry: A critical introduction. Cambridge University Press.
26. Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? American Psychologist, 59(1), 20–28.
27. Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. Basic Books.
28. Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. American Journal of Orthopsychiatry, 52(4), 664-678.
29. Branden, N. (1969). The Psychology of Self-Esteem. Nash Publishing.
30. Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.
31. Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. Journal of personality and social psychology, 84(4), 822–848.
32. Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. Psychology and Aging, 25(2), 453–463.
33. Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. Clinical Psychology Review, 30(7), 879-889.
34. Charlson, F. J., Ferrari, A. J., Santomauro, D. F., Diminic, S., Stockings, E., Scott, J. G., … & McGrath, J. J. (2018). Global epidemiology and burden of schizophrenia: findings from the Global Burden of Disease Study 2016. Schizophrenia Bulletin, 44(6), 1195-1203.
35. Charney, D. S. (2004). Psychobiological mechanisms of resilience and vulnerability: implications for successful adaptation to extreme stress. American Journal of Psychiatry, 161(2), 195-216.

36. Cheng, S. K. W., &Mavandadi, S. (2015). The relationship between postnatal depression, sociodemographic factors, levels of partner support, and levels of physical activity. Frontiers in Psychology, 6, 412.
37. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310-357.
38. Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: problems, progress, and potential in theory and research. Psychological Bulletin, 127(1), 87-127.
39. Cooley, C. H. (1902). Human nature and the social order. Charles Scribner's Sons.
40. Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. World Psychiatry, 1(1), 16–20.
41. Courtney E. Wimberly, Harshini Rajapakse, Lawrence P. Park, Ashley Price, Rae Jean Proeschold-Bell & Truls Østbye (2022) Mental well-being in Sri Lankan medical students: a cross-sectional study, Psychology, Health & Medicine, 27:6, 1213-1226, DOI: 10.1080/13548506.2020.1858488
42. Craft, L. L., & Perna, F. M. (2004). The Benefits of Exercise for the Clinically Depressed. Primary Care Companion to the Journal of Clinical Psychiatry, 6(3), 104–111.
43. Craske, M. G., Stein, M. B., Eley, T. C., Milad, M. R., Holmes, A., Rapee, R. M., ... & Wittchen, H. U. (2017). Anxiety disorders. Nature Reviews Disease Primers, 3(1), 1-20.
44. Crocker J, Luhtanen RK. Level of self-esteem and contingencies of self-worth: unique effects on academic, social, and financial problems in college students. Pers Soc Psychol Bull. 2003 Jun;29(6):701-12.
45. Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. Psychological Review, 108(3), 593–623.
46. Cunsolo, A., & Ellis, N. R. (2018). Ecological grief as a mental health response to climate change-related loss. Nature Climate Change, 8(4), 275–281.
47. D, Kalaivani. (2021). Academic Resilience among Students: A Review of Literature. International Journal of Research and Review. 8. 360-369. 10.52403/ijrr.20210646.
48. Daly, E. J., Singh, J. B., Fedgchin, M., Cooper, K., Lim, P., Shelton, R. C., Thase, M. E., Winokur, A., Van Nueten, L., Manji, H., Drevets, W. C., & Charney, D. S. (2019). Efficacy and Safety of Intranasal Esketamine Adjunctive to Oral Antidepressant Therapy in Treatment-Resistant Depression. JAMA Psychiatry, 76(9), 893–903.
49. Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., & Patel, V. (2016). Interventions for adolescent mental health: An overview of systematic reviews. The Journal of Adolescent Health, 59(4S), S49-S60.
50. David H. Demo & Keith D. Parker (1987) Academic Achievement and Self-Esteem Among Black and White College Students, The Journal of Social Psychology, 127:4, 345-355, DOI: 10.1080/00224545.1987.9713714
51. Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2006). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry, 5(1), 17–28.
52. Diener, E., & Biswas-Diener, R. (2008). Happiness: Unlocking the mysteries of psychological wealth. John Wiley & Sons.
53. Edwards D, Burnard P, Bennett K, Hebden U. A longitudinal study of stress and self-esteem in student nurses. Nurse Educ Today. 2010 Jan;30(1):78-84.
54. El-Islam, M. F. (2005). Cultural aspects of psychopathology: From ancient times to the present. Springer.
55. Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129-136.
56. Erol RY, Orth U. Self-esteem development from age 14 to 30 years: a longitudinal study. J Pers Soc Psychol. 2011 Sep;101(3):607-19.
57. Evans, G. W. (2003). The built environment and mental health. Journal of Urban Health, 80(4), 536–555.
58. Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. Nature Reviews Neuroscience, 10(6), 446-457.
59. Firth, J., Torous, J., Nicholas, J., Carney, R., Rosenbaum, S., Sarris, J. (2017). Can smartphone mental health interventions reduce symptoms of anxiety? A meta-analysis of randomized controlled trials. Journal of Affective Disorders, 218, 15-22.
60. Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. European Psychologist, 18(1), 12–23.
61. Folke, C., Biggs, R., &Norström, A. V. (2016). Social-ecological resilience and biosphere-based sustainability science. Ecology and Society, 21(3), 41.
62. Folke, C., Carpenter, S., Walker, B., Scheffer, M., Elmqvist, T., Gunderson, L., & Holling, C. S. (2004). Regime shifts, resilience, and biodiversity in ecosystem management. Annual Review of Ecology, Evolution, and Systematics, 35, 557–581.
63. Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. Annual Review of Psychology, 55, 745-774.
64. Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American psychologist, 56(3), 218–226.

65. Freire C, Ferradás MM, Valle A, Núñez JC and Vallejo G (2016) Profiles of Psychological Well-being and Coping Strategies among University Students. Front. Psychol. 7:1554. doi: 10.3389/fpsyg.2016.01554

66. Freud, S. (1914). On narcissism: An introduction. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works, 67-102.

67. Galea, S., Ahern, J., Rudenstine, S., Wallace, Z., &Vlahov, D. (2007). Urban built environment and depression: A multilevel analysis. Journal of Epidemiology and Community Health, 61(10), 758–763.

68. García-Hernández, M. G., Reyes-Morales, S., & Di Masso, A. (2020). Inclusive resilience: Lessons from social-ecological resilience to guide a more inclusive theoretical and practical approach. Sustainability Science, 15(2), 525–541.

69. Garnefski, N., &Kraaij, V. (2006). Relationships between cognitive emotion regulation strategies and depressive symptoms: A comparative study of five specific samples. Personality and Individual Differences, 40(8), 1659–1669.

70. George, M. S., Lisanby, S. H., Avery, D., McDonald, W. M., Durkalski, V., Pavlicova, M., Anderson, B., Nahas, Z., Bulow, P., & Zarkowski, P. (2010). Daily Left Prefrontal Transcranial Magnetic Stimulation Therapy for Major Depressive Disorder. Archives of General Psychiatry, 67(5), 507–516.

71. Gilbody, S., Sheldon, T., & House, A. (2008). Screening and case-finding instruments for depression: A meta-analysis. Canadian Medical Association Journal, 178(8), 997-1003.

72. Gordon, B. L. (2009). Medicine and mental illness in the Middle Ages. Boydell Press.

73. Gustems-Carnicer, J., Calderón, C. Coping strategies and psychological well-being among teacher education students. Eur J Psychol Educ 28, 1127–1140 (2013). https://doi.org/10.1007/s10212-012-0158-x

74. Gwen Thompson, Rosanne B. McBride, Charles C. Hosford & Gwen Halaas (2016) Resilience Among Medical Students: The Role of Coping Style and Social Support, Teaching and Learning in Medicine, 28:2, 174-182, DOI: 10.1080/10401334.2016.1146611

75. Haibin Li (2017) The 'secrets' of Chinese students' academic success: academic resilience among students from highly competitive academic environments, Educational Psychology, 37:8, 1001-1014, DOI: 10.1080/01443410.2017.1322179

76. Harter, S. (2015). The construction of the self: Developmental and sociocultural foundations (2nd ed.). Guilford Press.

77. Helliwell, J. F., & Putnam, R. D. (2004). The social context of well-being. Philosophical Transactions of the Royal Society B: Biological Sciences, 359(1449), 1435–1446.

78. Herbert C, Meixner F, Wiebking C and Gilg V (2020) Regular Physical Activity, Short-Term Exercise, Mental Health, and Well-Being Among University Students: The Results of an Online and a Laboratory Study. Front. Psychol. 11:509. doi: 10.3389/fpsyg.2020.00509

79. Hernández-Torrano D, Ibrayeva L, Sparks J, Lim N, Clementi A, Almukhambetova A, Nurtayev Y and Muratkyzy A (2020) Mental Health and Well-Being of University Students: A Bibliometric Mapping of the Literature. Front. Psychol. 11:1226. doi: 10.3389/fpsyg.2020.01226

80. Hjemdal, O., Vogel, P. A., Solem, S., Hagen, K., & Stiles, T. C. (2011). The relationship between resilience and levels of anxiety, depression, and obsessive-compulsive symptoms in adolescents. Clinical Psychology & Psychotherapy, 18(4), 314–321.

81. Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. Journal of consulting and clinical psychology, 78(2), 169–183.

82. Hofstede, G. (2001). Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations. Sage.

83. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry, 7(6), 547–560.

84. Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. PLoS Medicine, 7(7), e1000316.

85. House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. (2004). Culture, leadership, and organizations: The GLOBE study of 62 societies. Sage Publications.

86. Huang, F., Liu, X., Chen, H., Zhang, S., Huang, H., Su, W., ... & Liu, Y. (2020). Effectiveness of mindfulness-based mobile applications in improving the mental health of college students: A systematic review and meta-analysis. Frontiers in Psychiatry, 11, 491.

87. Huppert, F. A., & So, T. T. C. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. Social Indicators Research, 110(3), 837-861.

88. Hwang, W. C. (2019). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. Professional Psychology: Research and Practice, 50(4), 229–240.

89. Insel, T. R. (2018). Digital phenotyping: a global tool for psychiatry. World Psychiatry, 17(3), 276–277.

90. Insel, T. R., Cuthbert, B. N., Garvey, M. A., Heinssen, R. K., Pine, D. S., Quinn, K. J., ... Wang, P. S. (2010). Research domain criteria (RDoC): toward a new classification framework for research on mental disorders. American Journal of Psychiatry, 167(7), 748–751.
91. Jacka, F. N., O'Neil, A., Opie, R., Itsiopoulos, C., Cotton, S., Mohebbi, M., Castle, D., Dash, S., Mihalopoulos, C., Chatterton, M. L., Brazionis, L., Dean, O. M., Hodge, A. M., & Berk, M. (2017). A Randomized Controlled Trial of Dietary Improvement for Adults with Major Depression (the 'SMILES' Trial). BMC Medicine, 15(1), 23.
92. James, W. (1890). The Principles of Psychology. Henry Holt and Company.
93. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Medical Journal of Australia, 166(4), 182–186.
94. Judge, T. A., & Bono, J. E. (2001). Relationship of Core Self-Evaluations Traits--Self-Esteem, Generalized Self-Efficacy, Locus of Control, and Emotional Stability--With Job Satisfaction and Job Performance: A Meta-Analysis. Journal of Applied Psychology, 86(1), 80-92.
95. Kabat-Zinn, J. (1982). An Outpatient Program in Behavioral Medicine for Chronic Pain Patients Based on the Practice of Mindfulness Meditation: Theoretical Considerations and Preliminary Results. General Hospital Psychiatry, 4(1), 33–47.
96. Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. Delta.
97. Kawachi, I., & Berkman, L. F. (2001). Social Ties and Mental Health. Journal of Urban Health, 78(3), 458–467.
98. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593-602.
99. Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. American Psychologist, 62(2), 95–108.
100. Keyes, C. L. M. (1998). Social well-being. Social psychology quarterly, 121–140.
101. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Behavior, 43(2), 207–222.
102. Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. Journal of Consulting and Clinical Psychology, 73(3), 539–548.
103. Khodabakhsh, M.R. & Kiani, Fariba &Ahmadboukani, Soliman. (2014). Psychological well-being and parenting styles as predictors of mental health among students: Implication for health promotion. International Journal of Pediatrics. 2. 39-46. 10.22038/ijp.2014.3003.
104. Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G. (2016). Mindfulness-based therapy: A comprehensive meta-analysis. Clinical Psychology Review, 33, 763–771.
105. Kim, J., & Park, H. A. (2020). Cultural influences on resilience: A comparison of Korean and American students. International Journal of Intercultural Relations, 77, 168–176.
106. Kirmayer, L. J., Groleau, D., Guzder, J., Blake, C., Jarvis, E., & Kienzler, H. (2018). Cultural consultation: A model of mental health service for multicultural societies. Canadian Journal of Psychiatry, 63(2), 134-141.
107. Kirmayer, L. J., Lemelson, R., & Cummings, C. A. (Eds.). (2019). Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health. Cambridge University Press.
108. Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... &Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. Canadian Medical Association Journal, 183(12), E959-E967.
109. Kling, K. C., Hyde, J. S., Showers, C. J., & Buswell, B. N. (1999). Gender differences in self-esteem: A meta-analysis. Psychological Bulletin, 125(4), 470–500.
110. Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer Publishing Company.
111. Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), Advances in experimental social psychology (Vol. 32, pp. 1–62). Academic Press.
112. Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. Advances in Experimental Social Psychology, 32, 1–62.
113. Leary, M. R., & Baumeister, R. F. (2017). The Nature and Function of Self-Esteem: Sociometer Theory. Advances in Experimental Social Psychology, 32, 1-62.
114. Leary, M. R., & MacDonald, G. (2003). Individual differences in self-esteem: A review and theoretical integration. In M. R. Leary & J. P. Tangney (Eds.), Handbook of self and identity (pp. 401-418). Guilford Press.
115. Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2006). Positive psychological capital: Measurement and relationship with performance and satisfaction. Personnel psychology, 60(3), 541–572.
116. Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. Child Development, 71(3), 543–562.

117. Luxton, D. D., McCann, R. A., Bush, N. E., Mishkind, M. C., & Reger, G. M. (2011). mHealth for mental health: Integrating smartphone technology in behavioral healthcare. Professional Psychology: Research and Practice, 42(6), 505–512.
118. Magis, K. (2010). Community resilience: An indicator of social sustainability. Society & Natural Resources, 23(5), 401–416.
119. Mann, M., Hosman, C. M. H., Schaalma, H. P., & de Vries, N. K. (2016). Self-esteem in a broad-spectrum approach for mental health promotion. Health Education Research, 31(6), 721–739. https://doi.org/10.1093/her/cyw048
120. Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. Health Education Research, 19(4), 357-372.
121. Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2016). Self-esteem in a broad-spectrum approach for mental health promotion. Health Education Research, 31(3), 438-453.
122. Maples-Keller, J. L., Bunnell, B. E., Kim, S. J., & Rothbaum, B. O. (2017). The use of virtual reality technology in the treatment of anxiety and other psychiatric disorders. Harvard Review of Psychiatry, 25(3), 103–113.
123. Margo. L. Brewer, Gisela van Kessel, Brooke Sanderson, Fiona Naumann, Murray Lane, Alan Reubenson & Alice Carter (2019) Resilience in higher education students: a scoping review, Higher Education Research & Development, 38:6, 1105-1120, DOI: 10.1080/07294360.2019.1626810
124. Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. Psychological Review, 98(2), 224-253.
125. Marsh, H. W. (1990). Causal ordering of academic self-concept and academic achievement: A multi-wave, longitudinal panel analysis. Journal of Educational Psychology, 82(4), 646-656.
126. Marx, W., Moseley, G., Berk, M., & Jacka, F. (2020). Nutritional psychiatry: the present state of the evidence. Proceedings of the Nutrition Society, 79(2), 183–189.
127. Maslow, A. H. (1943). A Theory of Human Motivation. Psychological Review, 50(4), 370–396.
128. Maslow, A. H. (1954). Motivation and personality. Harper.
129. Masselink M, Van Roekel E, Oldehinkel AJ. Self-esteem in Early Adolescence as Predictor of Depressive Symptoms in Late Adolescence and Early Adulthood: The Mediating Role of Motivational and Social Factors. J Youth Adolesc. 2018 May;47(5):932-946.
130. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56(3), 227-238.
131. Masten, A. S. (2014). Global perspectives on resilience in children and youth. Child Development, 85(1), 6–20.
132. Masten, A. S. (2014). Ordinary magic: Resilience processes in development. American Psychologist, 59(4), 227–238.
133. Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. Children, 5(7), 98.
134. Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. Annual Review of Psychology, 63, 227–257.
135. Masten, A. S., & Obradović, J. (2006). Competence and resilience in development. Annals of the New York Academy of Sciences, 1094(1), 13-27.
136. Masten, A. S., & Obradović, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. Ecology and Society, 13(1), 9.
137. Mead, G. H. (1934). Mind, self, and society. University of Chicago Press.
138. Meichenbaum, D. (2005). Stress inoculation training: A preventative and treatment approach. In L. L'Abate (Ed.), Paradigms in theory construction (pp. 321–348). Springer.
139. Merikangas, K. R., Jin, R., He, J. P., Kessler, R. C., Lee, S., Sampson, N. A., ... & Zarkov, Z. (2011). Prevalence and correlates of bipolar spectrum disorder in the World Mental Health Survey Initiative. Archives of General Psychiatry, 68(3), 241-251.
140. Mikkelsen, K., Stojanovska, L., Polenakovic, M., Bosevski, M., & Apostolopoulos, V. (2017). Exercise and Mental Health. Maturitas, 106, 48–56.
141. Mikulincer, M., & Shaver, P. R. (2007). Attachment in adulthood: Structure, dynamics, and change. Guilford Press.
142. Mukumbang, F. C., Van Belle, S., Marchal, B., & Van Wyk, B. (2020). Realist evaluation of the antiretroviral treatment adherence club program in selected primary healthcare facilities in the metropolitan area of Western Cape Province, South Africa: A study protocol. BMJ Open, 10(1), e033789.
143. National Institute of Mental Health. (2019). Depression. Retrieved from https://www.nimh.nih.gov/health/topics/depression/index.shtml
144. National Institute of Mental Health. (2020). Anxiety Disorders. Retrieved from https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml
145. National Institute of Mental Health. (2020). Post-Traumatic Stress Disorder (PTSD). Retrieved from https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

146. National Institute of Mental Health. (2020). Schizophrenia. Retrieved from https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml
147. Neufeld A, Malin G. Exploring the relationship between medical student basic psychological need satisfaction, resilience, and well-being: a quantitative study. BMC Med Educ. 2019 Nov 5;19(1):405.
148. Nezu, A. M., & Perri, M. G. (1989). Social problem solving and negative affective states: An integrative conceptualization. Journal of Social and Clinical Psychology, 8(3), 189–203.
149. Noronha, Laveena and Monteiro, Meena and Pinto, Nelson, A Study on the Self Esteem and Academic Performance Among the Students (2018). International Journal of Health Sciences and Pharmacy (IJHSP), 2(1)
150. Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., &Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. American Journal of Community Psychology, 41(1–2), 127–150.
151. Nutton, V. (2018). Ancient medicine. Routledge.
152. Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. Journal of Personality and Social Psychology, 91(4), 730-749.
153. Orth, U., & Robins, R. W. (2013). Understanding the Link Between Low Self-Esteem and Depression. Current Directions in Psychological Science, 22(6), 455–460. https://doi.org/10.1177/0963721413492763
154. Orth, U., & Robins, R. W. (2014). The Development of Self-Esteem. Current Directions in Psychological Science, 23(5), 381-387.
155. Orth, U., Erol, R. Y., & Luciano, E. C. (2019). Development of Self-Esteem Across the Life Span. In R. H. Hoyle (Ed.), Handbook of Personality and Self-Regulation (pp. 249-270). John Wiley & Sons.
156. Orth, U., Robins, R. W., & Roberts, B. W. (2018). Low self-esteem prospectively predicts depression in adolescence and young adulthood. Journal of Personality and Social Psychology, 114(5), 845-863.
157. Orth, U., Robins, R. W., & Roberts, B. W. (2019). Low self-esteem prospectively predicts depression in adolescence and young adulthood. Journal of Personality and Social Psychology, 117(4), 885–899. https://doi.org/10.1037/pspp0000241
158. Orth, U., Robins, R. W., & Widaman, K. F. (2019). Life-span development of self-esteem and its effects on important life outcomes. Journal of Personality and Social Psychology, 117(6), 1331–1351.
159. Orth, U., Robins, R. W., Meier, L. L., & Conger, R. D. (2012). Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism. Journal of Personality and Social Psychology, 103(3), 429–451.
160. Orth, U., Trzesniewski, K. H., & Robins, R. W. (2018). Self-esteem development from young adulthood to old age: A cohort-sequential longitudinal study. Journal of Personality and Social Psychology, 114(2), 293–317.
161. Park S, Andalibi N, Zou Y, Ambulkar S, Huh-Yoo J Understanding Students' Mental Well-Being Challenges on a University Campus: Interview Study JMIR Form Res 2020;4(3):e15962
162. Parletta, N., Zarnowiecki, D., Cho, J., Wilson, A., Bogomolova, S., Villani, A., Itsiopoulos, C., Niyonsenga, T., Blunden, S., Meyer, B., Segal, L., Baune, B. T., & O'Dea, K. (2017). A Mediterranean-style Dietary Intervention Supplemented with Fish Oil Improves Diet Quality and Mental Health in People with Depression: A Randomized Controlled Trial (HELFIMED). Nutritional Neuroscience, 22(7), 474–487.
163. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553–1598.
164. Paton, D., & Johnston, D. (2006). Disaster resilience: An integrated approach. Springfield, IL: Charles C. Thomas Publisher.
165. Paton, D., Violanti, J. M., Johnston, D. M., & Smith, L. M. (2017). Promoting capabilities to manage post-disaster community recovery: Lessons from New Zealand and internationally. Australian Journal of Emergency Management, 32(4), 20–27.
166. Porter, R. (2002). Madness: A brief history. Oxford University Press.
167. Richardson, K. M., & Rothstein, H. R. (2018). Effects of occupational stress management intervention programs: A meta-analysis. Journal of Occupational Health Psychology, 23(1), 1–13.
168. Robins, R. W., & Trzesniewski, K. H. (2005). Self-Esteem Development Across the Lifespan. Current Directions in Psychological Science, 14(3), 158-162.
169. Rogers, C. R. (1951). Client-Centered Therapy: Its Current Practice, Implications and Theory. Houghton Mifflin.
170. Rosenbaum, S., Tiedemann, A., Sherrington, C., Curtis, J., & Ward, P. B. (2015). Physical activity interventions for people with mental illness: a systematic review and meta-analysis. Journal of Clinical Psychiatry, 76(3), 174-181.
171. Rosenberg, M. (1965). Society and the Adolescent Self-Image. Princeton University Press.
172. Rosenberg, M. (1979). Conceiving the Self. Basic Books.

173. Rubin, K. H., Bukowski, W. M., & Bowker, J. C. (2015). Children in peer groups. In R. M. Lerner & M. E. Lamb (Eds.), Handbook of child psychology and developmental science: Socioemotional processes (Vol. 3, 7th ed., pp. 175-222). Wiley.

174. Russo, S. J., Murrough, J. W., Han, M. H., Charney, D. S., & Nestler, E. J. (2012). Neurobiology of resilience. Nature Neuroscience, 15(11), 1475-1484.

175. Rutkowska, A.; Liska, D.; Cie´slik, B.; Wrzeciono, A.; Brod'ani, J.; Barcalová, M.; Gurín, D.; Rutkowski, S. Stress Levels and Mental Well-Being among Slovak Students during e-Learning in the COVID-19 Pandemic. Healthcare 2021, 9, 1356. https://doi.org/10.3390/ healthcare9101356.

176. Rutter, M. (2006). Implications of resilience concepts for scientific understanding. Annals of the New York Academy of Sciences, 1094(1), 1–12.

177. Rutter, M. (2012). Resilience as a dynamic concept. Development and Psychopathology, 24(2), 335–344.

178. Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology, 57(6), 1069–1081.

179. Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. Journal of Happiness Studies, 9(1), 13–39.

180. Sally M. Reis, Robert D. Colbert & Thomas P. Hébert (2004) Understanding resilience in diverse, talented students in an urban high school, Roeper Review, 27:2, 110-120, DOI: 10.1080/02783190509554299

181. Sánchez-López, M. P., & Dresch, V. (2008). The 12-item General Health Questionnaire (GHQ-12): reliability, external validity and factor structure in the Spanish population. Psicothema, 20(4), 839–843.

182. Sandler, I. N., Wolchik, S. A., MacKinnon, D. P., Ayers, T. S., & Roosa, M. W. (2000). Developing linkages between theory and intervention in stress and coping processes. Journal of Social and Personal Relationships, 17(2), 213-229.

183. Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., Silva, E. S., Hallgren, M., Ponce De Leon, A., Dunn, A. L., Deslandes, A. C., Fleck, M. P., & Carvalho, A. F. (2018). Physical activity and incident depression: A meta-analysis of prospective cohort studies. American Journal of Psychiatry, 175(7), 631–648.

184. Schwarzer, R., & Warner, L. M. (2013). Perceived self-efficacy and its relationship to resilience. In Resilience in Children, Adolescents, and Adults (pp. 139-150). Springer, New York, NY.

185. Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse. Guilford Press.

186. Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Atria Books.

187. Seligman, M. E., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. Oxford Review of Education, 35(3), 293-311.

188. Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. American psychologist, 60(5), 410–421.

189. Sengupta, S., Kansal, D., & Nagraj, K. (2019). Effect of assertiveness training on self-esteem among nursing students. Nursing and Midwifery Research Journal, 15(2), 97–100.

190. Serrano Sarmiento, Á.; Sanz Ponce, R.; González Bertolín, A. Resilience and COVID-19. An Analysis in University Students during Confinement. Educ. Sci. 2021, 11, 533.

191. Shorter, E. (2015). A history of psychiatry: From the era of the asylum to the age of Prozac. John Wiley & Sons.

192. Singh, J.K.N. Academic resilience among international students: lived experiences of postgraduate international students in Malaysia. Asia Pacific Educ. Rev. 22, 129–138 (2021). https://doi.org/10.1007/s12564-020-09657-7

193. Sirois, F. M., & Wood, A. M. (2017). Gratitude uniquely predicts lower depression in chronic illness populations: A longitudinal study of inflammatory bowel disease and arthritis. Health Psychology, 36(2), 122–132. https://doi.org/10.1037/hea0000436

194. Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. Psychological Bulletin, 129(2), 216-269.

195. Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. International Journal of Behavioral Medicine, 15(3), 194-200. https://doi.org/10.1080/10705500802222972

196. Smith, B. W., Ortiz, J. A., Steffen, L. E., Tooley, E. M., Wiggins, K. T., & Yeater, E. A. (2018). Resilience and posttraumatic stress disorder symptoms in National Guard soldiers deployed to Iraq: A prospective study. Journal of Psychiatric Research, 98, 64–69.

197. Smith, T. B., & Trimble, J. E. (2016). Foundations of multicultural psychology: Research to inform effective practice. American Psychological Association.

198. Souri, H., &Hasanirad, T. (2011). Relationship between resilience, optimism and psychological well-being in students of medicine. Procedia-Social and Behavioral Sciences, 30, 1541–1544.

199. Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. European Journal of Psychotraumatology, 5(1), 25338.

200. Sowislo JF, Orth U, Meier LL. What constitutes vulnerable self-esteem? Comparing the prospective effects of low, unstable, and contingent self-esteem on depressive symptoms. J Abnorm Psychol. 2014 Nov;123(4):737-53.

201. Sowislo, J. F., & Orth, U. (2013). Does Low Self-Esteem Predict Depression and Anxiety? A Meta-Analysis of Longitudinal Studies. Psychological Bulletin, 139(1), 213-240.

202. Steiger AE, Fend HA, Allemand M. Testing the vulnerability and scar models of self-esteem and depressive symptoms from adolescence to middle adulthood and across generations. Dev Psychol. 2015 Feb;51(2):236-47.

203. Sue, D. W., & Sue, D. (2016). Counseling the culturally diverse: Theory and practice. John Wiley & Sons.

204. Sullivan, P. F., Daly, M. J., & O'Donovan, M. (2012). Genetic architectures of psychiatric disorders: the emerging picture and its implications. Nature Reviews Genetics, 13(8), 537-551.

205. Szasz, T. S. (2009). The myth of mental illness: Foundations of a theory of personal conduct. HarperCollins.

206. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 15(1), 1–18.

207. Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., ... & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. Health and Quality of Life Outcomes, 5(1), 1-13. https://doi.org/10.1186/1477-7525-5-63

208. Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior, 52(2), 145–161.

209. Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. (2019). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. The Lancet, 393(10185), 1736-1748.

210. Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. Journal of Personality and Social Psychology, 86(2), 320–333.

211. Twenge, J. M., & Campbell, W. K. (2010). The Narcissism Epidemic: Living in the Age of Entitlement. Free Press.

212. Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. Perspectives on Psychological Science, 4(3), 236–255.

213. 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.

214. Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), The Social Ecology of Resilience: A Handbook of Theory and Practice (pp. 13–31). Springer.

215. Wahl, O. F. (2012). Stigma as a barrier to recovery from mental illness. Trends in Cognitive Sciences, 16(1), 9–10.

216. Webster, C. (2008). Paracelsus: Medicine, magic and mission at the end of time. Yale University Press.

217. Werner, E. E., & Smith, R. S. (2001). Journeys from childhood to midlife: Risk, resilience, and recovery. Cornell University Press.

218. World Health Organization. (2001). The world health report 2001: Mental health: New understanding, new hope. World Health Organization.

219. World Health Organization. (2004). Promoting mental health: Concepts, emerging evidence, practice: Summary report. World Health Organization.

220. World Health Organization. (2014). Mental health: A state of well-being. Retrieved from https://www.who.int/features/factfiles/mental_health/en/

221. World Health Organization. (2017). Depression and other common mental disorders: global health estimates. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1&isAllowed=y

222. World Health Organization. (2017). Depression and other common mental disorders: global health estimates. World Health Organization.

223. Xu, S.; Liu, Z.; Tian, S.; Ma, Z.; Jia, C.; Sun, G. Physical Activity and Resilience among College Students: The Mediating Effects of Basic Psychological Needs. Int. J. Environ. Res. Public Health 2021, 18, 3722.

224. Yehuda, R., Hoge, C. W., McFarlane, A. C., Vermetten, E., Lanius, R. A., Nievergelt, C. M., ... & Hyman, S. E. (2015). Post-traumatic stress disorder. Nature Reviews Disease Primers, 1(1), 1-22.

225. Yolton, J. W. (2017). John Locke: An essay concerning human understanding in focus. Routledge.

226. Yuan, H., Young, K. D., Phillips, R., Zotev, V., Misaki, M., &Bodurka, J. (2019). Resting-state functional connectivity modulation and sustained changes after real-time functional magnetic resonance imaging neurofeedback training in depression. Brain Connectivity, 9(6), 426-437.