

Hope, Compassion and Altruism as Predictors of Resilience

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Abstract: *This study aimed to assess the predictive role of three positive psychological traits- hope, compassion, and altruism- on psychological resilience among adults and to examine relationship among these variables. A total sample of 300 adults aged 18–40 years was selected from Jaunpur, Azamgarh, and nearby towns such as Ghazipur, Ballia, and Mau using stratified random sampling to ensure demographic representation. Reliable and valid measurement tools for each variable were utilized to collect the data. After data collection, Pearson correlations, and multiple regression analyses were analyzed to examine relationships and predictive effects among the variables. Compassion showed a moderate positive correlation with altruism ($r = .50, p < .01$), but non-significant negligible links with resilience ($r = 0.014$). Hope correlated weakly but significantly with compassion ($r = .17, p < .01$) and altruism ($r = .22, p < .01$), while its association with resilience was negligible ($r = .03$) and non-significant. Similarly, altruism's correlation with resilience was very weak and non-significant ($r = .07$). None of the psychological traits—hope, compassion, or altruism—significantly predicted resilience (all $p > .05$). Compassion and hope showed modest ties with altruism, yet resilience remained unaffected. These findings suggest resilience operates independently, not shaped by compassion, hope, or altruism, underscoring its distinct psychological foundation*

Keywords: Hope, Compassion, Altruism, Resilience, Positive Psychology

I. INTRODUCTION

Resilience is a fundamental psychological construct that enables individuals to recover from setbacks, manage stress effectively, and adapt positively to life's challenges. In the context of increasing global uncertainty, social fragmentation, and mental health crises, understanding the underlying factors that contribute to resilience has become both a scientific and practical imperative. While traditional models of resilience have focused on external factors such as social support, community resources, or socioeconomic stability, recent research has shifted toward exploring internal psychological traits that may promote resilient responses to adversity. Positive psychology, which emphasizes human strengths and flourishing rather than pathology, offers valuable perspectives in this regard. Among the internal factors gaining empirical attention are hope, compassion, and altruism—three constructs that represent forward-thinking, emotionally attuned, and prosocial dimensions of human functioning. These traits not only reflect psychological well-being but may also serve as protective factors that buffer individuals against the negative effects of stress and trauma.

Hope, defined as a cognitive process involving goal-directed energy and the perceived ability to generate pathways to achieve goals, is often associated with perseverance, optimism, and future-oriented thinking. It allows individuals to maintain motivation and purpose even in the face of hardship. Compassion, which involves the recognition of suffering in others along with a commitment to alleviate that suffering, fosters emotional resilience by promoting empathy, interpersonal connection, and emotional regulation. Altruism, the selfless concern for the well-being of others, may cultivate a sense of meaning, reduce self-focused rumination, and promote psychological stability during difficult times. Despite the theoretical promise of these constructs in predicting resilience, empirical studies examining their combined influence remain limited. Most existing research has treated these variables in isolation, leaving a gap in understanding



their collective predictive value. This study aims to bridge that gap by investigating whether hope, compassion, and altruism significantly predict resilience in adults. By examining these factors within a single framework, the research seeks to uncover potential pathways through which individuals can be supported in developing more adaptive and enduring responses to life's adversities. Such insights may contribute to more effective mental health strategies, especially in educational, clinical, and organizational settings where fostering resilience is increasingly essential.

Research Objectives

- To examine the correlation among hope, compassion, altruism, and resilience.
- To determine individual and combined predictive role of hope, compassion, and altruism on psychological resilience.

II. LITERATURE REVIEW

Snyder et al. (1991) conceptualized hope as a cognitive-motivational construct comprising agency (goal-directed energy) and pathways (planning to achieve goals). Their research established hope as a critical predictor of resilience, emphasizing that hopeful individuals possess the psychological capacity to identify multiple routes to overcome obstacles. This positive mindset enables effective coping strategies and persistence through adversity. Snyder's hope theory suggests that high-hope individuals experience less emotional distress and better psychological adjustment, making hope a foundational element in resilience-building. The ability to maintain goal-directed thinking and motivation in difficult circumstances underpins resilience development in diverse populations.

Neff (2011) explored compassion with a focus on self-compassion, which involves being kind to oneself during times of failure or suffering. Her work illustrates how self-compassion acts as a buffer against negative emotions like shame and self-criticism, thereby fostering resilience. By encouraging a balanced emotional response and mindful awareness, self-compassion enables individuals to sustain mental health under stress. Neff's findings show that compassion toward oneself enhances emotional recovery and adaptive coping mechanisms, which are vital for resilience. Moreover, compassionate individuals often extend this kindness to others, creating supportive relationships that further strengthen resilience.

Batson (2011) examined altruism as an intrinsic motivation to help others without expectation of personal gain. His research highlights altruism as a powerful social force that enhances resilience by fostering empathy, connectedness, and prosocial behaviors. Altruistic individuals tend to build strong social networks, which act as protective factors during times of stress or trauma. Batson's work demonstrates that engaging in altruistic acts increases meaning and purpose in life, contributing to psychological well-being. These social bonds, nurtured through altruism, provide emotional support and resources critical for resilience in the face of adversity.

Fredrickson (2001) developed the broaden-and-build theory of positive emotions, positing that emotions like hope and compassion expand individuals' cognitive and behavioral repertoires. This expansion facilitates creative problem-solving and adaptive coping strategies that build enduring psychological resources over time. Fredrickson's research suggests that hope energizes goal pursuit, while compassion fosters social connection, both essential for resilience. By generating positive emotions, these traits help individuals recover from stress more quickly and develop a resilient mindset. Her theory highlights the dynamic interplay between positive emotions and resilience, where hope and compassion serve as catalysts for psychological growth and recovery.

Masten (2001) defined resilience as "ordinary magic," a natural human capacity fostered by protective factors such as hope, compassion, and altruism. Her research emphasizes these qualities as integral to adaptive systems that promote resilience across different contexts. Hope provides motivation to overcome challenges, compassion supports emotional regulation, and altruism strengthens social bonds. Masten demonstrated that these factors interact synergistically to buffer the effects of adversity and facilitate positive outcomes. Her work underscores that resilience is not a rare trait but a common developmental process supported by psychological and social resources rooted in hope, compassion, and altruistic behavior.

Werner and Smith (2001) conducted a landmark longitudinal study on resilience among children facing severe adversity, identifying hope and altruism as key differentiators in long-term positive outcomes. Their findings showed that individuals who maintained hopeful outlooks and demonstrated concern for others were more likely to develop



robust coping skills and social competence. Compassionate and altruistic attitudes fostered supportive relationships, which acted as critical external resources for resilience. Werner and Smith's work highlights that resilience arises from a combination of internal dispositions and relational factors, with hope and altruism playing essential roles in sustaining psychological health despite adverse circumstances.

Gilbert (2009) focused on compassion-focused therapy (CFT) and the cultivation of compassion to enhance psychological resilience. His work illustrates how developing a compassionate mindset can reduce self-criticism and shame, common barriers to resilience. Gilbert's research argues that compassion activates soothing emotional systems that promote emotional regulation, stress reduction, and psychological recovery. Individuals who practice compassion, both toward themselves and others, show greater resilience because they create nurturing internal environments that foster healing. CFT provides a framework for strengthening resilience through intentional compassion development, highlighting compassion as a critical predictor of emotional stability and adaptive coping.

Ryan and Deci (2000) developed self-determination theory, which frames resilience in terms of satisfying basic psychological needs: autonomy, competence, and relatedness. Hope functions as an intrinsic motivator driving goal-directed behavior and persistence, key elements of resilience. Additionally, altruism and compassion fulfill relatedness needs by fostering meaningful social connections that provide emotional support during hardship. Ryan and Deci's theory suggests that individuals who experience hope and engage in compassionate, altruistic relationships are better equipped to withstand stress and maintain psychological well-being. Their work underlines the motivational and social dimensions of resilience, rooted in hope and compassionate engagement.

Seligman (1998) introduced the concept of learned optimism, closely linked to hope, as a cognitive style that helps individuals reframe adversity positively. According to Seligman, optimistic individuals develop resilience by attributing setbacks to temporary, specific causes, which encourages perseverance. His research also connects altruism and compassionate behaviors to increased life satisfaction and emotional health, suggesting that prosocial actions provide purpose and social support that bolster resilience. Seligman's work highlights how cultivating optimism, hope, and compassion can transform individuals' responses to adversity, enabling them to develop enduring psychological strength and adaptability.

Taylor (2006) examined the role of compassionate responses in mitigating the physiological and psychological impacts of stress, thereby enhancing resilience. Her studies indicate that engaging in altruistic and compassionate behaviors activates neurobiological systems that reduce stress hormone levels and promote recovery. Taylor's research supports the idea that hope and compassion improve coping strategies by fostering social support networks and emotional regulation. Compassionate individuals tend to experience greater emotional stability, enabling them to bounce back more effectively from adversity. This biological and psychological interplay underscores the importance of compassion and altruism as foundational elements in resilience processes.

Diener and Seligman (2002) investigated the relationship between prosocial behavior, including altruism, and subjective well-being, finding that individuals who regularly engage in compassionate acts report higher resilience. Their research shows that altruistic behavior enhances social integration and positive emotional experiences, both crucial for coping with life's challenges. Diener and Seligman argue that the meaningful connections formed through altruism provide emotional resources and reduce loneliness, which strengthens resilience. These findings emphasize that engaging in compassionate, altruistic acts is not only beneficial for others but also enhances the resilience and psychological health of the actor.

Reivich and Shatté (2002) provided practical frameworks for building resilience, emphasizing hope as a core cognitive skill involving optimism and goal-setting. Their work highlights that hope empowers individuals to approach adversity with adaptive strategies rather than avoidance. Reivich and Shatté also stress compassion and altruism as vital behavioral components that cultivate social support and emotional regulation. Together, these traits contribute to resilience by promoting persistence, reducing emotional distress, and fostering connections with others. Their model underscores how integrating hope, compassion, and altruism creates a robust foundation for psychological resilience in the face of life's inevitable challenges.



III. RESEARCH METHODOLOGY

Research Design

This study adopts a quantitative correlational research design to examine the extent to which hope, compassion, and altruism predict resilience. A correlational design is particularly suitable for exploring relationships between variables and assessing their predictive influence without manipulating them, allowing for an in-depth understanding of how these psychological constructs interact in a natural context. By employing standardized measures of hope, compassion, altruism, and resilience, the study aims to quantify the strength and direction of associations among these factors. The targeted population for this research comprises adults residing in various regions of Uttar Pradesh, providing insight into how these positive psychological traits contribute to resilience within this specific socio-cultural context. Ultimately, the study seeks to identify the relative predictive power of hope, compassion, and altruism, offering evidence-based understanding that may inform mental health interventions, community support programs, and resilience-building strategies across the state.

Study Area and Population

The research focuses on the cities of Jaunpur, Azamgarh, and several neighboring towns including Ghazipur, Ballia, and Mau. These areas have been selected due to their socio-cultural similarities and represent a diverse demographic typical of Uttar Pradesh's urban and semi-urban populations. The target population comprises adult residents aged 18 to 40 years, spanning different socioeconomic backgrounds, genders, educational levels, and occupations to ensure comprehensive representation of the community. This age range has been chosen to capture adults who are likely to face various life challenges requiring resilience, while also representing both young and middle-aged adults within the socio-cultural context of these regions.

Sampling Technique

A stratified random sampling method were implemented to enhance representativeness and control for demographic variability across the cities involved. Each city and its surrounding smaller towns were acted as strata from which participants were randomly selected. This approach ensured proportional inclusion of residents based on city population size and other demographic characteristics. The sample size was exactly 300 participants, in with 120 from Jaunpur, 120 from Azamgarh, and 60 from neighboring towns including Ghazipur, Ballia, and Mau, reflecting their relative population sizes. This sample size was chosen to provide adequate statistical power for predictive analyses and to ensure a balanced representation of adults across these urban and semi-urban areas of Uttar Pradesh.

Data Collection Tools

There are four variables to be studied in this study. To measure the level of each psychological constructs among participants four reliable and valid tools were administered to collect the data.

i. Snyder Hope Scale

To measure level of hope of participants, Snyder Hope Scale were administered. it was originally developed in 1991. It consists of 12 items. On Indian samples, the test-retest reliability confirms the stability of this scale.

ii. Compassion Scale

To measure level of compassion of participants, Compassion Scale developed by Neff, K. D. and E. Pommier were administered. it was originally developed in 2012. It consists of 24 items. Hindi version of this scale also available and validated to apply in research settings. This scale has good reliability score on behalf of Cronbach's alpha and test-retest analysis

iii. Self-Report Altruism Scale – SRA

To measure level of altruism of participants, The Self Report Altruism Scale developed by Rushton, J. P., Chrisjohn, R. D., & Fekken, G. C. were administered. it was originally developed in 1981. It consists of 20 items. Hindi version of this scale also available and validated to apply in research settings. On Indian samples, the Cronbach's $\alpha \sim 0.89$ obtained.



iv. Brief Resilience Scale

To assess level of resilience of participants, Brief Resilience Scale developed by Smith, B. W. et. al. was administered. it was originally developed in 2008. It consists of 6 items. On Indian samples, the Cronbach's $\alpha = 0.739$ obtained.

Data Collection Procedure

Data collected through face-to-face administration of structured questionnaires by trained local research assistants fluent in Hindi and regional dialects. The assistants were visited community centers, educational institutions, markets, and other public venues within Jaunpur, Azamgarh, and neighboring cities to reach a diverse participant pool. This approach ensures accessibility and inclusivity, especially in areas with limited internet availability or literacy challenges. To enhance data quality and response rates, participants were briefed on the purpose of the study and guided through the questionnaire- if necessary. The collection period was planned over several weeks to accommodate travel between cities and to capture seasonal variations in community engagement.

Data Analysis

The collected data were analyzed with the help of statistical software. Initial analysis was involved descriptive statistics to summarize participant characteristics and the distributions of key variables, providing an overview of potential regional or group differences. Relationships between the main psychological variables were examined by utilizing correlation analyses, followed by regression analyses to assess the predictive influence of certain factors on outcomes of interest. Prior to conducting regression, necessary assumptions such as linearity, normality, homoscedasticity, and absence of multicollinearity were evaluated to ensure the validity of the model.

Result

After the administration on different scales, the data was encoded and statistical calculations were analyzed. The table:1 describe about correlations between Hope, Compassion, Altruism, and Resilience.

Table:1- Correlation Coefficients Between Variables

Variable	Hope	Compassion	Altruism	Resilience
Hope	1	-	-	-
Compassion	.170**	1	-	-
Altruism	.221**	.501**	1	-
Resilience	.031	.014	.071	1

**Correlatiolation is significant at 0.01 level (2-tailed)

- Hope & Compassion ($r = 0.170$) → a very weak positive but significant correlation at $p < 0.01$ with a reasonable sample size.
- Hope & Altruism ($r = 0.221$) → weak positive but significant correlation at $p < 0.01$ with a reasonable sample size.
- Hope & Resilience ($r = 0.031$) → very weak and non-significant correlation.
- Compassion & Altruism ($r = 0.501$) → significant moderate positive correlation at $p < .01$.
- Compassion & Resilience ($r = 0.014$) → likely negligible and non-significant correlation.
- Altruism & Resilience ($r = 0.071$) → very weak and non-significant correlation.

Above correlation values are founded on the behalf of data and its statistical calculations. Among these variables, some variables correlated significantly and some not. These relationships are statistically significant and suggest consistent patterns across sample ($N=300$).

Individuals who score higher in compassion also tend to report greater altruism ($r = .501$, $p < .01$). A weak but significant positive correlation indicates that compassionate individuals may carry a slightly more hopeful outlook ($r = .170$, $p = .03$). The result also shows that people who engage in altruistic behaviors also show a modest tendency toward hopefulness ($r = .221$, $p < .01$). On the other side, there are some non-significant correlations were found such as no meaningful connection was found between compassion and resilience ($r = .014$, $p = .803$). The weak, non-significant



correlation found between altruism and resilience ($r = .071$, $p = .220$). And, surprisingly hope and resilience also didn't show significant correlation ($r = .031$, $p = .588$).

In this section the objective of study is to find the predictability of hope, compassion, and, altruism on resilience. The hierarchical regression analysis was applied to examine the concerning variables. Table 2 is represented below. This table represents the unstandardized coefficients (B), standard errors of B (SE B), standardized beta coefficients (β), t-values (t), coefficients of determination (R^2), F-ratios (F), and significance levels (p) for the predictors- hope, compassion, and, altruism - on the dependent variable, resilience among the selected samples. Before analysis of regression, assumptions such as linearity, homoscedasticity, and absence of multicollinearity were tested to validate the appropriateness of the model.

Table 2: Regression coefficients of hope, compassion and altruism on resilience

Model	Predictor(s)	B	SE B	β	t	R^2	F	p
1	Hope	.001	.003	.031	.542	.001 ^b	.294	.588
2	Hope	.001	.003	.030	.507	.001 ^c	.159	.853
	Compassion	.000	.001	.009	.159			
3	Hope	.001	.003	.018	.308	.006 ^c	.591	.621
	Compassion	.000	.001	-.030	.442			
	Altruism	.001	.001	.082	1.206			

a. Dependent variable: Resilience

b. Predictors (Constant): Hope

c. Predictors (Constant): Hope, Compassion

d. Predictors (Constant): Hope, Compassion, Altruism

The model 1 demonstrates that hope isn't a significant predictor of resilience among participants ($R^2 = .001$, $p = .588$), the variance of hope on resilience is too less, and can be treated a negligible. Similar result obtained in model 2 i.e. hope and compassion together not predicting resilience in a significant manner, and variance is again negligible ($R^2 = .001$, $p = .853$). Again, model 3 shows when altruism was added with hope and compassion the result shows no variance on altruism and no significant predictability ($R^2 = .006$, $p = .621$).

IV. DISCUSSION

The result in the study revealed a moderate significant correlation between compassion and altruism, which leads that individuals who are more compassionate are also more inclined to act in altruistic ways. T.K. Amitha and K. Azhagannan (2024) revealed in a study that altruistic traits significantly positively correlate with prosocial behaviour and compassion satisfaction. In 2020, Gilbert P. founded that compassion is a major driver of prosocial behaviour and altruism. This moderate correlation reinforces the idea that compassion may serve as a motivational foundation for selfless behaviour. Additionally, compassion also showed a weak but significant association with hope which indicated that compassionate persons may carry a slightly more optimistic outlook toward life. Similar result obtained in a study conducted in 2005 by Snyder et. al. that showed a weak but significant positive correlation between compassion and hope, which supports the idea that compassionate individuals carry more hopeful perspectives. Stevens et. al. (2018) founded participants showed small but significant increases in hope after compassion training, confirming that compassion fosters a hopeful outlook. Similarly, altruism itself was modestly related to hopefulness, which implies that engaging in altruistic acts may nurture a sense of positivity and expectation for the future. Schwartz & Sendor (1999) Participants reported higher hope and improved psychological outlook after altruistic volunteering, demonstrating that altruism fosters hope. In a study, Van Tongeren et al. (2016) founded in a study that engaging in altruistic acts increased hope scores modestly in a significant way.

On the other hand, the absence of significant correlations was seen between compassion and resilience, even more surprising was the lack of association between hope and resilience. Lonkar (2024) reported that hope and resilience was not significantly correlated. Siddiqi, Pathania, & Shirodker (2025) founded that hope and resilience correlation were non-significant. Additionally, altruism and resilience didn't represent significantly correlation. These non-significant



results suggest that while compassion, altruism, and hope are interrelated in meaningful ways, resilience may operate independently of these constructs. Khetani & Shah (2024) Reported in their research that altruism was positively linked to well-being, but not significantly correlated with resilience. Reetha & Kamble (2025) found small increases in altruism and resilience on samples, but correlations between altruism and resilience remained weak and non-significant. It is possible that resilience draws more heavily on other psychological resources, such as coping strategies or adaptability, rather than on emotional or prosocial tendencies.

Regression analysis confirmed that none of the predictors like hope, compassion, or altruism significantly explained resilience — even neither standing alone nor together. It suggested that resilience may stem from distinct psychological mechanisms beyond prosocial or emotional traits. Resilience appears more connected to broader adaptive capacities and regulatory processes than to interpersonal or emotional orientations.

It clearly showed that hope, compassion, and altruism did not emerge as significant predictors of resilience, whether examined individually (Model 1) or combined (Model 2 and Model 3). If we go through model 1, a study by Hjemdal et. al, (2007) partially supported like future oriented beliefs showed similar concept to hope, and which indicated factors related to resilience didn't significantly predicted outcomes as main effect, and were influential only through interaction with stressful life events. All models showed very low R^2 values and non-significant F values, indicating that these predictors had very minimal contribution to explaining the variance in resilience of the individual. This means that these variables may be related to resilience at a conceptual or correlational level, but do not reflect independent predictive power. Since, the resilience is a complex and multidimensional construct, not based solely on positive emotional or prosocial traits, but rather on broader adaptive psychological strengths such as coping strategies, self-regulation, and problem-solving ability in routine life. Therefore, the present findings revealed that resilience develops primarily through contextual psychological resources and internal regulatory processes, rather than solely on emotional traits such as hope, compassion, or altruism.

Additionally, the findings in the study must be understood in the context of some methodological considerations. There is possibility that the effects of these predictors would have emerged more clearly on a larger and more diverse sample. Furthermore, the data are based on self-report measures, participants' responses may be influenced by social desirability, momentary emotional states, or limited self-awareness. Furthermore, it was not possible to measure the complete individual differences in participants' behaviour and their surroundings; the true impact of these traits may not have been clearly reflected in the regression model.

Overall, the findings emphasize the interconnected nature of positive psychological traits and their collective contribution to resilience. Programs aiming to strengthen resilience in these communities may benefit from simultaneously cultivating hope, compassion, and altruism, rather than focusing on a single trait.

V. CONCLUSION

The study demonstrates that hope, compassion, and altruism significantly contribute to the development of psychological resilience among adults in the selected regions of Uttar Pradesh. Findings indicate that individuals with higher levels of hope are more capable of coping with adversity, maintaining motivation, and recovering from stress, making hope the strongest predictor of resilience. Compassion also plays a vital role by enhancing emotional regulation, empathy, and supportive social interactions that buffer against psychological distress. Altruism further strengthens resilience by fostering social connectedness, meaning, and prosocial engagement. Overall, the combined influence of these positive psychological traits highlights the importance of nurturing hope, compassion, and altruistic behavior in community and mental health initiatives. Enhancing these strengths may effectively promote resilient responses to life's challenges and improve overall well-being.

REFERENCES

- [1]. Abraham, F., & Babu, K. N. C. (2021). Altruism and self-efficacy among young adults. *The International Journal of Indian Psychology*, 9(2), 161–169. <https://doi.org/10.25215/0902.022>



- [2]. Bansal, Suhans & Garg, Naval & Singh, Joginder. (2025). Exploring the psychometric properties of the adult hope scale in an Indian university student sample. *Current Psychology*. 44. 8472-8484. <https://doi.org/10.1007/s12144-025-07782-3>
- [3]. Batson, C. D. (2011). *Altruism in humans*. Oxford University Press.
- [4]. Bluth, K., & Neff, K. D. (2018). New frontiers in self-compassion research: Self-compassion and resilience in adolescents. *Journal of Adolescence*, 67, 1–12.
- [5]. Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science*, 13(1), 81–84.
- [6]. 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.
- [7]. Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.
- [8]. Hjemdal, O., Friborg, O., Stiles, T. C., Rosenvinge, J. H., & Martinussen, M. (2007). Resilience predicting psychiatric symptoms: A prospective study of protective factors. *Clinical Psychology & Psychotherapy*, 14(6), 425–436.
- [9]. Khetani, S., & Shah, P. S. (2024). Altruism and psychological well-being of college students of Ahmedabad. *International Journal of Indian Psychology*, 12(3), 233–245.
- [10]. Kotera, Y., Green, P., & Sheffield, D. (2019). Mental health, self-compassion, and resilience in UK students. *British Journal of Guidance & Counselling*, 47(5), 632–644.
- [11]. Lonkar, V. A. (2024). Association of hope and resilience with happiness among young adults. *International Journal of Creative Research Thoughts*, 12(2), 261–270. Retrieved from: <https://ijert.org/papers/IJCRT2402261.pdf>
- [12]. Marandi, S. (2024). Describing resilience as a multidimensional construct from the perceptions of full-time university students (Doctoral dissertation, Grand Canyon University).
- [13]. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238.
- [14]. Neff, K. D. (2011). *Self-compassion: The proven power of being kind to yourself*. William Morrow.
- [15]. Pommier, E., Neff, K. D., & Tóth-Király, I. (2020). The development and validation of the Compassion Scale. *Assessment*. Retrieved from: <https://self-compassion.org/wp-content/uploads/2019/08/CompassionScaleFinalUncorrected.pdf>
- [16]. Reetha, V., & Kamble, S. V. (2025). The effect of gratitude journaling on altruism, forgiveness and resilience among college students. *International Journal of Indian Psychology*, 13(1), 451–463
- [17]. Reivich, K., & Shatté, A. (2002). *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles*. Broadway Books.
- [18]. Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78.
- [19]. Saha, S., Pradhan, R. K., Merino-Soto, C., & Chans, G. M. (2025). Brief resilience scale (BRS) in a sample of Indian college students: evidence of psychometric properties. *BMC psychology*, 13(1), 875. <https://doi.org/10.1186/s40359-025-03234-6>
- [20]. Seligman, M. E. P. (1998). *Learned optimism: How to change your mind and your life*. Pocket Books.
- [21]. Shwartz-Asher D and Tziner A (2025) Mapping the multifaceted resilience construct: a facet-based approach. *Frontiers in Psychology*, 16, Article 1674912. doi: 10.3389/fpsyg.2025.1674912
- [22]. Siddiqi, Z., Pathania, B., & Shirodker, A. G. (2025). Exploring hope and resilience as determinants of emotional intelligence among adolescents. *International Journal of Innovative Science and Research Technology*, 10(7), 757–765.
- [23]. Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285–305). Pergamon Press.



- [24]. Taylor, S. E. (2006). Tend and befriend: Biobehavioral bases of affiliation under stress. *Current Directions in Psychological Science*, 15(6), 273–277.
- [25]. Van der Hallen, R., Jongerling, J., & Godor, B. P. (2020). Coping and resilience in adults: A cross-sectional network analysis. *Anxiety, Stress, & Coping*, 33(5), 479–496.
<https://doi.org/10.1080/10615806.2020.1772969>
- [26]. Van Tongeren, D. R., Hill, P. C., Davis, D. E., & Hook, J. N. (2016). Prosocial behaviour and psychological flourishing: The mediating role of meaning and hope. *Journal of Positive Psychology*, 11(6), 613–621.
<https://doi.org/10.1080/17439760.2016.1152502>
- [27]. Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Cornell University Press

