

Impact of family's emotional involvement and coping strategies on resilience among young adults

Ankita PV* and Soumya simon

Kristu Jayanti college, autonomous, Bengaluru, India.

World Journal of Advanced Research and Reviews, 2025, 25(03), 1994-2002

Publication history: Received on 11 February 2025; revised on 18 March 2025; accepted on 20 March 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.25.3.0848>

Abstract

This correlational study understands the relationship between the variables family's emotional involvement and coping strategies on resilience of the youth among young adults. This study is a quantitative study where the data was collected using google forms. The sample size is 200. This study examined the relationships between resilience, coping strategies, and parental emotional involvement (including perceived criticism). Among the three coping strategies—problem-focused, emotion-focused, and avoidant coping—only problem-focused coping showed a weak positive correlation with resilience. No significant correlation was found between family emotional involvement, perceived criticism, and resilience.

Keywords: *Family's Emotional Involvement; Coping Strategies On Resilience; Young Adults*

1. Introduction

1.1. Family Relationships

Family is the fundamental social unit that shapes an individual's emotional, cognitive, and behavioral development. The structure of families varies, including biological families, extended families, stepfamilies, and chosen families, often referred to as "families." Family members play a significant role in influencing each other's behaviors, fostering trust, and teaching social norms. Strong family relationships are associated with higher self-esteem, better academic performance, and lower risks of negative outcomes such as depression and substance abuse.

According to Family Systems Theory, a family functions as an interconnected unit where changes in one member affect the entire system. This theory highlights the importance of understanding family interactions holistically rather than in isolation. Key principles of this approach include maintaining boundaries within the family system, striving for equilibrium in times of stress, and recognizing bidirectional influences, where each member's actions impact others. This perspective underscores the need for family-based interventions, particularly in times of crisis, rather than focusing solely on individuals.

1.2. Family Involvement

Family involvement extends beyond biological parents and includes any supportive adult contributing to a child's academic, social, and emotional development. The shift from "parent involvement" to "family involvement" reflects the recognition of diverse family structures, including grandparents, caregivers, and community members who serve as role models. Given that children spend only a small fraction of their time in school, families significantly shape their learning and development at home. They instill values such as responsibility, commitment, and resilience, which contribute to long-term success.

* Corresponding author: Ankita PV

Families play a crucial role in emotional socialization, influencing how children express and regulate emotions. Expressed Emotion (EE) is a concept used to assess the emotional climate within a family, particularly in relation to psychiatric conditions. High EE environments, characterized by criticism, hostility, and emotional over-involvement, have been linked to poorer mental health outcomes, including worsening symptoms in individuals with schizophrenia and anxiety disorders. Emotional regulation is largely learned within the family through observational learning, parenting practices, and the overall emotional climate. These factors influence how individuals manage their emotions in adulthood and impact their future relationships.

1.3. Coping Strategies

Coping strategies refer to specific approaches individuals use to manage stress and adapt to challenges. These strategies differ from coping mechanisms, which are broadly classified as active or avoidant. Coping styles remain relatively stable across different life situations and influence long-term emotional well-being. Several standardized measures, such as the COPE Inventory and the Ways of Coping Questionnaire, assess individual coping patterns.

Coping strategies can be categorized into four main types. Problem-focused coping involves addressing the source of stress through active problem-solving and planning. Emotion-focused coping aims to manage distress by reframing situations, accepting circumstances, or using humor. Meaning-focused coping helps individuals find purpose in adversity, often by drawing on personal values or religious beliefs. Social coping involves seeking emotional or practical support from others. While problem-focused coping is generally considered the most effective, recent research suggests that some coping strategies, particularly avoidance and emotional repression, may contribute to negative mental health outcomes. Maladaptive coping strategies, such as denial or emotional detachment, can increase psychological distress and hinder resilience.

Coping strategies are closely linked to resilience, as they determine how effectively individuals adapt to adversity. Effective coping mechanisms contribute to stress management, emotional regulation, and stronger interpersonal relationships. Individuals with well-developed coping strategies are better equipped to handle life's challenges and maintain mental well-being.

1.4. Resilience

Resilience refers to an individual's ability to adapt and recover from adversity. Resilient individuals do not avoid stress or hardship but rather confront challenges with confidence and adaptability. They use their strengths, seek support, and develop strategies to manage difficult situations. While resilience does not eliminate feelings of distress, sadness, or anxiety, it enables individuals to process these emotions in a way that promotes personal growth.

Key characteristics of resilience include a survivor mentality, where individuals view themselves as capable of overcoming obstacles, and emotional regulation, which allows them to manage stress effectively. Resilient individuals often exhibit a strong internal locus of control, believing their actions shape their outcomes. They also demonstrate problem-solving skills, self-acceptance, and a willingness to seek support when needed.

Resilience manifests in different forms. Physical resilience refers to the body's ability to recover from illness or injury, influenced by factors such as nutrition, sleep, and exercise. Mental resilience is the capacity to adapt to uncertainty and navigate challenges with a flexible mindset. Emotional resilience enables individuals to manage intense emotions and maintain a positive outlook. Social resilience refers to a community's ability to recover from collective adversity, such as economic hardship or natural disasters, through mutual support and cooperation.

Developing resilience can help protect against mental health disorders such as anxiety and depression. It also plays a crucial role in overcoming trauma, bullying, or other life stressors. While some individuals naturally exhibit resilience, it is a skill that can be cultivated through healthy coping strategies, social connections, and self-awareness. Strengthening resilience enables individuals to navigate adversity more effectively and maintain long-term psychological well-being.

1.5. Need and significance of the study

1.5.1. Intervention strategies

where one might not be able to change the family relationships, they have from birth keeping in mind that it involves two people change in personal coping strategies might be easier. Understanding if certain coping strategies work in

certain family relationship settings practitioners can develop more targeted and effective interventions to support youth facing adversity.

1.6. Preventive Measures

Early identification of at-risk youth and the implementation of preventive measures can mitigate the long-term negative impacts of adverse experiences, promoting healthier development and well-being.

1.7. Theoretical framework

1) The Resilience Framework (Masten, 2001): Ann Masten's work on resilience suggests that it arises from a combination of personal attributes, external supports, and interactions between the individual and their environment. She identifies three main factors contributing to resilience: individual attributes (e.g., intelligence, temperament), external resources (e.g., supportive relationships, access to services), and the interaction between these factors.

2). Transactional Model of Stress and Coping (Lazarus & Folkman, 1984): This model posits that resilience is influenced by an individual's cognitive appraisal of stress and their coping strategies. Lazarus and Folkman propose that individuals engage in primary appraisal (evaluating the significance of the stressor) and secondary appraisal (evaluating their resources for coping). Resilience is fostered when individuals perceive stressors as manageable and have effective coping mechanisms.

3). The Socio-Ecological Model of Resilience (Ungar, 2011): Michael Ungar's model highlights the importance of considering resilience within the broader social and cultural context. This model emphasizes the role of social support, community resources, cultural beliefs, and systemic factors in fostering resilience. Ungar argues that resilience is not solely an individual trait but is shaped by the interaction between individuals and their social environment.

2. Review of literature

Mesman & Esther (2021) did research on the topic Resilience and mental health in children and adolescents: an update of the recent literature and future directions. The purpose of the research being to better understand the concept of resilience and its correlation with mental health. It was found that higher levels of resilience are related to fewer mental health problems, despite the heterogeneity of study populations. Resilience is strongly associated with mental health in children and adolescents and deserves a more prominent role in research, prevention programs and routine clinical care.

Staci M. Zolkoski & Lyndal M. Bullock (2012) did research on the topic Resilience in children and youth. And they found out that Parental factors such as support, monitoring, and communication skills are crucial resources for youth. Although individuals with self-confidence and social skills are slightly prone to being resilient irrespective of the risk or outcome.

Xabel García & Olga Molinero (2016) did research on the Relationship Between Resilience and Coping Strategies in Competitive Sport. This study analyzed the relationship among resilient qualities and coping strategies in 235 Spanish athletes (126 males, 109 females; *M* age = 20.7 yr) who practiced different sports (79.1% team sports, 20.9% individual sports).

Coping strategies and level of resilient qualities were measured by the Coping Inventory for Competitive Sport and the Resilience Scale. Resilience scores correlated positively to task-oriented coping and negatively to disengagement- and distraction-oriented coping during both periods. Analysis of variance indicated that athletes with high individual resilient qualities reached higher scores in task-oriented coping, using to a lower extent disengagement- and distraction-oriented coping.

Christian T. Gloria & Mary A. Steinhardt (2014) did research on Relationships Among Positive Emotions, Coping, Resilience and Mental Health for a sample of 200 postdoctoral research fellows, the present study examined if (a) positive emotions were associated with greater resilience, (b) coping strategies mediated the link between positive emotions and resilience and (c) resilience moderated the influence of stress on trait anxiety and depressive symptoms. It was found out that individuals who possess high levels of resilience are protected from stress and thus report lower levels of anxiety and depressive symptoms.

2.1. Research gap

The researches talk about the impact of family relationship on coping strategies and the correlation between coping strategies and resilience. The previous studies and the research work indicate that family relationship is related to coping strategies and in turn coping strategies with resilience. Previous studies which directly studies resilience and coping strategies have all used a population that already has a challenge. I want to study it in Indian context with respect to family as family is a factor for anyone in a collectivistic country like India that shapes everyone's personality traits and a lot more. Any experience as a child who learns it from the environment which is primarily the family is implemented in the future relationships. This study aims to find the individual impact of both the variables family's emotional involvement and coping strategies on resilience as well as studying the combined effect.

2.2. Methodology

2.2.1. Objectives

- To examine the role of expressed emotions in fostering resilience among youth.
- To identify the effective personal coping strategies that affects the level of resilience.
- To identify if expressed emotions and coping strategies influence the level of resilience.

2.2.2. Research question

How do expressed emotions and personal coping strategies impact the resilience among the youth?

2.3. Hypothesis

- H1: there is no significant impact of expressed emotions on resilience among the youth.
- H2: there is no significant impact of coping strategies on resilience among the youth.
- H3: the significant impact of both expressed emotions and coping strategies together is more than the impact individually on resilience among the youth.

2.4. Research design

It is descriptive research using the quantitative approach of research design.

2.4.1. Operational definition

Expressed emotions: negative attitudes, in the form of criticism, hostility, and emotional overinvolvement, demonstrated by family members toward a person with a mental disorder. High levels of expressed emotion have been shown to be associated with poorer outcomes in mood, anxiety, and schizophrenic disorders and an increased likelihood of relapse (APA 2018).

Coping strategies: an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation (APA, 2018).

Resilience: Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands (APA)

2.4.2. Participants and samples

The study will include 200 participants aged 18-25 from diverse backgrounds. The data will be collected via google forms. The sampling method is purposive sampling. The data is collected from people residing only in north Bangalore.

- **Inclusion criteria:** anyone falling under the age category.
- **Exclusion criteria:** who were in boarding school since early childhood or didn't live with their parents during their formative years.

2.4.3. Significance

Understanding these factors can inform interventions aimed at prompted resilience in youth with implications for mental health, education and social policy.

2.4.4. Research question

How do family's emotional involvement and personal coping strategies impact the resilience among the youth.

2.5. Procedure

The participants received the questionnaire via google forms. The informed consent was recorded as the very first thing in the form. It was also ensured that the data collected will remain confidential and that in case of any doubts they can revert back on the given mail id. The participants filled the data online.

2.6. Tools of the Study

This study utilizes three standardized questionnaires to assess family relationships, coping strategies, and resilience, with a total of 41 questions.

1. **Nicholson McBride Resilience Questionnaire (NMRQ) (Nicholson & Clark, 2010)** – A 12-item self-report scale measuring psychological resilience on a 5-point Likert scale. It assesses an individual's ability to cope with stress and adversity. *Reliability*: Cronbach's alpha = 0.76.
2. **Family's Emotional Involvement and Criticism Scale (FEICS) (Shields et al., 1992)** – A 14-item scale measuring Perceived Criticism (PC) and Emotional Involvement (EI) on a 5-point Likert scale, commonly used in family and mental health research. *Reliability*: PC ($\alpha = 0.82$), EI ($\alpha = 0.76$).
3. **Brief COPE Questionnaire (Carver, 1997)** – A 28-item self-report scale on a 4-point Likert scale, assessing various coping strategies used in response to stress. *Reliability*: Domains such as Religion ($\alpha = 0.82$) and Substance Use ($\alpha = 0.90$) showed high internal consistency.

2.7. Statistical analysis

Regression analysis is the type of statistical analysis used. Here we study the impact of my first variable family's emotional involvement on resilience and then second variable on resilience using simple linear regression. We also use multiple linear regression to assess the impact of both the variables together on my third variable that is resilience. And also see if the impact individually is greater than or less than the impact together.

3. Result and discussion

Quantitative analysis of the result is done. Correlation and linear regression is used to analyze the data using SPSS (version 20).

Table 1 Descriptive Statistics showing the Mean and Standard Deviation of resilience, problem focused coping, emotion focused coping avoidant and components of FEICS total.

Variables	n	M	SD
resilience	200	38.70	6.781
Problem focused	200	20.99	3.796
Emotion focused	200	29.71	5.243
Avoidant	200	17.54	4.213
EI	200	20.93	5.220
PC	200	18.13	5.5528
FEICS total	200	39.06	6.316

Note. M=Mean and SD=Standard Deviation

Table 2 Correlation between of resilience and coping strategies

variables	N	M	SD	1	2	3	4
1. resilience	200	38.7	6.78				
2. Problem focused	200	20.9	3.79	0.167*			
3. Emotion focused	200	29.7	5.24	-0.010	0.355***		
4. Avoidant	200	17.5	4.21	0.47	0.087	0.40	

Note. *p < 0.05 ; ***p < 0.001

Table 3 Correlation between resilience and FEICS

Variables	N	M	SD	1	2	3	4
1.resilience	200	38.7	6.78				
2.EI	200	20.9	5.22	0.126			
3.PC	200	18.1	5.52	-0.121	-0.336		
4.FEICS	200	39.06	6.31	-0.009	0.468	0.621	

Table 4 Correlation between FEICS and coping strategies

Variables	N	M	SD	1	2	3	4
1. FEICS	200	39.06	6.31				
2.emotion focused	200	29.7	5.24	-0.046			
3.problem focused	200	20.99	3.79	0.497	.000		
4. avoidant	200	17.5	4.21	0.775	.000	0.219	

Normality defines what is typical or average behavior in a group, guiding our understanding of what is expected. It helps identify deviations that may indicate strengths or challenges. From the above-mentioned table, it can be seen that the data is not normally distributed and thus for the correlation we use spearman's rank order method.

Correlation tells us the strength and direction of the relationship between two variables. Table 1 shows the correlation values between all the variables. As the brief cope questionnaire had three subcategories they have been individually scored. And thus, the three categories have been correlated with the dependent variable that is resilience. It can be seen from the table that the significance value for the dependent variable resilience and problem focused coping is $p = 0.018 < 0.05$ thus we reject the null hypothesis stating that there is positive correlation between problem focused coping and resilience. The correlation coefficient value $r = +0.167$ which indicates a very weak correlation.

It can be seen from the table that the significance value for the dependent variable resilience and emotion focused coping is $p=0.883>0.05$ thus failing to reject the null hypothesis stating that there is no correlation between emotion focused coping and resilience.

It can be seen from the table that the significance value for the dependent variable resilience and avoidant coping is $p=0.511>0.05$ thus failing to reject the null hypothesis stating that there is no correlation between avoidant coping and resilience. thus, our first hypothesis have been proved wrong, as there is a relationship between one of the coping strategies to resilience. And that style is problem focused coping style. Thus, also fulfilling our objective that states that To identify the effective personal coping strategies that affects the level of resilience.

From the normality table we can understand that the sub-category family emotional involvement and perceived criticism under the variable FEICS total, EI and FEICS total is normal. PC is not normal. As one of the variables is still not normal, we will use a nonparametric correlation that is spearman rank order correlation. Talking about

the dependent variable resilience and independent variable of family emotional involvement and perceived criticism it can be seen that the significance value $p=0.788>0.05$ thus failing to reject the null hypothesis stating that there is no correlation between resilience and family emotional involvement and perceived criticism. The variable has two sub categories that is called family emotional involvement (EI) and perceived criticism scale (PC). Seeing the correlation between emotional involvement (EI) and resilience the significance value $p=0.76>0.05$ thus failing to reject the null hypothesis stating that there is no correlation between the two. Another subcategory perceived criticism with resilience has a significance score $p=0.88>0.05$ thus failing to reject the null hypothesis stating that there is no correlation between the two. Thus, our second hypothesis have been proved right that there is actually no relationship between the two variables.

As there was no correlation between one of the independent variables on the dependent variable the combined effect couldn't be studied. Thus, the third hypothesis is true automatically that there is no significant combined impact of both coping strategies and family's emotional involvement on resilience.

Table 5 Regression scores of problems focused coping and resilience

	R	R square	B	Std error	sig
Problem focused	0.163	0.027	32.56 0.292	2.671 0.125	000 0.021

From table 5 it is seen the r value, also known as the correlation coefficient, which indicates the strength and direction of the relationship between the independent and dependent variables in this case problem focused coping and resilience respectively. An R value of 0.163 suggests a weak positive correlation between the predictor- problem focused coping and the outcome variable- resilience. This means that as the problem focused coping strategy increases, the resilience might also increase slightly, but the relationship is not strong. The R^2 value, or the coefficient of determination, tells you the proportion of variance in the dependent variable that is explained by the independent variable. As seen from the table, R^2 value is 0.027 (or 2.7%) implies that only 2.7% of the variance in the resilience is explained by the problem focused coping strategy. This is quite low, indicating that the problem focused coping does not explain much of the variability in the resilience.

4. Discussion

Previous research has established a relationship between resilience and coping strategies, often in specific contexts like competitive sports. Studies indicate that individuals with high resilience tend to use task-oriented coping while avoiding disengagement and distraction-oriented coping (Smith & Saklofske, 2015). This study aligns with past findings, demonstrating a weak positive correlation between problem-focused coping and resilience, supporting the idea that healthier coping strategies contribute to resilience (Cicognani, 2011).

In contrast, no correlation was found between family emotional involvement and resilience, contradicting some previous studies that suggested an association. Due to this lack of correlation, the combined effect of family emotional involvement and coping strategies on resilience could not be explored.

Regarding resilience scores, all participants scored above 30, with more than half (123 out of 200) scoring above 40, indicating a strong level of resilience. Notably, no respondents exhibited avoidant coping strategies, reinforcing prior research that highlights avoidant coping as the least preferred and potentially harmful strategy.

5. Conclusion

This study examined the relationships between resilience, coping strategies, and parental emotional involvement (including perceived criticism). Among the three coping strategies—problem-focused, emotion-focused, and avoidant coping—only problem-focused coping showed a weak positive correlation with resilience. No significant correlation was found between family emotional involvement, perceived criticism, and resilience.

Overall, the findings suggest that while problem-focused coping is associated with resilience, the effect is weak, and family emotional involvement does not significantly influence resilience. This highlights the importance of individual coping mechanisms in resilience development rather than external emotional influences.

5.1. Limitations

- Sample demographics: the sample is limited to only the Bangalore population. Without representation of diversity in socio-economic status, race, ethnicity or geographies it's
- difficult to generalize the study on entire population.
- Short Time Frame of Data Collection: the data collection was conducted over a short period, so it may not adequately capture longer-term changes in patterns that might happen in later stages of their lives.
- Self-reported data: the foundation of data was based on self-report measures and thus there might be chances of bias that people might have not reported the true opinions.

5.2. Future implication

- The research being conducted by a student had its own practical physical limitations in future considering to collect data from all over the state or different parts of the country may be useful for easier generalization.
- Due to time constraint the qualitative part couldn't be added to the same research in future qualitatively assessing the family relationship in depth and understanding that even family relationship and coping strategies are related to each other may develop a deeper understanding of the interplay between family relationships and coping strategies can lead to the creation of more holistic support systems that address both familial and individual factors in promoting resilience.

5.3. Ethics

This study will ensure informed consent from the participants emphasizing the voluntary nature of participation and their right to withdraw at any time. Any doubt by the participant will be clarified then and there. Confidentiality will be maintained by anonymizing data and securely storing it. Transparency, honesty, and integrity will guide the research process, ensuring accurate and responsible reporting of findings.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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