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Does Age and Gender Influence Resilience in Adolescents?

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ABSTRACT

Resilience, the ability to adapt and thrive in adversity, is a crucial skill that develops over time. This study examines the influence of age and gender on resilience among adolescents, considering psychological, emotional, and cognitive dimensions. Conducted on a sample of 400 college students (200 males, 200 females) aged 17–24, the study utilized the Connor-Davidson Resilience Scale to measure resilience levels. Findings indicate that younger students demonstrated higher resilience levels in certain domains, challenging the conventional belief that resilience increases with age. Additionally, gender differences were minimal, except in the control dimension, where females exhibited greater resilience. These results underscore the complexity of resilience development, emphasizing the role of life experiences and socialization rather than age and gender alone. The study highlights the need for tailored interventions to enhance resilience, accounting for individual and contextual differences. Future research should explore the intricate interplay of developmental factors to refine resilience-building strategies.

Keywords: *Resilience, socialisation, life experience, intervention, conventional belief*

1. INTRODUCTION

Adolescence is a crucial developmental stage that serves as a bridge between childhood and adulthood. This period is marked by significant energy, potential, and transformation, playing a vital role in shaping the future of society. The World Health Organization (WHO) classifies individuals aged 10–19 as adolescents, those aged 15–24 as youth, and individuals within the 10–24 age range as young people. India, with an estimated adolescent population of 253 million in 2024, represents approximately 21% of its total population, making it the largest adolescent population globally. This transitionary phase brings both opportunities for growth and challenges that can impact overall well-being (Backes & Bonnie, 2019).

Psychological resilience is the ability to mentally or emotionally cope with a crisis or adverse or unwarranted condition. In other words, it is a state to return to pre-crisis status quickly (deTerte & Stephens, 2014). Resilience exists when the person uses mental processes and behaviours in promoting personal assets and protecting self from the potential negative effects of stressors (Robertson et al., 2015). Resilience is the ability to adapt, recover, and thrive in the face of adversity, stress, or challenging circumstances. It involves maintaining psychological, emotional, and physical well-being despite difficulties. Thus, it can be said that psychological resilience exists in those people who developed psychological and behavioural capabilities that allow them to remain calm during crises and to move on from the incident without long-term negative consequences.

Resilience is not an innate trait but a skill that can be developed and strengthened over time. The key components of resilience include: managing regulation, cognitive flexibility, societal connectedness to building and maintaining supportive relationships (Lee, Kim & Park, 2017). Resilience can manifest in different forms depending on the context and the challenges faced. The physical resilience is the ability of the body to withstand physical challenges and recover from injury, illness, or physical stress. For example, regular exercise, balanced diet, and adequate sleep, practicing stress-reducing techniques like yoga or mindfulness. Cognitive resilience is the capacity to maintain focus, problem-solve, and adapt cognitively under pressure (Hayman et al., 2017). For examples, staying calm and thinking clearly during a high-stress exam, adjusting plans when unexpected obstacles arise. It can be developed by engaging in critical thinking and decision-making exercises, practicing mindfulness to improve focus and clarity. Furthermore, emotional resilience is the ability to manage emotions effectively and maintain a positive outlook during adversity. Examples- remaining optimistic after a personal failure, processing grief or loss constructively.

Resilience is a multifaceted concept that operates across various domains of life. Building resilience often involves a combination of personal effort, supportive relationships, and environmental or systemic factors. By recognizing the different types of resilience, individuals and communities can take targeted steps to strengthen their ability to thrive in the face of challenges.

Role of Age and Gender in Building Resilience

Age and gender can play a role in building resilience in high school students, but their impact is often nuanced and influenced by various contextual factors, including social environment, culture, and individual differences.

High school students are typically adolescents, a developmental stage characterized by significant physical, emotional, and cognitive changes. As student progresses through this period, their ability to handle stress and adversity may evolve. Higher secondary school students may have more developed coping mechanisms compared to younger high school students. With age, students may gain more life experiences, which can help build resilience through learning from challenges. Older students might also have had more opportunities to develop problem-solving and emotional regulation skills (Sambu1 & Mhongo, 2019).

Research suggests that males and females often adopt different coping strategies. For instance, females may lean towards emotion-focused coping strategies, such as seeking social support or processing emotions verbally. On the other hand, males may tend to use problem-focused coping strategies or avoidant behaviours. These tendencies are not universal and can vary significantly among individuals. Cultural and societal norms about gender roles can influence how boys and girls develop resilience. For instance, boys might feel pressured to suppress emotions, while girls might be encouraged to express them, affecting their emotional resilience. Some studies indicate that adolescent girls may report higher levels of stress, anxiety, or depression, potentially impacting resilience. However, boys may underreport such issues due to stigma, which could mask vulnerabilities (Juncos & Bourbeau, 2022).

Age and gender interact with external factors like family support, peer relationships, and school environment. For example, both younger and older students, regardless of gender, benefit from strong social support networks. Personality traits, past experiences, and access to resources (e.g., counselling or extracurricular activities) often have a stronger influence on resilience than age or gender alone.

Schools and parents can provide tailored resilience-building programs that account for developmental and gender-specific needs while avoiding stereotypes. Teach universal skills like problem-solving, emotional regulation, and stress management, which benefit all students regardless of age or gender. Older students and gender-diverse mentors can serve as role models to younger students, fostering resilience through shared experiences (Sun and Stewart, 2007).

2. METHOD

Sample

This study was conducted on a sample of 400 college students studying in Intermediate and degree classes in which 200 were male and remaining 200 were females. Their age range was varying from 17 years to 24 years.

Measures

A schedule was prepared for the present study comprising of items reated to demographic information and resilience scale.

Demographic Information: In this section, questions were framed regarding age, sex, class, family income etc.

Resilience Scale:

Connor and Davidson (2003) adapted version of the Resilience Scale were used in the present study. It is a 25-item scale that measures the ability to cope with stress and adversity. Respondents rate items on a scale from 0 to 4. This scale consists of five factors which emerged in the factor analysis: a. Personal competence, high standards, and tenacity, b. Trust in one's instincts, tolerance of negative affect, and strengthening effects of stress, c. Positive acceptance of change and secure relationships, d. Control, and e. Spiritual influences. The higher score leads to high level of resilience.

Result and Discussion

Data obtained on the scale used in the present research were statistically analysed in accordance with the objective and hypotheses advanced earlier using SPSS software. The results are presented here.

Age and Resilience

To measure the resilience level of higher and lower age group of respondents, t-test was applied and results are presented in table-1. Findings reveal significant difference in personal, positive and overall level of resilience in higher and lower age group of respondents. Resilience level was found relatively higher in the lower age group on all its dimensions. It is however, generally believed that as age increases resilience level also increasing accordingly. The age range was 16 to 24 years which is very short, thus reverse result was emerged. As for age differences, these appear not to have been a core focus of studies

on resilience, and conclusions in this area thus remain uncertain (Lee et al., 2013). In studies using the CDRISC, for example, no significant relations have been found between age and levels of resilience, suggesting a more specific role of life experiences (Pulido et al., 2020).

Table-1

t-ratio showing differences in the level of resilience between higher and lower age of respondents

Dimensions of Resilience	Age	N	Mean	Std. Deviation	T	Sig.
Personal	Higher Age Group	289	27.1280	2.78903	1.924	.055
	Lower Age Group	111	27.7297	2.83147		
Instinct	Higher Age Group	289	22.2491	2.89039	.509	.611
	Lower Age Group	111	22.4144	2.95256		
Positive	Higher Age Group	289	18.6228	2.08157	2.039	.042
	Lower Age Group	111	19.0991	2.11898		
Control	Higher Age Group	289	10.3772	1.94534	1.238	.217
	Lower Age Group	111	10.6396	1.77248		
Spiritual	Higher Age Group	289	6.3702	2.32841	.184	.854
	Lower Age Group	111	6.3243	1.98706		
Overall Resilience	Higher Age Group	289	84.7474	5.11688	2.579	.010
	Lower Age Group	111	86.2072	4.93985		

However, when other measures have been used, older adults have been shown to be more resilient with respect to emotional regulation and problem solving, while resilience in younger adults is related to social support (Gooding et al., 2012). On the other hand, MacLeod et al. (2016) indicated that higher levels of resilience were associated with increasing age, suggesting that young adults are not always as resilient as older ones. Nieto et al. (2023) results showed that the young adults were more resilient than their older counterparts, although age was not a significant predictor of resilience.

Gender and Resilience

To measure the significant difference in resilience between male and female respondents, t-test was computed to ascertain the significant difference between them. The results are depicted in table-2. It was observed that significant difference was observed on control dimension of resilience only between male and female respondent. No significant differences were emerged on remaining dimensions of resilience. The control dimension of resilience reflects ability of person to tolerate the adverse situation as well as tolerate challenges with composure as coping with stress. As a result, it encourages personal growth. Mayor-Silva et al. (2025) results provide sufficient evidence to assert that gender roles are related to the development of an optimal level of resilience in young women. These findings are consistent with research suggesting that gender roles and gender flexibility can significantly affect emotional well-being (Şimşekli, Ozturk, & Karahan, 2025). Regarding resilience levels, studies suggest that masculinity in young adults acts as a stress buffer, promoting higher social support and resilience by mitigating the negative effects of life event stress. This helps explain why individuals, including women with higher levels of masculinity, often exhibit greater resilience.

Table-2 t- test showing gender differences in resilience

	Gender	N	Mean	Std. Dev.	t-ratio	Sig.
Personal	Male	200	27.4600	2.65587	1.175	.241
	Female	200	27.1300	2.95410		
Instinct	Male	200	22.3750	3.07762	.550	.582

	Female	200	22.2150	2.72689		
Positive	Male	200	18.9500	2.15656	1.863	.063
	Female	200	18.5600	2.02904		
Control	Male	200	10.1200	1.88504	3.522	.000
	Female	200	10.7800	1.86251		
Spiritual	Male	200	6.3850	1.96112	.246	.806
	Female	200	6.3300	2.48636		
Overall Resilience	Male	200	85.2900	5.55881	.538	.591
	Female	200	85.0150	4.61533		

The slight edge on female scores on different dimensions of resilience were observed in comparison to male counterparts. Traditionally, it was supposed that male expressed higher level of resilience due to differences in their socialisation. In changing scenario particularly in medium and higher-level income groups, both boys and girls are given equal opportunity to face new challenges. Hjemdal and colleagues (2011) in their study found that female students reported significantly higher scores on resilience subscales of social resources and family cohesion, while males had significantly higher scores on the subscale of personal competence.

3. CONCLUSION

This study provides strong support for the conceptualization of resilience as a multidimensional construct. By adopting this perspective, it becomes possible to account for some of the inconsistencies observed in previous research regarding the influence of age and gender on resilience styles. Moreover, the application of this multidimensional framework enables the identification of distinct resilience patterns that have been demonstrated to hold clinical significance. This, in turn, allows for more precise assessments of individual strengths and vulnerabilities in resilience, facilitating the development of intervention programs that are more accurately made to specific coping styles. Finally, the findings of this study highlight the need for further exploration of the complex interplay between age and gender in shaping resilience. Future research should continue to investigate these interaction effects to deepen our understanding of resilience mechanisms and their implications for clinical practice.

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