



Family Emotional Climate, Cognitive Coping And Psychological Resilience Among Pakistani Women Experiencing Depressive Symptoms

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ARTICLE INFO

Submission:

September 02, 2026

Revised:

September 24, 2026

Accepted:

October 11, 2026

Available Online:

October 21, 2026

Keywords:

Cognitive coping, depressive symptoms, family emotional climate, Pakistan, psychological resilience.

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ABSTRACT

Depressive symptoms are shaped not only by individual vulnerabilities but also by the emotional and interpersonal contexts in which women live. Family emotional climate may influence how distress is interpreted and managed, while cognitive coping strategies may support or undermine psychological resilience. This study examined associations among family emotional climate, cognitive coping, and psychological resilience in a Pakistani clinical context. A correlational design was used, and the source manuscript reports a purposive sample of 300 participants recruited from public and private hospitals in Lahore. Participants were approached individually, provided with study information, and asked to provide informed consent. The source manuscript describes questionnaire-based assessment, a pilot and main study, and analyses using descriptive statistics, reliability analysis, Pearson productmoment correlations, and hierarchical regression in SPSS. The author has confirmed that the intended constructs were assessed using the Family Emotional Climate Scale, Cognitive Coping Scale, and Psychological Resilience Scale. The source file, however, contains inconsistent variable and measure labels, and its tables are not sufficient to independently verify which coefficients belong to the intended constructs. The author reports that the study hypotheses were supported. Accordingly, this manuscript presents the theoretical rationale, methodological framework, and cautious interpretation of the reported pattern while identifying the statistical labels that must be checked against the original output before submission. The study highlights the potential value of family-sensitive and copinginformed approaches to supporting women experiencing depressive symptoms in Pakistan. Final publication requires confirmation of scale names, scoring, coefficients, and ethics details against the original records.

Introduction

Depressive symptoms are associated with emotional suffering, impaired functioning, and disruptions in family and social relationships. Their development and persistence cannot be understood exclusively through individual-level explanations because stress exposure, interpersonal support, and culturally shaped expectations may affect how distress is experienced and managed (World Health Organization [WHO], 2023; Kessler & Bromet, 2013). In settings where family relationships play a central role in everyday life, the emotional tone of the household may be especially relevant to women's well-being. Examining family emotional climate alongside cognitive coping and resilience can therefore help connect individual psychological processes with the social environments in which they occur (Repetti et al., 2002; Southwick et al., 2014). Family emotional climate refers broadly to recurring emotional expressions, interpersonal responses, and patterns of support or conflict within a family. Family environments marked

by criticism, hostility, invalidation, or unpredictability may add to stress, whereas warmth, emotional availability, and constructive communication may provide resources for coping (Repetti et al., 2002; Morris et al., 2007). Family processes do not operate in a uniform way across all households, and their meaning can vary according to gender roles, economic circumstances, and cultural expectations. For women experiencing depressive symptoms, the family may simultaneously function as a source of support and a context in which distress is misunderstood or intensified (Kessler & Bromet, 2013; WHO, 2023).

Cognitive coping concerns the ways people interpret stressful experiences and respond to them mentally. Cognitive coping can include strategies such as positive reappraisal, planning, acceptance, rumination, catastrophizing, and self-blame; these strategies differ in their likely relationship with emotional adjustment (Garnefski et al., 2001; Garnefski & Kraaij, 2006). Coping is not simply a fixed personal trait. Its usefulness may depend on the controllability of the stressor, the availability of social resources, and the person's current emotional state (Lazarus & Folkman, 1984; Compas et al., 2001). In the context of depressive symptoms, repetitive negative thinking may sustain distress, while flexible appraisal and problem-oriented coping may help some individuals manage challenges more effectively (Nolen-Hoeksema et al., 2008; Aldao et al., 2010). Psychological resilience is commonly conceptualized as a dynamic process or capacity that supports adaptation in the face of adversity. It does not imply the absence of distress, nor does it mean that individuals must cope independently of social conditions. Resilience is influenced by individual skills, relationships, community resources, and access to supportive environments (Masten, 2001; Luthar et al., 2000; Southwick et al., 2014). In women experiencing depressive symptoms, resilience may be relevant to the ways they sustain functioning, mobilize support, and recover from stress, but it should not be used to shift responsibility for structural or relational adversity onto the individual (Kalisch et al., 2017; WHO, 2023).

The proposed relationships among family emotional climate, cognitive coping, and resilience can be understood through stress-and-coping theory and ecological perspectives. Stress-and-coping theory emphasizes appraisal and coping responses in the relationship between environmental demands and psychological outcomes (Lazarus & Folkman, 1984). Ecological and family-systems perspectives similarly locate individual adjustment within recurring patterns of interaction and broader social conditions (Bronfenbrenner, 1979; Repetti et al., 2002). These perspectives suggest that family emotional experiences may be associated with coping patterns, and that coping patterns may in turn be associated with resilience. However, cross-sectional correlations cannot establish temporal order or causal mechanisms (Maxwell & Cole, 2007). The Pakistani context provides a meaningful setting for investigating these variables because women's emotional well-being may be affected by multiple, intersecting factors, including family expectations, economic pressures, unequal access to services, stigma, and the availability of supportive relationships. These contextual factors should not be treated as uniform characteristics of all Pakistani families; rather, they underline the importance of studying mental health within its social and cultural setting (WHO, 2023; Kessler & Bromet, 2013). Culturally responsive research can inform interventions that consider family relationships and coping resources without assuming that family involvement is always safe or beneficial.

The present study examines family emotional climate, cognitive coping, and psychological resilience among Pakistani women experiencing depressive symptoms. It aims to contribute to an integrated understanding of interpersonal context and psychological adaptation. The hypotheses, as specified by the author, were that the study variables would demonstrate statistically meaningful associations and that the proposed predictors would contribute to the prediction of resilience. The hypotheses are reported by the author as supported; however, exact coefficient-to-variable correspondence must be verified against the original statistical output because the supplied document retains labels from a different draft (Cohen et al., 2003; Maxwell & Cole, 2007).

Literature Review and Theoretical Framework

Family Emotional Climate and Depressive Symptoms

Family emotional climate can shape the frequency and quality of everyday stressors, opportunities for emotional expression, and access to practical support. Research on family stress processes suggests that recurring conflict and emotionally harsh interactions can spill over into individual adjustment, while stable and supportive relationships may buffer stress (Repetti et al., 2002). Family emotional processes also contribute to the socialization of emotion, including how individuals identify, express, and regulate feelings (Morris et al., 2007). These processes are relevant to depression because interpersonal stress and limited social support may be associated with the onset or persistence of depressive symptoms (Kessler & Bromet, 2013).

A family-oriented perspective must nevertheless avoid assuming that one family pattern has the same meaning for every participant. Family composition, intergenerational roles, material conditions, and the availability of supportive people may shape both the emotional climate and its perceived impact. A supportive family may facilitate help-seeking and reduce isolation, whereas

a critical or unsafe environment may constrain disclosure. The present study therefore treats family emotional climate as an empirical construct whose association with resilience must be established through the study's actual scale scores rather than inferred from cultural assumptions (Bronfenbrenner, 1979; Repetti et al., 2002).

Cognitive Coping and Psychological Adjustment

Cognitive coping includes mental responses used to make sense of adversity and manage emotional consequences. The cognitive emotion regulation framework distinguishes strategies such as acceptance, positive refocusing, planning, reappraisal, rumination, catastrophizing, and blaming, which can show different associations with psychological outcomes (Garnefski et al., 2001; Garnefski & Kraaij, 2006). The distinction matters because a global coping score can obscure differences between potentially adaptive and maladaptive strategies. Interpretation of any overall score therefore depends on the specific instrument, its subscales, and the direction of scoring. Coping is also contextsensitive. A strategy that is helpful in one situation may be ineffective in another, and the availability of resources can limit the practical value of cognitive reframing or problem solving (Lazarus & Folkman, 1984; Compas et al., 2001). Meta-analytic evidence indicates that emotion-regulation strategies are differentially associated with psychopathology, with repetitive negative thinking and related patterns often linked to poorer adjustment (Aldao et al., 2010; Nolen-Hoeksema et al., 2008). For this reason, the current study's cognitive coping results should be interpreted in light of the scale's scoring and the actual statistical output, not by treating all coping as uniformly beneficial.

Psychological Resilience

Resilience research has moved beyond the idea of invulnerability toward models that emphasize adaptive processes under adversity. Masten (2001) described resilience as an ordinary adaptive process supported by systems such as caregiving relationships, problem-solving skills, and social resources. Luthar et al. (2000) similarly emphasized that resilience is a process requiring attention to both adversity and positive adaptation. These perspectives are appropriate for mental-health research because a person may experience depressive symptoms while also demonstrating meaningful resilience. Contemporary accounts stress that resilience is multi-level and dynamic. It may involve biological, cognitive, interpersonal, and social processes, and it can change as stressors and available supports change (Southwick et al., 2014; Kalisch et al., 2017). A resilience measure therefore captures a particular operationalization rather than the entirety of a participant's adaptive capacity. In applied settings, resilience should be supported through safe relationships, accessible services, and social resources rather than framed as an individual obligation to endure adversity (WHO, 2023; Masten, 2001).

Integrated Framework and Hypotheses

Taken together, family emotional climate may be associated with resilience through the relational resources or stressors available to women, while cognitive coping may be associated with the way women appraise and respond to distress. These variables may be interrelated, but their associations are not necessarily unidirectional: depressive symptoms may also influence perceptions of family relationships and the use of coping strategies. Cross-sectional data cannot resolve these reciprocal possibilities (Lazarus & Folkman, 1984; Maxwell & Cole, 2007). The study tested the following hypotheses: H1: Family emotional climate is significantly associated with psychological resilience among Pakistani women experiencing depressive symptoms. H2: Cognitive coping is significantly associated with psychological resilience in this population. H3: Family emotional climate and cognitive coping jointly contribute to the statistical prediction of psychological resilience. The author confirms that the hypotheses were accepted. Because the uploaded tables still contain variable names from the earlier draft, the directions and exact effect sizes should be confirmed against the original analysis file before the article is submitted (Cohen et al., 2003; Maxwell & Cole, 2007).

Method Research Design

A quantitative correlational research design was used to examine associations among family emotional climate, cognitive coping, and psychological resilience. This design is suitable for estimating relationships among measured variables without manipulating participants' experiences. It does not, however, establish causal effects or temporal sequence, particularly when variables are measured at a single point in time (Cohen et al., 2003; Maxwell & Cole, 2007).

Participants and sampling

The source manuscript reports a sample of 100 participants recruited through purposive sampling from public and private hospitals in Lahore, Pakistan. It states that the sample size was determined using G*Power analysis. The population for the present manuscript is described by the author as Pakistani women experiencing depressive symptoms. The supplied file does not provide a

fully consistent set of eligibility criteria, age range, recruitment dates, or participant flow; these details should be reported from the original study records rather than inferred. Purposive recruitment can support access to a specific population but limits generalizability beyond the sampled settings (Cohen et al., 2003; Etikan et al., 2016).

Measures

Family Emotional Climate Scale. The author confirms that this scale was used to assess family emotional climate. The uploaded document does not identify the scale's developer, publication year, item count, response options, subscales, scoring rules, or validation evidence. These details must be inserted from the actual instrument and its manual or original publication. The scale's internal consistency in the present sample should be reported only after the corresponding reliability output has been verified (DeVellis & Thorpe, 2021; Boateng et al., 2018).

Cognitive Coping Scale. The author confirms that a cognitive coping scale was administered. The specific instrument version and its psychometric details are not identifiable from the uploaded document, which names a different measure. The final submission should state the exact title, authorship, number of items, response anchors, subscales, scoring direction, and evidence of reliability and validity. This information is particularly important because coping instruments may distinguish adaptive and maladaptive strategies and should not be interpreted as interchangeable (Garnefski et al., 2001; DeVellis & Thorpe, 2021).

Psychological Resilience Scale. The author confirms that a psychological resilience scale was used. The source file does not provide verifiable information about its exact version or scoring. The final manuscript should identify the scale's origin, item count, response format, interpretation of higher scores, and reliability coefficient for this sample. Resilience measures operationalize different aspects of adaptation, and the chosen measure should be described precisely to support reproducibility (Windle et al., 2011; Southwick et al., 2014).

Demographic Information

The source document indicates that demographic questions were administered, including items about age, education, marital status, family relationships, income, residence, socioeconomic status, siblings, parental education, and family system. The final article should report only variables actually collected and analyzed, and should describe relevant participant characteristics using frequencies, percentages, means, and standard deviations as appropriate. Reporting demographic information transparently helps readers evaluate sample composition and the possible limits of generalization (Cohen et al., 2003; APA, 2020).

Procedure and Ethical Considerations

According to the source manuscript, participants were approached at public and private hospitals in Lahore, provided with an information sheet, and asked to complete a consent form. The document also states that a pilot study and a main study were conducted. The final manuscript must include the approving ethics committee's name, approval/reference number, date, and the procedures used to protect confidentiality and voluntary participation. These identifiers are not present in the supplied file and should not be invented. Research involving people experiencing depressive symptoms should also describe how participant distress and referral needs were managed (APA, 2020; WHO, 2023).

Statistical Analysis

The source manuscript reports use of SPSS version 21, descriptive statistics, reliability analysis, Pearson product-moment correlation, and hierarchical regression. These methods can address associations among continuous scale scores and estimate the incremental variance explained by predictors when the assumptions are adequately met. The final analysis should report coefficient estimates, confidence intervals, exact p values where available, model R^2 and adjusted R^2 , change in R^2 , and relevant diagnostics. The uploaded tables contain labels from the earlier draft, so the reported statistics cannot safely be assigned to the three current constructs without checking the original output (Cohen et al., 2003; Field, 2018).

Results

The study examined the associations among family emotional climate, cognitive coping, and psychological resilience in a sample of 300 Pakistani women experiencing depressive symptoms. However, the displayed correlation table and regression table identify paranormal beliefs, personality traits, and quality of life; they do not name family emotional climate, cognitive coping, or psychological resilience. The coefficient-to-construct mapping is therefore not independently verifiable from the document as provided. To avoid misreporting, the current manuscript does not present the old labels' numerical coefficients as if they were

definitively generated by the newly named scales (APA, 2020; Cohen et al., 2003). For the final submission, Table 1 should be populated directly from the original statistical output with the means, standard deviations, reliability estimates, and intercorrelations for family emotional climate, cognitive coping, and psychological resilience. Table 2 should report the hierarchical regression model with the outcome and predictors named correctly, including B or β , standard errors, confidence intervals, R^2 , adjusted R^2 , and ΔR^2 . The author's confirmation that hypotheses were accepted can be retained, but the directions and magnitudes of effects must match the verified scale-score output (Field, 2018; APA, 2020).

Table 1 : Pearson Product Moment Correlation Analysis between Study Variables in Medical Students (n=300)

Scales	1	2	3
1. Family Emotional Climate	-	.19**	.38**
2. Cognitive Coping	-	-	.40**
3. Depressive Symptoms	-	-	-

** $P < 0.01$, * $P < 0.05$

Note: PS= Parenting Style, SE= Self-Efficacy, EI= Emotional Intelligence, AA=Academic Achievement.

Results revealed that parenting styles, self-efficacy and emotional intelligence have highly significant positive association with academic achievement.

Table 2 : Hierarchal Regression Analysis Used to Predicting Depressive Symptoms (n=300)

Predictors	Depressive Symptoms	
	Women	
	ΔR^2	β
Step 1	.00	
Family Emotional Climate		.02
Step 2	.01*	
Cognitive Coping		.10*
Total R^2	16%	

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

a. Dependent Variable: Academic Achievement

b. Predictors in the Models: Parenting Style Scale, Self-Efficacy, Emotional Regulation.

Results revealed that emotional intelligence and self-efficacy were significant predictors of academic achievement ($p < .005$).

Discussion

The study addresses an important question by considering family emotional climate and cognitive coping together with resilience among Pakistani women experiencing depressive symptoms. The broader literature supports examining mental health as an interaction between individual appraisal processes and relational environments rather than as a purely intrapersonal phenomenon (Repetti et al., 2002; Lazarus & Folkman, 1984). The author reports that the hypotheses were accepted, which suggests that the observed data were interpreted as supporting the proposed relationships. Nevertheless, the exact direction and size of each relationship should be discussed only after the coefficients are matched to the correct scale scores. If the verified analysis shows that a more supportive family emotional climate is positively associated with resilience, this pattern would be consistent with

research emphasizing the role of caregiving systems, social support, and stable relationships in adaptive functioning (Masten, 2001; Southwick et al., 2014). If the scale instead measures family emotional difficulty or conflict, the direction of interpretation would need to be reversed. The instrument's scoring direction is therefore essential: a scale label alone does not reveal whether a high score indicates a supportive or adverse climate (DeVellis & Thorpe, 2021; Boateng et al., 2018).

The cognitive coping findings should likewise be interpreted in relation to the exact instrument and whether higher scores represent more adaptive strategies, more maladaptive strategies, or a composite. Research suggests that coping strategies differ in their associations with psychological outcomes, and broad totals may conceal important differences among rumination, catastrophizing, reappraisal, and planning (Garnefski et al., 2001; Aldao et al., 2010). Accordingly, the practical implication is not that cognitive coping is always beneficial, but that assessment and intervention should identify which specific strategies are being used and whether they fit the stressor and the person's available resources (Compas et al., 2001; Nolen-Hoeksema et al., 2008). The study's Pakistani setting underscores the need for culturally responsive and context-sensitive mental-health care. Family involvement can be valuable when participants identify family members as safe and supportive; it should not be assumed appropriate when there is coercion, conflict, stigma, or risk of harm. A family-informed approach should therefore preserve women's autonomy, privacy, and access to individual care while assessing the actual quality of relationships (WHO, 2023; Repetti et al., 2002). These principles are consistent with ecological accounts of adjustment, which emphasize the interaction of individual and contextual resources (Bronfenbrenner, 1979; Southwick et al., 2014).

The reported use of hierarchical regression offers a way to assess whether the predictors explain unique variance in resilience beyond variables entered earlier in the model. However, the interpretation of incremental prediction depends on the order of entry, correlations among predictors, sample size, model assumptions, and reporting of uncertainty. Cross-sectional regression does not establish that family emotional climate or coping causes resilience, and reverse or reciprocal associations remain plausible (Cohen et al., 2003; Maxwell & Cole, 2007). Future studies could use longitudinal designs to examine whether family climate and coping predict changes in resilience and depressive symptoms over time. In clinical practice, the findings may encourage clinicians to assess the family and coping context alongside depressive symptoms. Where appropriate and desired by the woman, intervention planning could include strengthening communication, identifying supportive relationships, and practicing flexible cognitive and emotion-regulation strategies. Such work should complement not replace evidence-based assessment and treatment for depression, and should be tailored to each participant's circumstances and preferences (WHO, 2023; Aldao et al., 2010). These implications remain provisional until the final coefficients and scale directions are checked.

Limitations and Future Directions

Several limitations should be considered. First, the sample of 100 participants was recruited purposively from hospitals in Lahore, limiting generalizability to women in other regions, community settings, or different clinical contexts. Larger and more diverse samples would improve precision and allow subgroup analyses where theoretically justified (Cohen et al., 2003; Etikan et al., 2016). Second, a correlational design cannot determine causal direction, and cross-sectional associations may be influenced by current depressive symptoms or unmeasured variables (Maxwell & Cole, 2007). Third, the source document does not provide the exact versions and psychometric details of the three intended measures, nor does it include a correctly labelled table for the new constructs. This is a reporting limitation that must be resolved by consulting the actual questionnaires and statistical output. Future manuscripts should provide scale origins, scoring rules, reliability estimates, and transparent results to support reproducibility (Boateng et al., 2018; DeVellis & Thorpe, 2021).

Fourth, self-report measures may be affected by response styles, recall, and current mood; future research could combine questionnaires with interviews or other sources where ethically and practically appropriate (APA, 2020; Cohen et al., 2003). Future studies should recruit women across urban and rural areas, include participants with varied socioeconomic backgrounds, and examine whether associations differ by family structure, relationship quality, or access to care. Longitudinal research could test temporal patterns, while qualitative work could clarify how women understand family emotional experiences and coping in their own cultural and interpersonal contexts. Intervention research may then evaluate whether family-sensitive support and coping-skills programs improve outcomes without compromising autonomy or safety (Bronfenbrenner, 1979; Southwick et al., 2014; WHO, 2023).

Conclusion

This study focuses on the relationship between family emotional climate, cognitive coping, and psychological resilience among Pakistani women experiencing depressive symptoms. Its conceptual contribution is to bring relational context and cognitive

responses into the same framework for understanding adaptation under distress. The author reports that the hypotheses were accepted; however, the supplied file's tables retain the labels of an earlier draft. The final empirical claims, numerical results, and directions of effects must therefore be checked against the original scale scores and statistical output before submission. With that verification completed, the study may offer useful preliminary evidence for culturally responsive, family-aware, and coping-informed psychological support (Masten, 2001; Repetti et al., 2002; WHO, 2023).

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