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"RESILIENCE AND MENTAL HEALTH: UNLOCKING THE KEYS TO SUCCESSFUL RETIREMNT LIVING"

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Abstract: This study is an attempt to investigate the resilience and mental health of retired employees of Ranchi (Jharkhand). 40 retired employees (Mean age 62.36 years) were chosen purposively from different parts of Ranchi, which 20 were male and 20 were female. The resilience was assessed through administration of the Connor-Davidson Resilience scale (CD-RISC). Mental health of the sample was assessed by the administration of the Indian adaptation of Goldbergs (1972) General health Questionnaire (GHQ) by Singh (2000). Result shows that males and female participants did not differ significantly on their resilience score. Significant difference was reported between high and low resilience male and female groups on the dimensions of somatic symptoms and severe depression.

Keywords: Resilience, Mental health, retired employees.

INTRODUCTION

Retirement marks a major life transition characterized by changes in social roles, income, and daily routines. For many, it can bring opportunities for rest, personal growth, and social engagement, while for others, it may be associated with loneliness, loss of purpose, or declining health. Mental health issues such as depression and anxiety are common among retired individuals, but resilience – the capacity to adapt positively in the face of adversity – plays a crucial role in determining psychological outcomes.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress - such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Concept of Resilience

Resilience is the psychological ability to cope with stress, adapt to challenges, and maintain or regain mental well-being. In the context of retired persons, resilience includes:

• **Cognitive resilience:** Maintaining optimism and problem-solving ability.

• **Emotional resilience:** Regulating emotions during stressful events.

• **Social resilience:** Relying on family, peers, and community support systems.

• **Spiritual resilience:** Drawing strength from meaning-making, values, or faith.

Factors Enhancing Resilience

• **Supportive Relationships:** Strong family and peer networks enhance mental well-being.

• **Physical Activity:** Exercise boosts mood and reduces stress.

• **Engagement in Meaningful Activities:** Volunteering, hobbies, or lifelong learning build purpose. • **Financial Security:** Adequate resources reduce stress, allowing focus on health and leisure.

• **Spiritual/Religious Involvement:** Provides a sense of meaning and community belonging.

Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave. The term 'mental health' is sometimes used to mean an absence of a mental disorder. Mental health means feeling emotionally well, being able to cope with daily

life, and staying positive.

Mental Health Challenges in Retirement

1) **Depression and Anxiety –** Retirement may trigger psychological distress due to financial insecurity, loss of work identity, or reduced social interactions.
2) **Loneliness and Social Isolation –** Reduced daily social engagement can contribute to emotional difficulties. 3) **Cognitive Decline –** Lack of active engagement may increase risk of memory problems.
4) **Adjustment Disorders –** Difficulty in transitioning from work-oriented to leisure-oriented life.
Mental health problems are common but help is available. People with mental health problems can get better and many recover completely**.**

Relationship between Resilience and Mental Health in Older Persons: Resilience and mental health are deeply interconnected, especially in older adults. Here's how they relate:

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1. **Resilience as a Protective Factor:** Resilience helps older individuals face challenges such as illness, loss of loved ones, reduced mobility, or social isolation without experiencing severe psychological distress. It acts as a buffer, reducing the risk of mental health problems like depression and anxiety.
2. **Improved Coping Mechanisms:** Older adults with high resilience are better equipped to manage stress and adapt to changes. This strengthens their mental health, allowing them to maintain emotional balance and a positive outlook even in difficult circumstances. **Promotes Recovery and Well-being:** When mental health issues arise, resilient individuals are more likely to seek help, use adaptive strategies, and recover faster. This leads to better overall life satisfaction and improved emotional functioning.
3. **Mutual Reinforcement:** Good mental health, in turn, supports the development and maintenance of resilience. A person who feels supported, confident, and mentally stable is more likely to persist through hardships, reinforcing their ability to bounce back.
4. **Preventive Role:** Resilience doesn't just help in managing existing challenges—it also plays a preventive role by promoting healthy behaviors, encouraging social connections, and fostering a sense of purpose, all of which are essential for sustaining good mental health.
Resilience and mental health form a positive feedback loop in older adults. Higher resilience contributes to better mental health outcomes, while strong mental health helps build and maintain resilience. Together, they empower older individuals to lead healthier, happier, and more fulfilling lives despite the challenges that come with aging.

The American Psychological Association (2017)

Emphasizes that promoting resilience can improve coping skills, recovery, and overall well-being in the elderly. Todd., et al. (2010) also consider psychological resilience a main complementary component of mental health, as it is a main contributor to lasting well being and mental health. Additionally, mental health and psychological resilience enhance each other (Kajbafnezhad, et al. 2015). Psychological resilience has a median effect on psychosocial adjustment, which is considered one of the mental health basics, as it helps one find different ways to face adversity and satisfaction and happiness with life. Therefore, psychological resilience is of great importance and value for the individual because it allows her to adjust herself and her environment, encourages her to cope better with her problems, enhances her steadfastness, and encourages achievement, internal control, and negative reflections avoidance. It is also a factor that fosters meaningful life for teenagers (Brassai, et al. 2011). If all of these aspects are present, together they will be a real indicator of mental health that could predict resilience. Those who have greater mental health have greater resilience as well, especially when facing life's difficulties, such as poverty (Elliott, 2016).
Francesca Farber M.sc and Jenny Rosendahi Deutches Aryteblatt, international, online publication (2018) suggest a strong association between resilience and mental health.
Rudwan and Alhashimia, (1887) the result indicates a positive correlation between mental health and resilience. There was a significant difference between male and female groups in terms of resilience and mental health in favour of female students. It seems that women are more resilient and healthier than men.
In several studies of resilience, strong mental health status and high resilience levels were found to be related. Wagnild (2003) found a positive relationship between morale, life satisfaction, and resilience. An inverse relationship between mental health disorders, such as depression, and resilience was found (Hardy et al., 2004; Wagnild, et al 1990). Nygren, et al. (2005) found that mental health was correlated with resilience in women, but not men. Mehta et al. (2008) found that age influences the relationship of apathy, resilience, and disability with depression. Specifically, Mehta et al. (2008) found that with increasing age, resilience seems to lose importance with regard to late life depression. Lee, et.al (2008) found that optimism and self-esteem were significant predictors of resilience in both Korean mothers and daughters who immigrated to the United States. Recently, Lamond el al. (2009) found that emotional health, self-rated cognitive function, optimism, days spent with family and friends, and self-rated successful aging were most likely to predict resilience levels in a sample of community-dwelling older women.

RESEARCH METHODOLOGY

Objectives

- To examine the level of resilience and mental health status of retired employees of Ranchi town.
- To study the socio-demographic characteristics of the persons under study.
- To find out gender difference in mental health of retired employees.
- To examine the level of mental health between high and low resilience groups.

Hypotheses

• Level of resilience and status of mental health will differ among various retired employees.

• Socio-demographic characteristics will vary among various retired employees.

• There will be no significant gender difference in resilience and mental health.

• There will be significant difference between high and low resilience group on mental health score.

Design and Method

The research design used for the study was Ex-post facto design.

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Sample

The sample size was 40 retired employees (20 males and 20 females) selected purposively from different area of Ranchi town. The age group of the sample was 60 and above years. The socio-demographic details such as age, gender, religion were assessed using self-prepared socio-demographic data sheet.

Tools used

➢Personal Data Questionnaire

A personal data sheet will be prepared by the investigator to know the relevant information and socio-demographic details of the subject such as age, religion, gender, economic condition, physical condition, education, physical difficulties, occupational history, social relations, family relations etc.

➢Cannor-Davidson Resilience scale (CD-RISC; Cannor and Davidson 2003)

The Cannor-Davidson Resilience scale (CD-RISC) was developed by Kathryn M. Connor and Jonathan R. T. The CD-RISC is a 25- item scale that measures the ability to cope with stress and adversity. Respondent's rate items on a scale from 0 ("not true at all") to 4 ("true nearly all the time"). Range is 0-100 and High score lead to high resilienc. The reliability coefficient in the Indian context of the CD-RISC is 0.89. Alpha reliability was observed as for factor 1, α =0.80, factor 2, α=0.75, factor 3, α =0.74, factor 4, α = 0.69, and overall α= 0.89 in the present study.

➢Indian Adaptation of Goldberg's General Health Questionnaire (GHQ) by Singh (2000)

This scale was developed by Singh (2000). This scale consists of 28 items scored on a 4-point scale. Scoring 0-3 higher scores indicates which are divided into 4 sub-scales. Somatic symptoms, Anxiety insomnia, social dysfunction and severe depression. The alpha co-efficient of the Indian adaptation of the scale was reported to be 0.79, 0.78, 0.75 and 0.84 for the 4 sub scales respectively while the homogeneity index of the items were found to range between 0.40 and 0.71.

Procedure

The resilience scale was administered to the sample. On the basis of median split (median=53) of resilience scores, high and low resilience groups were identified. Those scoring above median value considered as high resilience and those scoring below median were considered as low resilience group. After that, the Indian adaptation of Goldberg's GHQ by Singh was administered on both high resilience and low resilience groups. On the basis of median split of mental health scores, high and low mental health groups (dimensions) were identified.

Result and discussion

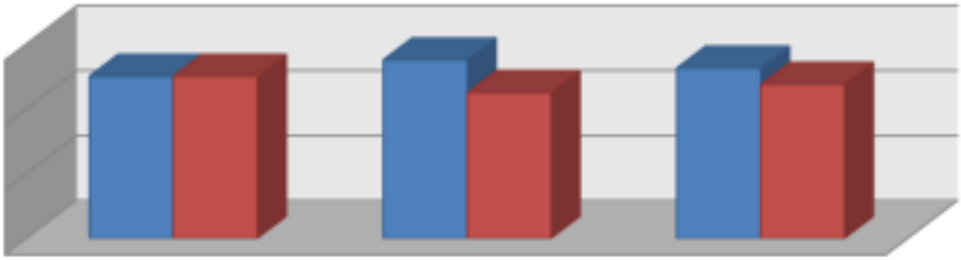
To verify the proposed hypothesis, the obtained data were analyzed in terms of percentage, mean, SD, and t. Analysis the results are recorded in following table.1, 2,3,4,5 and 6.

Table no. 1

Percentage distribution of high and low (male & female) scorer on resilience scale.

Groups	Low (0-53)		High (53 & above)	
	Response	Percentage	Response	Percentage
Male (N=20)	10	50%	10	50%
Female (N=20)	11	55%	9	45%
Total (N=40)	21	52.5%	19	47.5%

Graph representing the Percentage distribution of high and low (in total sample) scorer on resilience scale.



It is evident from table 1 that out of the 40 retired employees, 19 (47.5%) were found to have high level of resilience and 21 (52.5%) were found to have low level of resilience.

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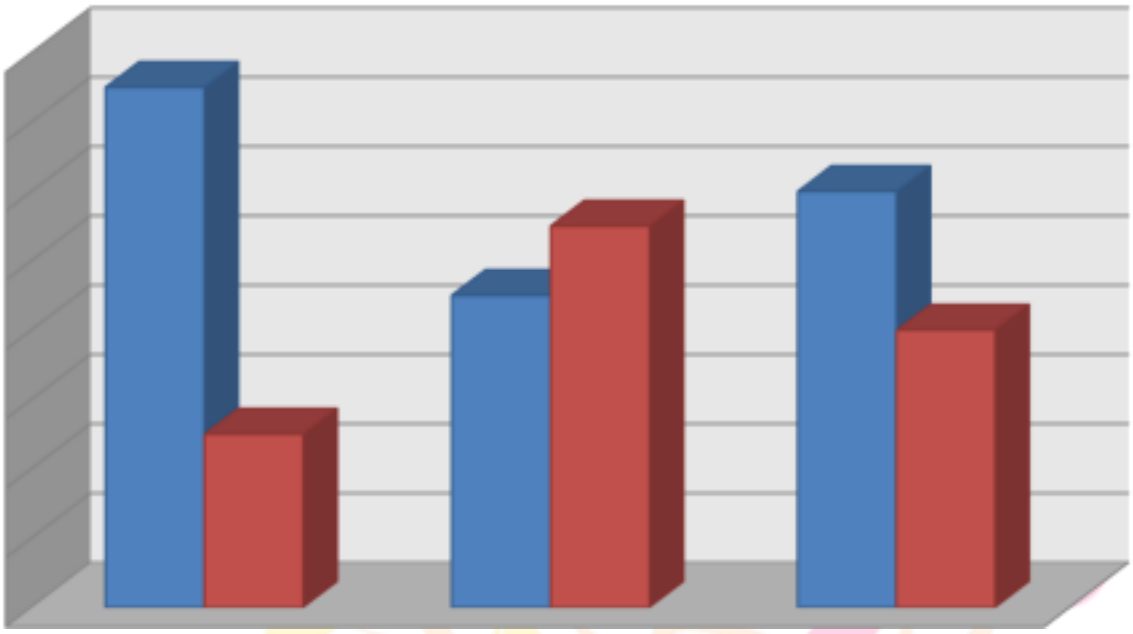
In the male group 50% were found to have high level of resilience and 50% were low level of resilience. On the other hand, 55% of female group found to have lower level and 45% were found to have higher level of resilience. Female reported high levels of resilience compared to male.

Table no. 2

Number and percentage of retired employees having high and low level of somatic symptoms, severe depression, anxiety insomnia and social dysfunction scorer.

Dimension	Group	Low (0-3)		High (3 & above)	
		Response	Percentage	Response	Percentage
Somatic Symptoms	Male	17	85%	3	15%
	Female	8	40%	12	60%
Severe Depression	Male	15	75%	5	25%
	Female	16	80%	4	20%
Anxiety Insomnia		Low (0-4)		High (4 & above)	
	Male	17	85%	3	15%
	Female	17	85%	3	15%
Social Dysfunction	Male	19	95%	1	5%
	Female	19	95%	1	5%
Total (N=20)		Low (0-13)		High (13 & above)	
	Male	15	75%	5	25%
	Female	9	45%	11	55%
Total	(N=40)	24	60%	16	40%

Grap representing the Percentage distribution of high and low (in total sample) scorer on mental health scale.



the analysis indicated that majority of female retired employees (60%) experienced greater somatic symptoms than male (15%) retired employees.

The three other areas (dimensions) where in considerable psychological distress (anxiety insomnia, social dysfunction, severe depression) were experienced by both male and female alike.

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Table no. 3

Characteristics of retired employees. Table no. 3 show that the maximum no. of respondent is (55%) agewas

Sl. No.	Characteristics	Male N=20	Female N=20	Total (N=40)
1.	**Age**			
	60-70	40%	70%	55%
	71-80	45%	30%	37.5%
	81 & Above	15%	0	7.5%
2.	**Marital status**			
	Single	50%	50%	50%
	Married	50%	50%	50%
3.	**Religion**			
	Hindu	95%	90%	92.5%
	Muslim	0	0	0
	Christian	0	0	0

	Sikh	5%	10%	7.5%
4.	**Education**			
	Up to Graduation	65%	80%	72.5%
	Graduation and above	35%	20%	27.5%
5.	**Profession**			
	Government job	70%	30%	50%
	Private job	30%	70%	50%

60 to 70 years, followed by age group 71 to 80 (37.5%) and age group 80 and above (7.5%). With regard to marital status (50%) were married and (50%) were single. Among them 50% were government officer and 50% were in private job. 92.5% belonged to Hindu religion.72.5% retired employees were graduate and 27.5% were highly qualified (graduate and above).

Table no. 4

Gender difference in resilience score

Group	N	Mean	SD	T-value	Level of significant
Male	20	56.45	13.13	1.21	NS
Female	20	51.4	13.16		

Table no. 4 shows that male and female retired employees were compared on resilience scores. The table 4 shows the result, which reveal that mean resilience score of male retired employees have scored significant higher than female retired employees. And the t value is 1.21 which is statistically not significant. Thus, it can be concluded that male retired employees has better resilience as compared to the female retired employees.

Table no. 5 shows the gender difference in mental health.

Table no. 5

Difference in somatic symptoms, anxiety insomnia, social dysfunction and severe depression between male and female retired employees.

	Male			Female				
Dimensions	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**	**t-value**	**Level of significant**
Somatic symptoms	20	2.55	0.74	20	3.55	0.74	4.17	0.01
Anxiety insomnia	20	3.80	0.84	20	3.75	0.77	0.19	NS
Social dysfunction	20	3.35	1.11	20	3.65	0.73	1	NS
Severe depression	20	2.80	0.87	20	2.65	1.01	0.75	NS
Total (N=40)	20	12.5	1.6	20	13.6	1.69	7.86	0.01

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Male and female retired employees were compared on somatic symptoms, Anxiety Insomnia, Social dysfunction and severe depression scores.

The table 5 shows the result, which reveal that female retired employees have scored significantly higher than male retired employee on somatic symptoms and the t-value of this dimension is 4.17, which is highly statistically significant (t = 4.17; P< .01).
In anxiety Insomnia dimension, mean score of males is 3.80 & female is 3.75, the mean differences is 0.05. In social dysfunction dimension, mean score of male is 3.35 & female is 3.65, the mean differences is 0.3. And severe depression dimension, mean score of male is 2.80 & female is 2.65, the mean differences is 0.15. In these three dimensions the differences are not statistically significant. Thus, we can conclude that male and female retired employees did not differ significantly in anxiety insomnia, social dysfunction and severe depression.

Table no. 6

High resilience and low resilience of male and female groups.

Male							**Female**					
	High resilience		Low resilience				High resilience		Low resilience			
Dimensions	Mean	SD	Mean	SD	t value	Level of significant	Mean	SD	Mean	SD	t value	Level of significant
Somatic symptoms	2.7	0.78	2.4	0.66	0.91	NS	3.27	0.75	3.89	0.57	2.04	.05
Anxiety insomnia	3.8	0.75	3.8	0.98	0.26	NS	3.82	0.72	3.67	0.82	0.43	NS
Social dysfunction	3.3	1.35	3.4	0.8	0.2	NS	3.55	0.78	3.78	0.63	0.72	NS
Severe depression	2.4	0.8	3.2	0.75	2.29	.05	2.45	1.16	2.89	0.74	1.04	NS

Table no. 6 reveal that high resilience and low resilience male group differ significantly on the dimension of severe depression of general health Questionnaire. On the other dimensions they did not show any significant difference.
On the other hand, female group did not differ significantly on the three dimensions of General Health Questionnaire (GHQ) except somatic symptoms dimension.

CONCLUSION

• Level of resilience was found higher in male retired employees as compared to female retired employees. • Female retired employees' experiences more somatic symptom as compare to male retired employees. • Male retired employees were high in severe depression as compare to female retired employees.

• Thus, the results reveal that, male retired employees scored comparatively better on mental health scale as compared to the female retired employees.
So, we can say that resilience is not merely an individual trait but a dynamic process that can be nurtured. Promoting resilience among retired employees can help them maintain mental health, dignity, and quality of life in their later years.

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