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Presenting a Model of Resilience Based on Individual Factors: The Mediating Role of Emotion-Focused Coping Strategy

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A B S T R A C T

Purpose: The present study aimed to present a model of resilience based on individual factors and the mediating role of emotion-focused coping strategies.
Methods and Materials: This research is descriptive-correlational, and the statistical population included all male and female undergraduate, master's, and doctoral students enrolled at the Islamic Azad University, Yazd Branch, in the academic year 2023-2024, totaling 9,550 individuals. The statistical sample size was determined using a single-stage cluster sampling method based on Morgan's table, accounting for a 10% dropout rate, resulting in the selection of 420 participants. The instruments used for data collection were the Connor-Davidson Resilience Scale (Connor & Davidson, 2003), the Spiritual Well-Being Questionnaire (Paloutzian & Ellison, 1983), the God Attachment Questionnaire (Ghobari Bonab & Hadadi Kouhsar, 2011), the Davis Empathy Questionnaire (Davis, 1983), the Self-Compassion Scale (Raes, 2011), Lazarus and Folkman's Coping Strategies Questionnaire (1980), the Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2001), and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Data analysis was conducted using structural equation modeling (SEM) with SPSS 22 and Smart PLS 4 software. Out of the distributed questionnaires, 398 were deemed analyzable.
Findings: The data analysis results revealed that self-esteem, spiritual well-being, God attachment, emotional regulation, and empathy had direct effects on resilience, and indirect effects on resilience were mediated by emotion-focused coping strategies. However, self-compassion had a direct effect on resilience but did not show an indirect effect mediated by emotion-focused coping strategies. Overall, given that the Q^2 values for coping strategies and resilience were 0.162 and 0.380, respectively, it can be concluded that the model possesses predictive power for coping strategies concerning research variables and resilience.
Conclusion: The final model, encompassing exogenous variables (self-esteem, self-compassion, spiritual well-being, God attachment, emotional regulation, and empathy), the mediating variable (emotion-focused coping strategies), and the endogenous variable (resilience), was tested using several fit indices, demonstrating the appropriateness and adequacy of the final model.

Keywords: *resilience, emotion-focused coping strategy, self-esteem, cognitive emotion regulation, empathy, self-compassion, God attachment*

1. Introduction

In recent years, the positive psychology approach, emphasizing human talents and strengths, has gained the attention of researchers across various fields of psychology. Resilience helps individuals confront and adapt to challenging and stressful life situations (Izadian et al., 2010). Resilience is a valuable resource for achieving mental health and enables some individuals to experience success in adulthood despite difficulties in childhood. People with resilience often return to normal functioning from stressful encounters through the creation of positive emotions, without a reduction in their mental health or the development of mental illness; they overcome stressful events and, in some cases, appear to have progressed despite their difficult experiences (Golparvar & Parsakia, 2023; Verdolini et al., 2021). Self-esteem is one of the factors that help increase resilience levels. Self-esteem refers to how individuals perceive and evaluate their self-worth and is considered a protective resource against the effects of negative experiences and challenges (Dunkel-Schetter & Dolbier, 2011). Numerous empirical studies indicate that higher self-esteem is associated with greater resilience (Derosier et al., 2013). Studies by Benetti and Kambouropoulos (2006) and Yu and Zhang (2007) also highlight a significant relationship between self-esteem and resilience (Benetti & Kambouropoulos, 2006; Yu & Zhang, 2007).

Self-compassion, like self-esteem, is viewed as a socially adaptive method of self-care (Neff, 2009; Neff & McGehee, 2010). High self-compassion is associated with less inclination to hide experiences from others (Dupasquier et al., 2018). Self-compassion is considered a trait that individuals can develop (Smeets et al., 2014). Self-compassion involves being moved by one's suffering and accepting it, desiring to alleviate the suffering, and treating oneself kindly. In self-compassion, rather than focusing on oneself, it is essential to understand how to treat and behave with oneself, especially when facing difficulties and failures (Mousavi & Alvani, 2019). Self-compassion can predict resilience (Neff, 2009; Neff & McGehee, 2010).

Another significant factor influencing resilience is spiritual well-being. Spiritual well-being provides a harmonious and integrated connection with internal forces. It has been defined as an inherent and essential human quality that encompasses belief in something greater than oneself and affirms life in an absolute manner (Jorna et al., 2006; Ofem, 2023; Safikhani, 2022). Mason, Singleton, and Weber (2006) define spirituality as personal beliefs and practices influenced by one's relationship with God or a higher power in the world (Mehrinejad et al., 2015). Mehrinejad, Tarsafi, and Rajabi-Moghadam (2015) conducted research on predicting students' resilience based on spirituality, finding a positive and significant relationship between spirituality levels and students' resilience (Mehrinejad et al., 2015).

Attachment to God is another factor affecting resilience. Kirkpatrick (1994), one of the theorists on God attachment, describes this type of attachment as the continuity of attachment to a primary caregiver during childhood, which evolves over time into other systems, such as attachment to God and country (Kirkpatrick, 1994). Various studies have examined the relationship between variables like God attachment, resilience, and patience. Ghobari Bonab and colleagues' research indicated a significant positive relationship between God attachment styles and patience and self-esteem among students (Ghobari Benab & Hadadi Koohsar, 2011; Ghobari Bonab et al., 2017). Zahedbabolan and colleagues (2012) also reported a positive and significant relationship between God attachment and resilience, with meaningfulness in life (Zahedbabolan et al., 2012). Nosrati and colleagues (2020) found a positive and significant relationship between secure God attachment and resilience, mindfulness, and self-compassion and a negative and significant relationship between insecure God attachment and these variables (Nosrati et al., 2020).

Another important factor influencing resilience is emotion. Studies indicate that the appropriate and adaptive functioning of psychological, physiological, and behavioral components of emotions depends on the strategies individuals use for emotion regulation (Gross & Thompson, 2007). Thompson (1994) defines emotion regulation as "the ability to monitor, evaluate, and modify emotional reactions, particularly in goal-directed behavior contexts." Effective emotion regulation functions modify individuals' appraisals and mental responses to stressful events, leading to appropriate cognitive, motivational, and behavioral responses (Gross & Thompson, 2007). Garnefski and Kraaij (2006) equate emotion regulation with cognitive coping, considering it a method of managing emotions using emotionally triggered information. Cognitive processes can help manage or regulate emotions and enable individuals to control emotions after stressful events (Garnefski & Kraaij, 2006). Mahmoudi and Ghaemi (2017) demonstrated that positive cognitive emotion regulation strategies positively predict resilience, whereas negative cognitive emotion

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regulation strategies negatively and significantly predict resilience (Mahmoudi & Qaemi, 2017).

Empathy is another factor that affects resilience. Empathy in individuals indicates self-awareness, mental health, self-appreciation, and self-love (not narcissism). A lack of empathy signifies emotional and cognitive immaturity, which leads to the inability to love others. Empathy prevents extreme views and beliefs and fosters flexibility in life (Mahmoudi, 2018). In a study by Siyez et al. (2010) on the relationship between empathy, self-efficacy, and resilience among students, both empathy and self-efficacy had a positive and significant relationship with resilience (Siyez & Savi, 2010).

Coping strategies are another influential construct affecting resilience. Folkman and Lazarus (1985) define coping as cognitive and behavioral efforts to manage external and internal demands. Cognitive efforts can be external (problem-focused) or internal (emotion-focused). Problem-focused coping aims to manage or change a stressor, while emotion-focused coping aims to alleviate emotional stress (Beasley et al., 2006; Folkman & Lazarus, 1985). Emotion-focused coping focuses on controlling stress symptoms; it uses emotional responses and emotional management in stressful situations (Chang et al., 2006). Ghazanfari and Ghadampour (2008) describe coping strategies as cognitive and behavioral efforts to interpret and adjust a stressful situation, reducing the associated distress (Ghazanfari & Ghadampoor, 2008).

Research conducted by psychologists and researchers highlights the important role of coping strategies in psychological resilience (Booth & Neill, 2017; Kim et al., 2021; Portillo-Reyes et al., 2020; Vannini et al., 2021; Verdolini et al., 2021). Despite existing research on resilience, there has not been an integrated study to determine the direct and indirect mechanisms of individual factors affecting students' resilience within a research design.

Therefore, this study examines the integration of these variables within a conceptual model, considering both direct and indirect relationships between individual factors and resilience. In other words, the structural model analyzed in this research is a model of protective factors for students' resilience, grounded in significant theories (Connor & Davidson, 2003; Folkman & Lazarus, 1985; Garnefski et al., 2001, 2002) and a rich research background (Connor & Davidson, 2003; Dunkel-Schetter & Dolbier, 2011; Folkman & Lazarus, 1985; Garnefski & Kraaij, 2006; Masten, 2001; Mouatsou & Koutra, 2021). Accordingly, this study formulates a conceptual model to answer the critical question of whether individual factors (self-esteem, self-compassion, spiritual well-being, God attachment, emotion regulation, and empathy) can directly and indirectly, through the mediating variable (emotion-focused coping strategy), predict resilience in students.

2. Methods and Materials

2.1. Study Design and Participants

The present study is descriptive, survey-based, and correlational. The statistical population consisted of all male and female students enrolled in undergraduate, master's, and doctoral programs at the Islamic Azad University, Yazd Branch, in the academic year 2023-2024, totaling 9,550 individuals. The sample size was determined using a single-stage cluster sampling method based on Morgan's table, accounting for a 10% attrition rate, resulting in 420 participants. Of the distributed questionnaires, 398 were deemed analyzable. The following instruments were used for data collection:

2.2. Measures

2.2.1. Coping Strategies

The Lazarus and Folkman Coping Strategies Questionnaire (1985) includes 66 items across eight scales: direct coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, planned problem-solving, and positive reappraisal. The Cronbach's alpha coefficients for the subscales were as follows: direct coping = 0.70, distancing = 0.61, self-control = 0.70, seeking social support = 0.76, accepting responsibility = 0.66, escape-avoidance = 0.72, planned problem-solving = 0.67, and positive reappraisal = 0.79, indicating satisfactory reliability (Saeed, 2019).

2.2.2. Coping Strategies

The Davis Empathy Questionnaire (1983) consists of 21 items, covering the components of empathic concern, perspective-taking, and personal distress. The reliability of the questionnaire in Davis's research, measured by Cronbach's alpha, was above 0.70. Additionally, the construct validity was confirmed through factor analysis (Hakimi Dezfouli & Ebrahimpour, 2024).

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2.2.3. *Coping Strategies*

The Connor-Davidson Resilience Scale (2003) contains 25 items across five components: personal competence, trust in individual instincts, tolerance of negative affect, positive acceptance of change and secure relationships, and control and spiritual influences. The reliability of the questionnaire, calculated using Cronbach's alpha, was 0.93 (Mohammadi, 2005).

2.2.4. *Self-Compassion*

The Self-Compassion Scale by Raes et al. (2011) consists of 12 items and six components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The reliability of this scale, measured by Cronbach's alpha, was over 0.91 in Shahbazi et al.'s (2015) study (Shahbazi et al., 2015).

2.2.5. *God Attachment*

The God Attachment Questionnaire by Bonab and Hadadi (2011) contains 16 items and six components: proximity seeking, secure base, safe haven, separation anxiety, positive perception of God, and positive self-perception. The reliability coefficients, based on Cronbach's alpha, were as follows: proximity seeking = 0.90, secure base = 0.93, safe haven = 0.88, separation anxiety = 0.86, positive perception of God = 0.85, and positive self-perception = 0.90 (Ghobari Benab & Hadadi Koohsar, 2011; Ghobari Bonab et al., 2017).

2.2.6. *Cognitive Emotion Regulation*

The Cognitive Emotion Regulation Questionnaire by Garnefski et al. (2001) comprises 36 items. Cronbach's alpha coefficients for the subscales, reported by Garnefski et al. (2002), ranged from 0.71 to 0.81. The components include self-blame, acceptance, rumination, positive refocusing, planning refocusing, positive reappraisal, perspective-taking, catastrophizing, and blaming others (Roghani et al., 2022).

2.2.7. *Self-Esteem*

The Rosenberg Self-Esteem Scale (1965) consists of 10 self-report items. In a study by Mohammadi (2005), the reliability of this scale among a sample of students from Shiraz University was reported using Cronbach's alpha as 0.69 and split-half reliability as 0.68. Test-retest reliability was reported as 0.77 for a one-week interval, 0.73 for a two-week interval, and 0.78 for a three-week interval (Mohammadi, 2005).

2.2.8. *Spiritual Well-Being*

The Spiritual Well-Being Scale by Paloutzian and Ellison (1982) includes 20 questions, with two subscales: religious well-being and existential well-being. Odd-numbered questions assess religious well-being, measuring the individual's experience of a satisfactory relationship with God, while even-numbered questions assess existential well-being, measuring life purpose and satisfaction. The reliability coefficients, reported by Dehshiri et al. (2008) for male and female students, were 0.90 for the overall scale, 0.82 for religious well-being, and 0.87 for existential well-being, with test-retest reliability coefficients of 0.85, 0.78, and 0.81, respectively (Dehshiri et al., 2008).

2.3. *Data Analysis*

SPSS 22 software was used to prepare the data and analyze central indicators, skewness, distribution, and normality tests. Additionally, Smart PLS 4 software was employed to fit measurement models (Cronbach's alpha, composite reliability, convergent validity, and divergent validity), structural models (direct, indirect, and total effects), and the conceptual model (GoF and Q^2).

3. Findings and Results

Table 1 presents the results of central indicators, dispersion indices, and distribution shape indices, along with the Kolmogorov-Smirnov test to assess the normality of data distribution. Comparing the central indices shows that the mean, median, and mode values for the research variables are not equal, indicating skewness in the data distribution. Given that the skewness of the research variables is negative, the data skew to the left. Additionally, since the kurtosis values for the research variables are positive, the height of the distribution is taller than that of a normal distribution.

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Table 1

Central and Dispersion Indices Findings

Variable	Mean	Median	Mode	Standard Deviation	Variance	Skewness	Kurtosis	K-S p
Self-esteem	20.437	15	30	9.67220	93.551	0.955	0.326	0.001
Confrontation Coping	14.452	14	14	2.44259	5.966	-0.306	0.365	0.001
Self-control	15.194	15	16	2.68689	7.219	-0.293	0.932	0.001
Distancing	17.281	17	17	3.11835	9.724	-0.355	0.837	0.001
Avoidance	21.849	22	23	3.53213	12.476	-0.677	0.117	0.001
Emotion Regulation	111.425	108	108	30.45554	927.540	-0.459	0.025	0.001
Empathy	60.096	63	63	17.18930	295.472	-0.434	0.360	0.001
God Attachment	36.676	34	48	11.90466	141.721	0.980	0.537	0.001
Resilience	66.736	71	75	20.17751	407.132	0.598	0.877	0.001
Self-compassion	33.236	34	36	7.77191	60.403	-0.096	0.741	0.001
Spiritual Well-being	45.199	53.5	60	17.57799	308.986	-0.379	-0.824	0.001
Coping Strategies	68.776	69	72	9.40351	88.426	-0.976	0.837	0.001

Since the significance level of the Kolmogorov-Smirnov test for all research variables is less than 0.05, the assumption of normal distribution is rejected at a 95% confidence level and 0.05 error level, indicating non-normal data. Thus, Smart PLS 4 software was used for fitting measurement models, structural models, and the overall model.

Composite reliability, Cronbach's alpha, and average variance extracted (AVE) were used to fit measurement models. The analysis of factor loadings led to the deletion of six questions from the God Attachment variable, three from Empathy, five from Self-compassion, and four from Resilience, as they had factor loadings below 0.7. In the initial state, the AVE for Self-compassion was below 0.5, indicating inadequate convergent validity.

Table 2

Measurement Model Fit Findings After Question Deletion

Variable	Cronbach's Alpha	Composite Reliability	AVE
Spiritual Well-being	0.983	0.982	0.737
Resilience	0.973	0.975	0.647
Emotion Regulation	0.988	0.988	0.691
God Attachment	0.965	0.970	0.763
Coping Strategies	0.981	0.981	0.663
Self-compassion	0.888	0.915	0.595
Self-esteem	0.979	0.982	0.844
Empathy	0.975	0.977	0.700

The AVE values improved after removing questions with factor loadings below 0.7, enhancing the measurement model's convergent validity. Table 3 reports the Fornell-Larcker criterion for assessing discriminant validity. The main diagonal values for the research variables exceed the lower cell values, confirming acceptable discriminant validity.

Table 3

Fornell-Larcker Discriminant Validity Findings

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Spiritual Well-being	0.858							
Resilience	0.309	0.804						
Emotion Regulation	0.181	0.179	0.831					
God Attachment	0.320	0.521	0.152	0.874				
Coping Strategies	0.123	0.197	0.166	0.091	0.814			
Self-compassion	0.223	0.631	0.193	0.357	0.225	0.772		

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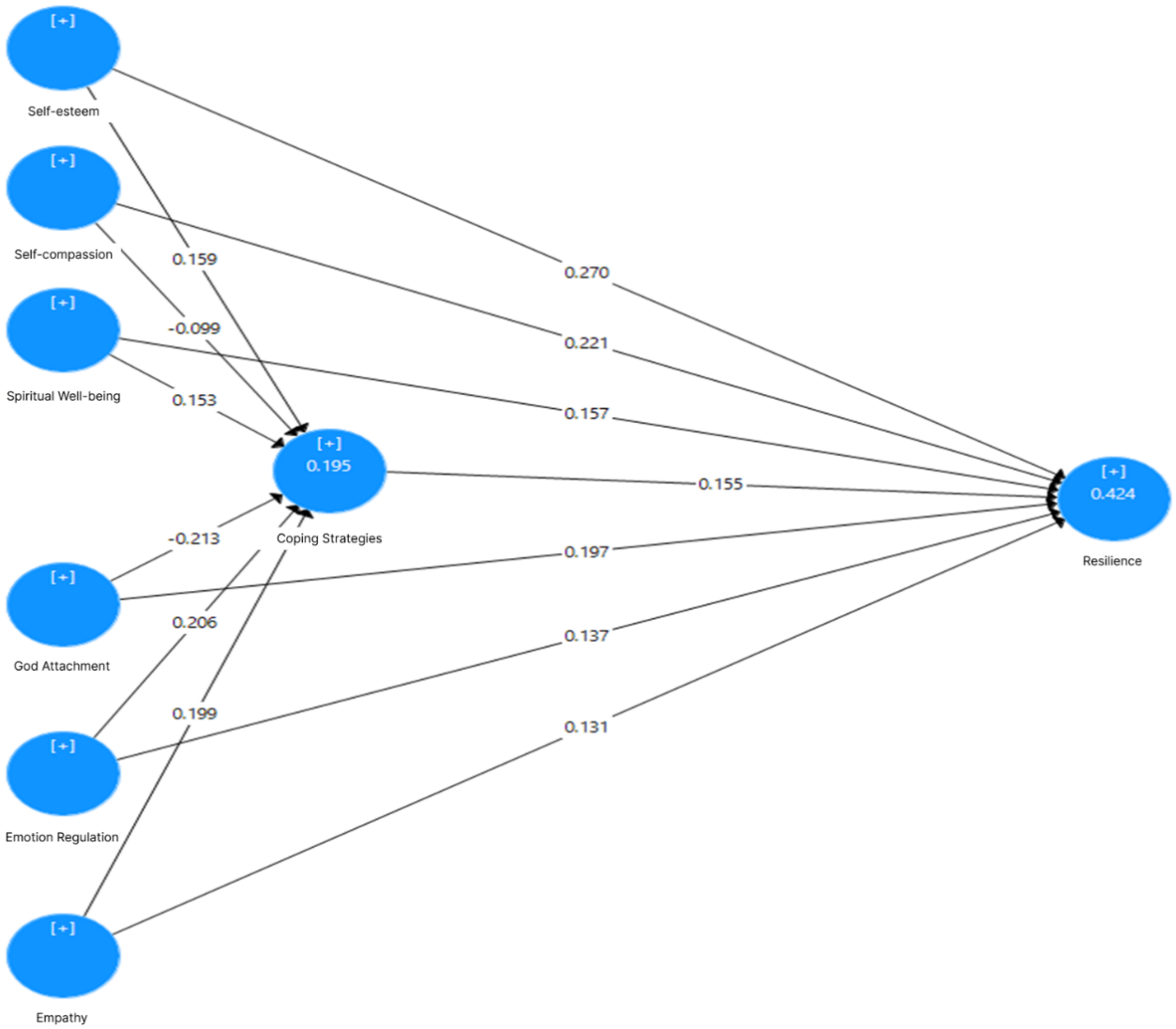
Self-esteem	0.355	0.457	0.183	0.438	0.305	0.366	0.919	
Empathy	0.227	0.281	0.125	0.168	0.027	0.199	0.256	0.844

Figure 1 illustrates the standard coefficient model, depicting the relationships among the variables: Spiritual Well-being, Self-compassion, God Attachment, Emotion Regulation, Empathy, and Self-esteem as independent variables, Coping Strategies as the mediating variable, and Resilience as the dependent variable. The model assesses correlations in the standard coefficient state.

Figure 1

Conceptual Model in Standard Coefficient State



Wetzel et al. identify GOF values of 0.01, 0.25, and 0.36 as weak, moderate, and strong. Table 4 shows a GOF value of 0.261, indicating a moderate to high model fit. Henseler et al. (2009) provide prediction power thresholds for endogenous constructs: 0.02 (weak), 0.15 (moderate), and 0.35 (strong). With Q^2 values of 0.162 for Coping Strategies and 0.380 for Resilience, the model exhibits moderate predictive power for Coping Strategies and strong predictive power for Resilience.

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Table 4

Structural Model Fit: Self-esteem and Resilience

Independent Variable	Dependent Variable	Path Coefficient	R^2	t	p-value	H_1 Status
Self-esteem	Resilience	0.270	0.073	5.169	0.001	Accepted
Self-compassion	Resilience	0.221	0.049	4.592	0.001	Accepted
Spiritual Well-being	Resilience	0.157	0.025	3.693	0.001	Accepted
God Attachment	Resilience	0.197	0.039	4.369	0.001	Accepted
Emotion Regulation	Resilience	0.137	0.019	3.256	0.001	Accepted
Empathy	Resilience	0.131	0.017	2.840	0.005	Accepted
Coping Strategies	Resilience	0.155	0.024	3.760	0.001	Accepted

The significance values ($p < 0.05$) and t-statistics (greater than 1.96) for all paths indicate that H_1 is accepted at a 95% confidence level, confirming direct, positive relationships between Self-esteem, Spiritual Well-being, God Attachment, Empathy, Emotion Regulation, Self-compassion, and Resilience.

Chin (1998) suggests R^2 values of 0.19, 0.33, and 0.67 as weak, moderate, and strong. Since R^2 for the structural model is below 0.19, the explanatory power of the predictors on Resilience is weak.

Table 5

Indirect Effect Significance

Path	Correlation	Standard Error	t	p-value	Status
Emotion Regulation -> Resilience	0.032	0.012	2.628	0.009	Accepted Path
God Attachment -> Resilience	-0.033	0.011	3.009	0.003	Accepted Path
Spiritual Well-being -> Resilience	0.024	0.010	2.388	0.017	Accepted Path
Self-compassion -> Resilience	-0.015	0.009	1.805	0.072	Rejected Path
Self-esteem -> Resilience	0.025	0.009	2.698	0.007	Accepted Path
Empathy -> Resilience	0.031	0.011	2.796	0.005	Accepted Path

Indirect effects for Emotion Regulation, God Attachment, Coping Strategies, and Self-esteem on Resilience are significant ($p < 0.05$), confirming mediation by Coping Strategies. The indirect effect of Self-compassion on Resilience is not significant.

Table 6

Total Effect Significance Findings

Path	Correlation	Standard Error	t	p-value	Status
Emotion Regulation -> Resilience	0.169	0.044	3.846	0.001	Accepted Path
Emotion Regulation -> Coping Strategies	0.206	0.050	4.142	0.001	Accepted Path
God Attachment -> Resilience	0.164	0.047	3.506	0.001	Accepted Path
God Attachment -> Coping Strategies	-0.213	0.041	5.165	0.001	Accepted Path
Coping Strategies -> Resilience	0.155	0.041	3.760	0.001	Accepted Path
Spiritual Well-being -> Resilience	0.181	0.041	4.385	0.001	Accepted Path
Spiritual Well-being -> Coping Strategies	0.153	0.046	3.302	0.001	Accepted Path
Self-compassion -> Resilience	0.206	0.051	4.068	0.001	Accepted Path
Self-compassion -> Coping Strategies	-0.099	0.048	2.083	0.038	Accepted Path
Self-esteem -> Resilience	0.294	0.053	5.530	0.001	Accepted Path
Self-esteem -> Coping Strategies	0.159	0.047	3.344	0.001	Accepted Path
Empathy -> Resilience	0.161	0.043	3.726	0.001	Accepted Path
Empathy -> Coping Strategies	0.199	0.051	3.919	0.001	Accepted Path

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4. Discussion and Conclusion

The present study aimed to present a model of resilience based on individual factors and the mediating role of emotion-focused coping strategies. The findings revealed that self-esteem, spiritual well-being, God attachment, emotional regulation, and empathy had both direct effects on resilience and indirect effects, mediated by emotion-focused coping strategies. However, self-compassion had a direct effect on resilience but no indirect effect through emotion-focused coping strategies. Overall, considering that Q^2 was 0.162 for coping strategies and 0.380 for resilience, the model demonstrated predictive power for coping strategies and resilience relative to the research variables. The results are consistent with prior findings (Dupasquier et al., 2018; Mahmoudi, 2018; Mahmoudi & Qaemi, 2017; Mehrinejad et al., 2015; Nosrati et al., 2020; Voon et al., 2021; Zahedbabolan et al., 2012).

To explain the findings, it can be argued that self-worth and competence naturally lead to experiencing positive emotions. Specifically, individuals with high self-esteem utilize adaptive self-regulation strategies and more effective responses in various situations, which enhances their resilience (Ourerson & Jost, 2007). Increased self-esteem in students fosters positive emotions, enabling them to cope successfully with negative experiences. Those with this trait are better equipped to adapt to challenges compared to those without it. High self-esteem also reduces reliance on emotion-focused coping methods, which involve avoiding problems and passivity, ultimately leading to less stress and a lower likelihood of succumbing to psychological pressure.

Self-compassion also enhances psychological capabilities like positive emotions, thereby aiding in risk prevention (Neff, 2009; Neff & McGehee, 2010). When individuals show compassion and kindness toward themselves, they accept negative emotions. Self-compassionate students exhibit more responsibility in stressful situations and greater motivation to change adverse and tense conditions. They do not avoid or deny painful feelings but confront them using logical problem-solving strategies. Resilience helps students focus on strengths rather than vulnerabilities.

When individuals feel they lack personal control over stressful situations or when their repeated efforts to manage the situation fail, spirituality may act as a powerful and effective coping strategy, fostering a positive outlook on managing stress. In situations like final exams, seeking spiritual support or relying on a higher power helps individuals cope with stress and develop a more positive attitude. Spirituality can thus be an effective coping strategy under uncontrollable circumstances, aiding individuals in adapting to stress and enhancing overall satisfaction. Students with high spiritual well-being see their lives as purposeful and meaningful, helping them handle psychological pressures and challenges. Spirituality fosters a sense of meaning, providing purpose and integrating different aspects of existence. Additionally, this positive meaning cultivates positive emotions.

Yang and Mao (2007) believe that having a purpose in life, a sense of belonging to a higher meaning, hope in divine assistance during difficult times, and access to social and spiritual support help religious individuals endure less damage when faced with life stressors (Yang & Mao, 2007). Students who believe in God and recognize divine oversight over all situations experience reduced anxiety. Emotional acceptance also increases one's ability to endure difficulties, enhancing resilience (MoghimIslam et al., 2013). Secure attachment to God serves as a safety foundation, where belief in divine protection boosts confidence and transforms feelings of security into psychological calm, preparing individuals for life's challenges.

Belief in God as the ultimate controller of situations significantly reduces anxiety, allowing individuals with high God attachment to describe their relationship with God as that with a close friend. This secure attachment acts as an antidote to anxiety. Students with secure God attachment use fewer passive coping strategies and do not perceive stressors as unchangeable. Conversely, those with lower God attachment, lacking supportive resources, exhibit weaker resilience and are less equipped to cope with psychological and physical challenges.

Emotion regulation plays a crucial role in the relationship between stressors and physical health. An individual's appraisal of a stressful situation significantly influences subsequent outcomes. Different individuals perceive the same event differently based on their appraisals, which are influenced by cognitive emotion regulation. In anxiety-inducing situations, students often resort to emotion-focused strategies. However, cognitive emotion regulation prevents the use of passive and denial strategies. Students can mobilize various coping styles to address problems, and strong empathy makes them more positive and less negative in stressful responses. People with strong empathy perceive greater social support and psychological resilience (Mahmoudi & Qaemi, 2017).

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Since empathy is an interpersonal skill, empathetic students generally have good relationships and strong social support systems. Therefore, they are more likely to adjust their mindset and actively seek help in stressful situations.

In conclusion, individual factors such as self-esteem, self-compassion, spiritual well-being, God attachment, emotional regulation, and empathy contribute to enhancing resilience. Limitations of this study include the use of self-report questionnaires, which may not provide an accurate depiction of reality, and data collection being confined to students, limiting generalizability. The group administration of questionnaires could also affect response accuracy, influenced by factors such as lack of interest in the study topic or the high number of questions.

It is suggested that counselors and educators use these variables to create plans and policies that enhance resilience, restructure the educational environment, and improve students' performance when facing difficulties.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

This article is based on the first author's doctoral dissertation in educational psychology at Islamic Azad University, Kerman Branch. The study received ethical approval (code: IR.IAU.KERMAN.REC.1401.082) from the ethics committee of Islamic Azad University, Kerman Branch. Informed consent forms were obtained from all participants, and assurances were provided regarding privacy and confidentiality.

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