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Different roles of resilience in a non clinical sample evaluated for family stress and psychiatric symptoms☆

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ABSTRACT

The aim of this study is to investigate the relationship between resilience, risky family and psychiatric symptoms in order to understand which role resilience may have.
608 post-doc course students (323 males and 285 females) were recruited and evaluated through the Resilience Scale for Adult, the Risky Family Questionnaire and the Brief Symptom Inventory. A cluster analysis was implemented to understand the possible associations among the variables, showing four clusters; then a correlation analysis for each cluster was carried out. There was a significant and meaningful correlation pattern for cluster 1. Subsequently a Sobel test in cluster 1 was implemented, with a significant mediating role for resilience. Resilience is associated with less symptoms in Clusters 1 and 2, but in different ways. It has a protective role, mediating the relation between risky family and psychiatric symptoms in Cluster 1. Meanwhile it has a compensatory effect buffering the symptoms in Cluster 2. Clusters 3 and 4 show a high level of family stress and symptoms but a low level of resilience. It is possible to hypothesize that resilience does not "work" when there has been a high past risky family and so resilience could not have protective or compensatory effect.

1. Introduction

In the last decade mental health researchers have focused their attention on the psychological outcomes after stressful events. These outcomes are multi-determined due to the variability of the vulnerability and the capacity to react to the stressful events that may have biological, temperamental, psychological, interpersonal causes, as well as their interaction (Rutter, 2000).

Resilience is one of the most studied factors promoting wellbeing. Resilience may be defined as the skill to maintain a psychological equilibrium after or during exposure to negative and stressful events improving personal resources and growth (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). In order to understand its role in facing stressful events two models were hypothesized: compensatory and protective. Along the compensatory model resilience works in the opposite direction to the risk factors. It has a direct effect on outcome (i.e. symptoms) independently from a risk factor or stressful event (Rutter, 2000). In the protective model resilience instead may reduce the risk factor effect on the outcome acting as mediator between these variables (Neelarambam, 2015). The protective effect is activated when there are stressful events (i.e. exposure) and difficulties acting through personal and social skill improvement (Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006).

Resilience has been studied in relation to different types of stressful events, e.g. natural disasters (Stratta & Rossi, 2013a, Matsubayashi, Sawada & Ueda, 2013) both in adults (Bonanno, 2004) and adolescents (Stratta et al., 2013, 2014). While the relationship of resilience with childhood abuse was studied (Collishaw et al., 2007; Wingo et al., 2010), the influence of disorganized, confusing, negative family functioning in childhood and early adolescence on resilience to the best of our knowledge has not been adequately investigated. Indeed two previous studies analyzed the relations between childhood negative family, resilience and depression in clinical and non clinical samples (Collazzoni et al., 2014, 2015). The authors found that resilience is activated, and then it has a buffering effect against the family stress, when there has been a violent and threatening past familial environment, as in clinical samples (Collazzoni et al., 2014, 2015). Instead resilience is not activated and it does not have the buffering effect against the family stress, when there has not been a negative childhood familial environment, as in non clinical samples (Collazzoni et al., 2015). Nevertheless how the perception of an early negative familial environment may influence adult resilience and its relationship with general

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psychiatric symptoms and which are the different roles of resilience connected to the above mentioned variables in a convenience sample have not been studied previously.

The aim of this study is to investigate the relationship among the risk related to a past life in a disorganized and negative family environment (i.e. exposure criterion), resilience and psychiatric symptomatology with the hypothesis that these variables could interact variously in different conditions (low or high family risk, resilience, symptom severity), leading to different outcomes. To do so a cluster analysis was performed in a wide convenience group of students in order to unveil a possible heterogeneity of the resilience role (compensatory or protective).

2. Methods

2.1. Participants

608 university and post-doc course students (mean age 28.29, SD 9.18, 323 males and 285 females) were involved in this study.

2.2. Procedure

The Ethics Committee of the University approved all recruitment and assessment procedures. The questionnaires were administered through a fixed presentation among post-doc course students in a group administration session. Eligible and available subjects provided written informed consent after receiving a complete description of the study and having an opportunity to ask questions. They then completed the self-report questionnaires.

2.3. Measures

2.3.1. Negative childhood familial environment

The Risky Family Questionnaire (RFQ) consists of 13 items measuring the family environment characterized by conflicts between the members, a harsh restrictive parenting style, and chaotic, disorganized familial management (item example: "How often did a parent or other adult in the household swear at you, insult you, put you down, or act in a way that made you feel threatened?"). Participants rated aspects of their family environment on 5-point Likert scales ranging from 1 (not at all) to 5 (very often). It has already been studied in connection to psychopathology (Benedetti et al., 2012, 2014; Collazzoni et al., 2014; Poletti, Colombo, & Benedetti, 2014; Taylor, Lehman, Kiefe, & Seeman,, 2006; Taylor, Lerner, Sage, Lehman, & Seeman, 2004). The RFQ measures the negative familial environment in a period of time between 5 and 15 years old. The Italian version was used (Benedetti et al., 2011). The alpha reliability was .70.

2.3.2. Psychiatric symptoms

The Brief Symptom Inventory (BSI) was used to assess psychiatric symptoms. The BSI consists of 53 items covering different symptom dimensions and three global indices of distress: Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST) (Derogatis & Melisaratos, 1983). Participants rated their symptoms from the previous week (item example: "Nervousness or shakiness inside") on 5-point Likert scales ranging from 0 (not at all) to 4 (very much). The Global Severity Index score was used for the purpose of our study. In fact it is the single best indicator of current distress levels, because it combines information on the number of symptoms and the intensity of perceived distress. The Italian Version was used (De Leo, Frisoni, Rozzini, & Trabucchi, 1993). The alpha reliability was .95.

2.3.3. Resilience

The Resilience Scale for Adults (RSA) was used to measure the resilient level. The Resilience Scale for Adults consists of 33 items measuring six resiliency dimensions and a total resiliency score. Four dimensions assess the individual resiliency characteristics: Perception of Self, Perception of the Future, Structured Style and Social Competence while the Family Cohesion dimension assesses the family resiliency resources and the Social Resources dimension assesses the resources of social networks around the individual (Friborg, Hjemdal, Martinussen, & Rosenvinge, 2009; Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Hjemdal et al., 2011). Participants rated their resilience on 7-point semantic differential scales (item example: "My close friends and my family: appreciate my qualities □ □ □ □ □ □ □ despise my qualities"). Only the Resilience total score was used in our study. The validated Italian version was used (Capanna, Stratta, Hjemdal, Collazzoni, & Rossi, 2015). The alpha reliability was .89.

2.4. Statistical analyses

A cluster analysis using Ward's method was performed. The absolute measures were Z-transformed. This analysis was performed on all 608 subjects using all the measurements performed. The Ward's method was selected because it has been found to be accurate in recovering known mixtures of clusters. The number of clusters was determined

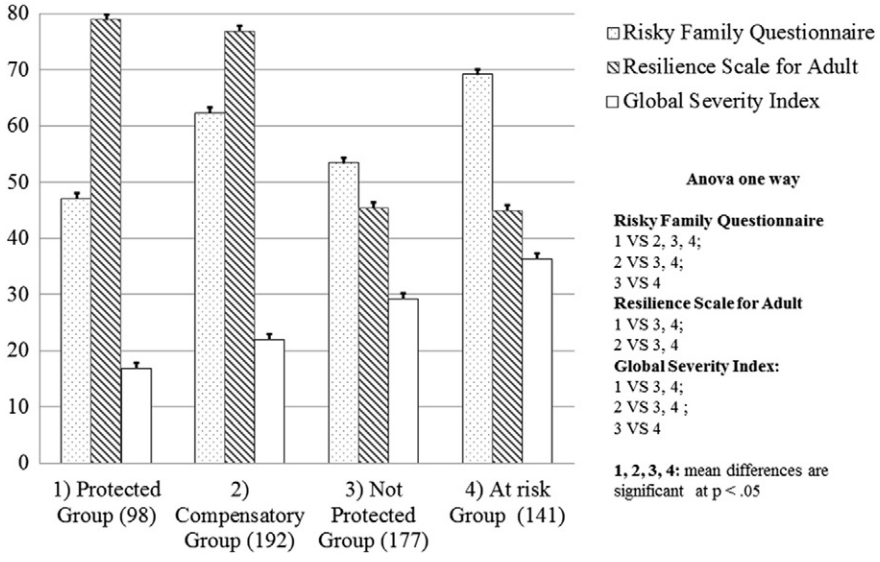

Fig. 1. Risky family, Resilience and Brief Symptom Inventory (GSI) percentage scores in the four clusters of general population (n = 608).