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## Psychological vulnerability, resilience, and subjective well-being: The mediating role of hope



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#### ABSTRACT

The present study examined the mediating role of hope on the association between psychological vulnerability, resilience, and subjective well-being. Participants include 332 undergraduates (195 females and 137 males) from two universities in Turkey. Data were collected using the Psychological Vulnerability Scale, the Brief Resilience Scale, the Dispositional Hope Scale, the Satisfaction with Life Scale, and the Positive and Negative Affect Schedule. Structural equation modeling results indicated that hope fully mediated the impact of resilience on subjective well-being and that hope partially mediated the impact of psychological vulnerability on subjective well-being. Moreover, bootstrapping procedure revealed significant links from psychological vulnerability and resilience to subjective well-being through hope. Alternative models indicated mixed support for the variable ordering in the structural model. These findings contribute to the complex nature of the relationship between psychological factors and subjective well-being. The possible explanations and limitations are discussed.

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#### 1. Introduction

The scientific study on subjective well-being has been of interest in the last three decades with the remarkable rise of the positive psychology movement which focuses on the human strengths and virtues and also building the best qualities in life (Seligman, 2002). As a human strength, subjective well-being can be defined as being satisfied with life, experiencing long term affect of pleasure and feeling less negative emotions. In other words, subjective well-being is a multidimensional concept which refers a global appraisal of individuals' own life in terms of cognitive dimensions including general life satisfaction and affective dimensions which refer to the presence pleasant affect, and absence unpleasant affect. Happy individuals experience high levels of satisfaction with their lives, greater positive emotions, and less negative emotions (Diener, 2000; Diener, Lucas, Oishi, 2002).

A bulk of research examined demographic variables that may predict subjective well-being such as age, sex, socioeconomic status, educational level, marital status, income (Vera-Villarroel, et al., 2012). Some other researches have also focused the association between subjective well-being and internal factors and human strengths like gratitude, self-esteem, self-efficacy, optimism, forgiveness, hope, meaning in life, social self-efficacy, loneliness and shyness (Hombrados-Mendieta, Garcia-Martin, & Gomez-Jacinto, 2013; Li, Shi, & Dang, 2014; Snyder & Lopez, 2007). In a longitudinal study, it was yielded that positive psychological constructs, positive emotions, stress and anxiety may be significant predictors of well-being (Avey, Wernsing, & Mhatre, 2011).

Previous studies have indicated that resilience that can be accepted as a human strength may have a substantial impact on subjective well-being (Doyle et al., 2015; Liu, Wang, & Lü, 2013). Resilience has been defined broadly and variously over the years. While Thornton and Sanchez (2010, p.455) defined resilience as a "dynamic process that enables the individual to respond or adapt under adverse situations", Connor and Davidson (2003, p.76) defined it as "as the personal qualities that enable one to thrive in the face of adversity". People who are resilient are more persistent in the face of adversity, can struggle better with threatening circumstances, deal effectively with stress and hardship, have more capacity to respond life stressors and cope better with everyday difficulties (Mandleco & Perry, 2000; Smith, 2006).

Resilience involves positive patterns of adaptation in defiance of adversity and this adaptation process develops over time (Wright, Masten, & Narayan, 2013). Connor and Davidson (2003) have discussed resilience as an important target of treatment in maladaptive situations such as anxiety and depression. Ong, Bergeman, Bisconti, and Wallace (2006) suggested over time high-resilient individuals may recover effectively from daily stress. Therefore, resilience can be seen as an important predictor to enhance subjective well-being. Similarly, studies indicated that resilience was positively related to mindfulness, positive affect, and life satisfaction, happiness, extraversion and negatively related to negative affect and neuroticism (Bajaj & Pande, 2015; Lü, Wang, & Zhang, 2014).

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Contrary to resilience that has also been termed as "invulnerability" psychological vulnerability can be seen as a negative predictor of subjective well-being. The vulnerability can be defined as at risk for developing psychopathology and susceptibility to undesirable outcomes (Wright, et al., 2013). Sinclair and Wallston (1999, p.102) suggested that psychological vulnerability refers to cognitive structures which make individuals more fragile to stress and described it as a "pattern of cognitive beliefs reflecting a dependence on achievement or external sources of affirmation for one's sense of self-worth".

Psychological vulnerability is a natural result of being human and each individual was endowed with a degree of vulnerability which may cause psychological problems in cases of experiencing stressful conditions (Zubin & Spring, 1977). Previous literature on psychological vulnerability indicated that there was a positive relationship between psychological vulnerability and negative affect and depressive symptoms. On the other hand, the psychological vulnerability was negatively correlated with positive affect, life satisfaction, dispositional optimism, and self-efficacy (Sinclair & Wallston, 1999). Additionally, some research suggests that there is a link between the psychological vulnerability and adaptive constructs which are closely associated with subjective well-being such as life satisfaction, social safeness and flourishing (Satici, Uysal, Yilmaz, & Deniz, 2016; Uysal, 2015).

#### 1.1. Hope as a mediator

Hope as a human psychological strength is the cognitive process that helps people to have positive expectation to reach desired goals and to perceive that these goals can be met. Hope has been defined as "a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals)" (Snyder et al., 1991, p.571). Therefore, hope consists of three components: (a) goals which refer anything that an individual has a wish to get or reach, (b) pathway thinking which refers producing different or possible ways and planning routes to reach these goals and (c) agency thinking that refers tendency to develop and maintain motivation to meet desired goals, and having energy to use pathways to achieve goals (Snyder, 2002; Taysi, Curun, & Orcan, 2015).

Snyder (2002) suggested that hope is an important factor for people with lower well-being and is positively related to psychological wellbeing, and physical health. Findings from recent studies have also revealed that hope is a significant predictor of life satisfaction, positive affect, negative affect and flourishing (Demirli, Türkmen, & Arık, 2015). High-hope individuals evaluate stressful situations as challenging rather than threatening and judge situations generally in positive ways (Rubin, 2001). These individuals are also confident, energized, and experience lower levels of depression (Snyder, 1999). Additionally, hope was found positively linked with increased self-esteem, positive thoughts, optimism, psychological well-being, physical health and resilience and negatively linked with depression and externalizing behaviors (Karaırmak, 2007; Snyder, 2002; Snyder & McCullough, 2000). In their study which has a longitudinal conceptual framework, Meeks et al. (2016) proved that hope may be related to quality of life, social support, and anxiety. Valle, Huebner, and Suldo (2006) indicated that individuals who state higher levels of hope were more likely to report higher levels of life satisfaction a year later. Hope was also found as a factor that promotes resiliency and a positive inner source for both future and presentoriented life (Granek et al., 2013). Additional studies indicated that hope may act as a mediator between adaptive variables like life satisfaction and maladaptive variables like psychological distress (Rustoen, Cooper, & Miaskowski, 2010). Therefore, hope might play a significant role in the influence of resilience and psychological vulnerability on subjective well-being.

In this paper, it was aimed to investigate the possible mediating role of hope in path analyzes and it was hypothesized that hope would mediate the relationships between resilience, psychological vulnerability, and subjective well-being on cross-sectional data. In other words, it was proposed that while resilience may facilitate the development of hopeful thinking, psychological vulnerability may inhibit hope, and hopeful thinking may lead to high or low levels of subjective wellbeing. Although most previous studies indicated that hope may mediate the relationships between different variables, to our knowledge, no study has compared the relationships of resilience, psychological vulnerability and subjective well-being in a Turkish sample.

#### 2. Method

#### 2.1. Participants and procedure

A cross-sectional survey was conducted between October 2015 and December 2015 with 332 [195(58.7%) female, 137(41.3%) male] voluntary university students in Istanbul and Eskisehir, two large-sized cities in the northwest and middle part of Turkey. The mean age of the participants was 20.96 years (SD = 2.01). Participants were attending classes in one of the four grades of higher education (26.2, 22.9, 21.7 and 29.2% were in the first, second, third and fourth year, respectively). Table 1 shows detailed demographic and socioeconomic variables. We excluded 14 participants from the analyzes due to missing data. The questionnaires were administered to classroom groups (40 to 60 students) in paper-and-pencil based format in the classroom. The participants were not given any promise of reward. The questionnaires were counterbalanced to control for sequential effect. 8 booklets were designed in a way which each questionnaire can appear at the beginning and/or at the end of the booklet. Since the questionnaires were anonymous, individual participants could not be identified. We explained that participants could withdraw from the study whenever they want. Each participant took about 15 to 20 min to complete the measures.

#### 2.2. Measures

#### 2.2.1. Subjective well-being

Subjective well-being was measured by Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) and Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The PANAS is designed to assess affective dimension of the subjective well-being. The PANAS consists of two 10-items scales; positive affect (PA) and negative affect (NA), rated on a 5-point Likert scale (1 = very slightly or not at all to, 5 = extremely). Possible scores range from 10 to 50 with higher scores reflecting positive or negative affect. The Turkish version of PANAS was adopted by Gencoz (2000). Gencoz reported that Cronbach alpha coefficient 0.83 and 0.86 for PA and NA, respectively. The SWLS is designed to assess cognitive dimension of the subjective well-being. The SWLS consist of five items (e.g. If I could live my life over, I would change almost nothing). Responses

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Participant	characteristics.

Variable	n	Valid %
Gender		
Female	195	58.7
Male	137	41.3
Academic majors		
Psychological Sc.	54	16.3
Educational Sc.	69	20.8
Sciences	35	10.5
Arts/Humanities Sc.	67	20.2
Economics Sc.	74	22.3
Engineering Sc.	33	9.9
Perceived socio-economic status		
Very poor	19	5.7
Poor	77	23.2
Moderate	139	41.9
Good	72	21.7
Excellent	25	7.5

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