

Andrea Kövesdi Ph.D¹, Krisztina Törő Ph.D¹, Éva Hadházi Ph.D¹, Rita Földi Fodorné Ph.D¹
¹University Assistant Lecturer, Institute of Psychology, Department of Developmental Psychology
Károli Gáspár University of the Reformed Church in Hungary,
Resilient Development Positiv Research Group

Abstract

Resilience is related to adaptive ability, characterized by positive treatment of changes (Masten, 2001). The lack of sense of security has a fundamental impact on the possibility of adaptation. In this study we investigated the moderating effect of lack of sense of security in sadness and hopelessness. Comparison of the values of resilience of the anorexic adolescent girls (35 people) and the healthy control group (29 persons) and the lack of sense of security with resilience. We included girls adolescent in the research sample. We have shown that anorexic adolescents are significantly more likely to experience depression, lower levels of safety and less resilience to the control group. We also demonstrated the moderating effect of the lack of sense of security on resilience in the anorexic group.

Introduction

Resilience is a personality trait that is closely related to adaptability, including positive management of change, positive self-image, and self-acting behavior (Masten, 2001). Previous studies have shown the reverse relationship between resilience and depression (Schiavone et al., 2013; Vuitton, de Wazières, Dupond, 1999). The lack of sense of security has a profound effect on affective factors leading to dysfunctional functioning, preventing the possibility of flexible adaptation. Several studies have confirmed the negative impact of insecurity, hope and resilience (Haase et al., 1999, Haase, 2004, Woodgate, 1999). In this study we examine the moderating effect of the lack of sense of security in terms of mood dimensions, such as sadness and hopelessness. Higher resilience value is a significant protective factor against depression (Birmahe 1996). Also, higher resilience is a protects against the development of psychiatric diseases (Bachen, Chesney, Criswell, 2009, Erim et al., 2010). Anorexia is a severe psychosomatic disease (Túry, Pászthy, 2008), that can become chronic in adolescence. Deaths are 6-10% within 10 years (Fisher, 2006). Anorexia is one of the psychosomatic diseases Rief et al., In their semi-structured interviews, have shown that the somatoform disorder appears to be (73%) preceded by affective disorders (Rief et al., 1992).

Methods and Materials

Test Hypothesis

The anorexic adolescents had lower resilience that the control group. The effect of the Depression Scale subscales on Resilience is different. The lack of sense of security moderates the relationship between Thirst and Hope and negatively affects Resilience.

Test sample: Control group 29 people,
Anorexia nervosa 35 people (Table 1).

Test location: 3 Budapest and 1 rural secondary school.
Semmelweis University, Department of Child Psychiatry.

Sample		Item numb.	Average	Scatter	Min.	Max.
Age	KO	29	16.27	1.37	14.17	18.75
	AN	35	15.41	1.49	12.75	17.75
BMI	KO	28	20.66	2.63	14.10	26.48
	AN	34	15.13	1.82	11.84	19.15

Table 1. Sample data

Test Tools: SAFA Psychiatric Estimation Scale (Cianchetti, Fancello 2001, Kó, 2005),
CD-RISK Resilience Questionnaire (Járai és mtstai, 2015).

Results

In the comparison of the two groups, Resilience shows a significant difference $t(53) = 4.174$ $p < .001$ $r = .497$, the control group is higher (Graph 1).

Correlation is the strongest negative correlation with Resilience there is sadness ($r = -.610$). Hopelessness, Anhedonia, Inadequacy, Lack of sense of security is almost the same ($r = -.5$ to -6) correlation and the weakest with guilt ($r = -.414$). There is no significant relationship between Irritability and Resilience (Figure 2).

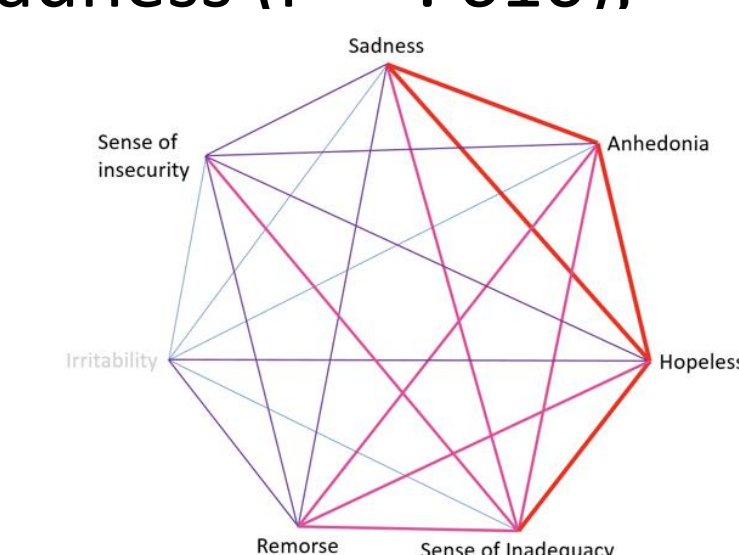


Figure 1. Depression subscales and Resilience

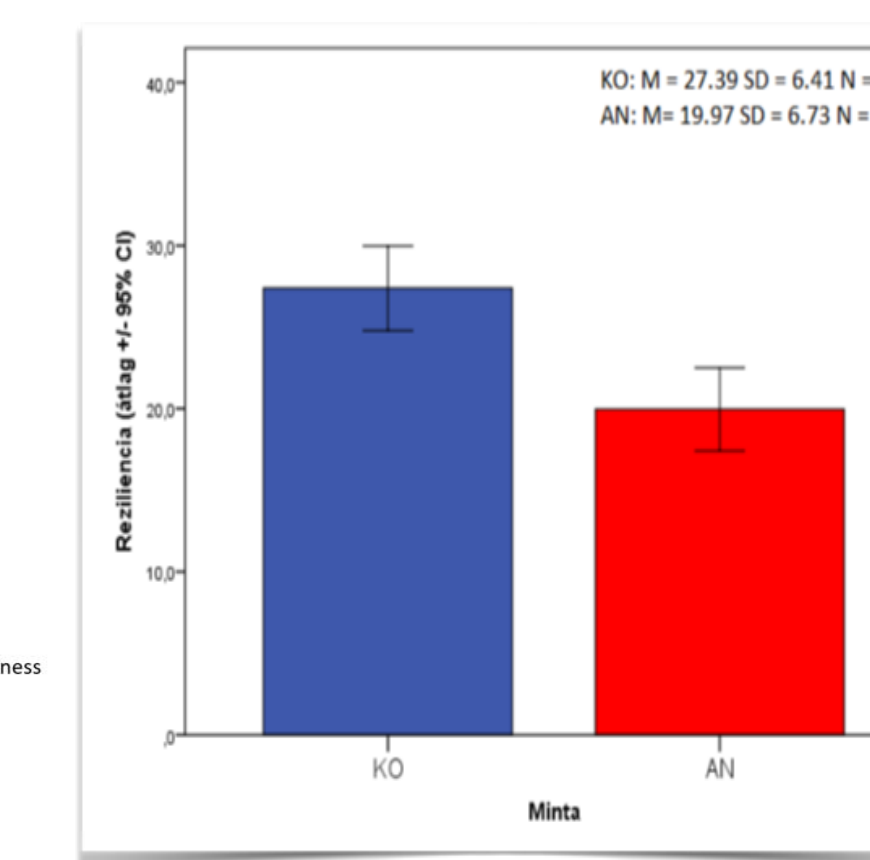


Chart 1. Group comparison of Resilience

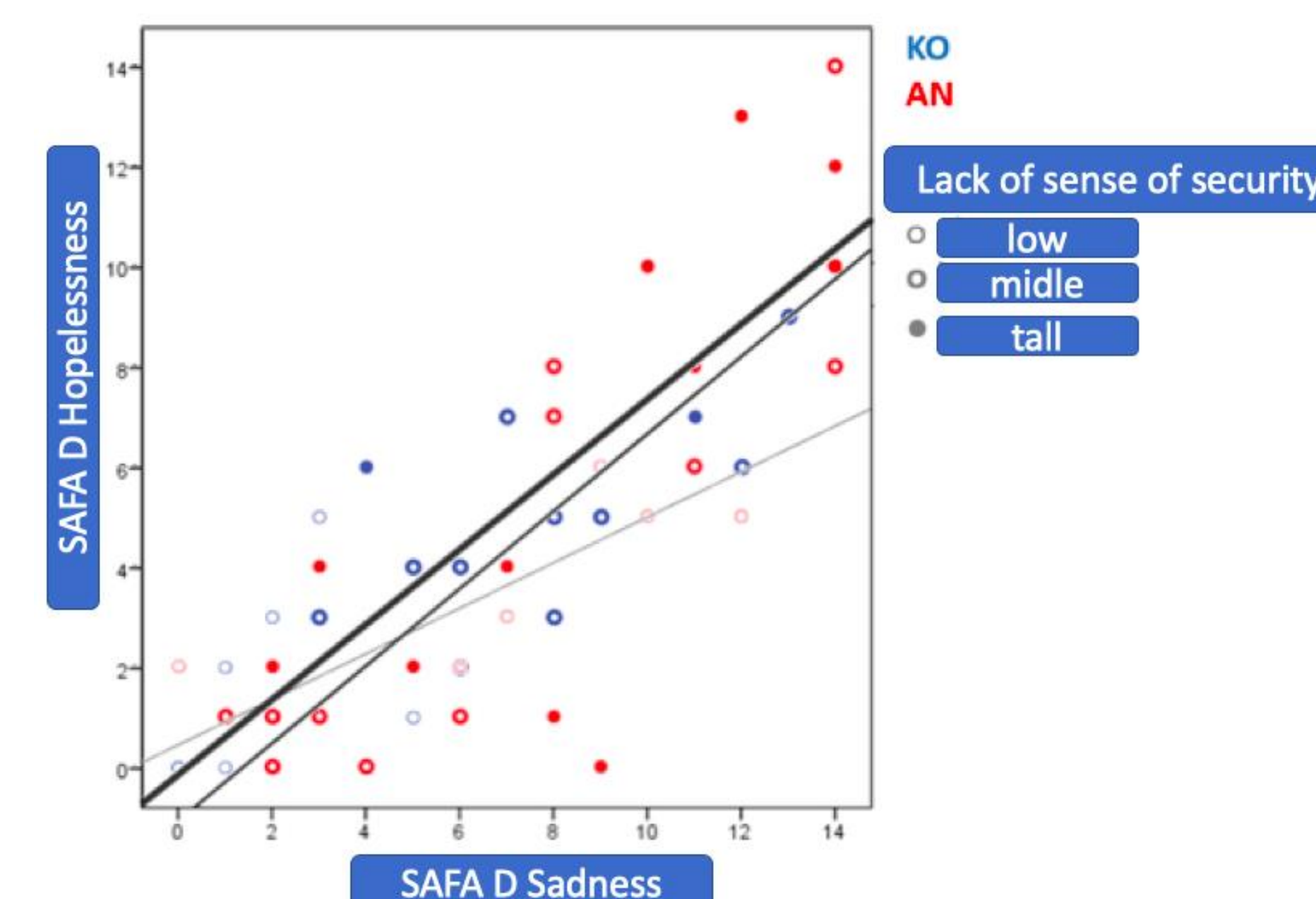
Sadness itself is an explanatory factor in the model. We found a positive correlation between Ruthlessness and Hopelessness; the Feeling of Sadness, the more the Hope appears (Table 2). The lack of a sense of Security moderates the effect of Sadness on Hopelessness (Figure 2).

Table 2. Label in 24pt Calibri.

	B	SE B	t
Konstans	3696	293	$t(63) = 12.627$ $p < .001$
Sadness	636	71	$t(63) = 8.907$ $p < .001$
Lack of sense of security	186	96	$t(63) = 1.937$ $p = .058$
Sadness and Lack of sense of security interaction	51	18	$t(63) = -2.846$ $p = .006$

$R^2 = .721$ $F(3, 59) = 50.795$ $p < .001$ the inclusion of the interaction into the model increases the explained variance by 3.83%, which increase is significant $F(1, 59) = 8.099$ $p = .006$.

Chart 2.



Discussion

According to our results, in the group comparison, the value of resilience is lower for anorexic adolescents. Similar results were found among researchers in adult eating disorders (Hayas et al., 2014). In the regression model, we have found significant explanatory power in the Depression Scale, Sadness subscales. Previously, a negative relationship between Sadness and Hopelessness was described with Resilience (Haase et al., 1999, Haase, 2004, Woodgate, 1999). In our study, we confirmed the moderating role of the Lack of Security on the Sadness and Hopelessness. Furthermore, the lack of a higher sense of Security increases the negative impact of Hope on Resilience. The lack of a higher sense of security increases its vulnerability through its moderating role.

Conclusions

Negative affective factors exhibit vulnerability to Resilience, as has been shown earlier. According to our study, the strongest effect of Depression on Dimension is on Resilience in the whole sample. This effect is exacerbated by the moderating effect of the lack of Security. The relationship between Sadness and Hopelessness is negatively affected by the lack of Security, increasing the Hope that has a negative effect on Resilience. All in all, in terms of Resilience we underline the importance of Sadness, Hopelessness, and Lack of sense of security as negative moderator of the two above.

Future Directions

In the future, we are planning further studies to clarify the components that affect the lack of Security. For example, in terms of attachment, emotion control, and self organization. As well as re-thinking the therapeutic intervention with the focus on reducing Sadness and Hopelessness. From the point of view of the ability of resilience to be influenced in the psychotherapy process in a positive direction.

Contact Information

Dr. Andrea Kövesdi, Ph.D
University Assistant Lecturer, Institute of Psychology,
Department of Developmental Psychology
Károli Gáspár University of the Reformed Church in Hungary
Email: kovesdi.andrea@kre.hu

References

- Bachen, E. A., Chesney, M. A., & Criswell, L. A. (2009). Prevalence of mood and anxiety disorders in women with systemic lupus erythematosus. *Arthritis & Rheumatism*, 61, 822-829.
- Birmaher, B., Ryan, N. D., & Williamson, D. E. (1996). Childhood and adolescent depression: A review of the past 10 years. Part I. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427-1439.
- Cianchetti, C., Samio Fancello G. (2001). Scale psichiatriche di autosomministrazione per fanciulli e adolescenti (SAFA). *Organizzazioni Speciali*. Erim, Y., Tagoy, S., Beckmann, M., Bein, S., Cicimati, V., Beckebaum, S. & Scholask, J. F. (2010). Depression and protective factors of mental health in people with hepatitis C: A questionnaire survey. *International Journal of Nursing Studies*, 47, 342-349.
- Fisher, M. (2006). Treatment of eating disorders in children, adolescents and young adults. *Pediatr. Rev.* 27:119-123.
- Haase, J. E., Britt, T., Coward, D. D., Ledy, N. K., & Reno, P. E. (1992). Simultaneous concept analysis of spiritual perspective, hope, acceptance and self-transcendence. *Image The Journal of Nursing Scholarship*, 24(2), 141-147.
- Haase, J. (2004). The Adolescent Resilience Model as a Guide to Interventions. *Journal of Pediatric Oncology Nursing*, 21:289.
- Járai R., Vajta D., Hargitai R., Nagy L., Csikási K. & Kiss E. (2015). Connor-Davidson Resiliencia Kérdőív 10 témes változatának jellemzői. *Alkalmazott Pszichológia*, 15(1):129-126.
- Kó, N. (2005). SAFA Pszichopatológiai gyerekek és serdülők számára (kézikönyv). Budapest, OS Hungary.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.
- Rief, W., Schaefer S., Hiller, W. & Fichter, M.M. (1992). Lifetime diagnoses in patients with somatoform disorders: which came first? *European Archives Of Psychiatry and Clinical Neuroscience*, 241, 236-240.
- Túry F. & Pászthy B. (szerk.). (2008). *Évelőzavarok és testképzavarok*. Budapest: Pro Die Kiadó.
- Woodgate, R.L. (1999). Conceptual Understanding of Resilience in the Adolescent With Cancer: Part I. *Journal of Pediatric Oncology Nursing*, 16, 35-43.

Acknowledgements

I would like to thank all adolescents who participated in the study. Colleagues working for Semmelweis University, Child and Youth Psychiatry, have allowed data collection. As well as the directors and teachers of grammar schools who also got involved in the smooth execution of data collection.