



RELATIONSHIP BETWEEN RESILIENCE, HAPPINESS AND MENTAL HEALTH OF ISAARGAR STUDENTS OF IRAN UNIVERSITY OF SCIENCE AND TECHNOLOGY

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ABSTRACT

Objectives: The present study intended to investigate the relationship between resilience, happiness and mental health of Isaargar students of Iran University of science and technology. **Materials and Methods:** The current study was a descriptive and correlational research. The research statistical population included the Isaargar students of the University Science and technology during 2016-2017. The sample size consisted of 150 students, 75 females and 75 males. In order to assess the relationship between resilience, happiness and mental health, the GHQ¹, CD-RISC² and OHI³ were respectively used. Data were analyzed based on descriptive and inferential statistics. Mean, frequency distribution, percentage, range, variance, standard deviation (SD), and standard error of measurement (SEM) were used in descriptive statistics. Pearson Correlation Coefficient and simultaneous regression was used to demonstrate the predictive probability of resilience, happiness and mental health in inferential statistics. **Results:** According to the results, there was a significant relationship between mental health and happiness. The observed value of F-test was the significant at the level of $P < 0.001$. Moreover, the t-test value was significant at the level of $P < 0.001$. The predictor variables of mental health i.e. happiness and resilience, indicate that these variables could explain the about %11.5 of changes in mental health. Happiness had the highest impact on the mental health of Isaargar students while resilience had the lowest impact on the mental health of Isaargar students. **Conclusion:** The results of the present study showed in order to improve the mental health of Isaargar students, we should invest more in happiness raising strategies and benefit from essential training and techniques.

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Introduction

Mental health has got various definitions such as absence of disease, emotional balance, social adaptation, feeling of comfort, personality integrity, self-recognition and understanding environment. Mental health has a positive impact on our lives and reduces our sensitivity to stress, anxiety and some forms of depression. Mental health is considered as a determinant of human health implying the concepts of well-being, self-efficacy, self-reliance, competition capacity, inter-generational gap, and self-actualization of potential intellectual and emotional capabilities (World Health Report, 2001). Mental health means the

¹ General Health Questionnaire (GHQ)

² Connor-Davidson Resilience Scale

³ Oxford Happiness Inventory (OHI)

prevention of mental diseases and disorders; in its broader sense, prevention refers to providing conditions that complement a normal and healthy life including treatment of mental disorders as a part of this activity (1). In its broader sense, mental health can be defined as human health or human well-being. Mental health refers to not only absence of mental diseases but also a level or performance in which one feels satisfied with himself and his own lifestyle. In fact, it is assumed that one should have control over his own life so that he can change the problematic part of his personality and his life. Some researchers believe that mental health is a state of one's well-being which can help him to cope with the society. Mental health refers to a state of happiness, satisfaction, healthier mind, and social adaptation with the acceptable standards of any society. In general, one who has a mental health can better deal with the problems of his developmental period and has the ability to adapt himself to the environment while maintaining his individuality. It seems that a satisfactory definition of mental health requires one's positive feeling and successful adaptation and decent behavior. Therefore, any criterion for assessing the basis of health should consider one's external behavior and internal feelings (2). The fundamental principles of mental health include respecting one's personality and others' personality, recognizing one's limitations and others' limitations, understanding causes of behavior, understanding that behavior reflects one's identity, and identifying one's basic needs that prompts human behaviors and actions. Some authors believe that mental health is synonymous with happiness and satisfaction with life and psychological health is a balance between positive and negative emotions.

Happiness is a factor affecting mental health. Diener (2002) has proposed one of the common definitions of happiness in his subjective well-being model. According to this model, happiness refers to the cognitive evaluation of life (life satisfaction) as well as positive and negative feelings (emotions). Researchers have divided happiness into three cognitive, emotional and social parts. The cognitive happiness is the kind of thinking process that triggers one's optimism. Emotional happiness is the positive and happy mood; and social happiness represents one's social relations with others that increases social support. According to Seligman (2002), happiness is essential for human health as a positive emotional feeling that gives meaning to his life. Winhoven (1988) defines happiness as one's judgement of the suitability of his whole life quality. Rojas (2007) believes that happiness is a set of emotions and cognitive evaluation of life. Happiness refers to one's positive value of oneself. This construct has two aspects; one is emotional factors representing the emotional experiences of happiness, joy and satisfaction as well as other positive emotions. The other is the cognitive evaluation of satisfaction with various domains of life representing happiness and mental well-being (3). The relationship between mental health and happiness is one-to-one relationship i.e. if mental health improves happiness, happiness activates immune system and increases health dimensions, as influenced by cognitive processes. Resilience is another factor affecting one's mental health and performance in different life situations. Resilience is one's capability to establish biological, psychological and emotional balance in risky conditions (Connor & Davidson, 2003). In psychology, resilience is the capacity to recover from difficulties, strict resistance and self-healing. Resilience is a feature varies from person to person; it can grow up or slow down over time and is formed based on intellectual and practical self-reformation in the process of trial and error in one's life (5). Resilience is a property of internal empowerment of one's potential inner LOC⁴. Having a potential inner LOC enables one to continue his adaptive growth/development and maintain his mental health despite unpleasant conditions and negative events. Resilience promotes mental health and adaptation; it has got a special place in the field of developmental psychology, family and mental health (Waller, 2001). Resilient individuals are described as those who have extensive interests, high level of enthusiasm, assertiveness, emotionally calm, personal meaning in life and are able to mitigate stressful conditions (11). Unlike previous ideas that have regraded resilience as a personal property of wonderful individuals, recent research has shown that resilience is not the monopoly of wonderful people; rather, it is observed in different individuals in different levels of development (childhood to adulthood) (Connor & Davidson, 2003).

Studied the relationship between social support, resilience and mental health of Shahed and Isaargar⁵ students in the universities of Ilam, Iran. The statistical population consisted of 1233 students amongst which 297 were selected as the sample population(9). The results showed that there was a significant correlation between social support and resilience, between mental health and social support, and between mental health and resilience. Their findings were in line with other studied indicating that high-resilient individuals can maintain their mental health in unpleasant and stressful conditions and have higher psychological adaptation. (6) investigated the relationship between psychological hardiness, self-resilience and mental health on 314 young and middle-aged adult survivors of earthquake stricken areas of Bam city. They also intended to determine the weight of each predictor variables. It was a descriptive-retrospective study. The results indicated that there was a significant correlation between mental health and resilience. Furthermore, hardiness and self-resilience positively correlated with mental health. Besharat (2007) studied the relationship between resilience and vulnerability indices such as psychological distress, depression, anxiety and mental health on 222 undergraduate students of university of Tehran. The results showed that there was a significant positive correlation between resilience and psychological well-being while a significant negative correlation between reliance and psychological distress, depression, anxiety and general health. Different degrees of resilience associated with psychological vulnerability and mental health indices by affecting self-esteem, competence and personal integrity, tolerance of negative emotions, self-control and spirituality. (1) confirmed that there was a significant positive relationship

⁴ Lotus of Control

⁵ Students from Warfare Martyr and Self-sacrificing Families

between mental health and happiness on male and female students. Tugade, M. M., Fredrickson, B. L. and Feldman Barrett, L. (2004) indicated that there was a positive relationship between resilience and mental health. They also found that positive emotions played a crucial role in enhancing coping resources in the face of negative events. They studied 130 people in two different multimethod studies. The results showed that positive emotions were helpful for human health in various ways.

Many martyr and self-sacrificing families are dealing with the absence of the head of family or his inefficient presence due to his physical and mental disabilities or distress of unstable family conditions (7). Therefore, the present study intended to investigate the relationship between happiness, resilience and mental health of Isaargar students in Iran University of Science and Technology.

Materials and Methods

The current study is a descriptive or non-empirical research in terms of data collection. Such research analyzes the relationship between variables based on the research objectives (10). This study is a descriptive and correlational research. The questionnaire was administered once, data were analyzed and the relationship between variables were investigated. For data collection, a list of Shahed and Isaargar students was received from Iran University of Science and Technology after getting permission from Martyr Foundation⁶. About 150 out of 600 students were selected using simple random sampling method, on whom the questionnaire was administered. In a single administration, each student answered all the three questionnaires of GHQ, OHI and CD-RISC. Then, the collected data were analyzed using SPSS.

Measurement Tools

As mentioned earlier, three questionnaires were used for data collection. Accordingly, the present study used General Health Questionnaire (GHQ), Oxford Health Inventory (OHI) and Connor-Davidson Resilience Scale (CD-RISC) to assess mental health variables.

General Health Questionnaire (GHQ)

The GHQ-28 (28 items) form was developed by Goldberg and Hillier in 1972. As cited by (12), this form has been derived from the longer GHQ form using factor analysis. The items of GHQ-28 assess one's mental status within a month, including symptoms of abnormal thoughts and feelings, and aspects of observable behaviors that focuses the here and now situations. The GHQ-28 consists of four 9-item sub-tests. The 9 items of subtests proceed in a sequential order i.e. items 2-9 belong to somatic symptoms, items 3-24 are related to anxiety and insomnia, items 12-21 belong to social dysfunction, and items 11-13 are related to severe depression. All the items of GHQ have 4 options which are scored in two methods. In the first GHQ scoring method, the test options are scored as (0, 1, 2, 3); as a result, the testee's total score will vary from 0 to 28. In the second method, the test options are scored as (1, 2, 3, 4) based on Likert's scoring method; as a result, the testee's total score will vary from 0 to 84. In both scoring methods, the lowest score is indicative of better mental health. To estimate the validity of GHQ, concurrent validity and factor analysis were used. The concurrent validity of GHQ was estimated as 0.55 by its simultaneous administration with Middlesex Hospital Questionnaire (MHQ). The estimated reliability of GHQ was $\alpha=0.857$ in this study.

Oxford Happiness Inventory (OHI)

The OHI is a 29-item multiple choice questionnaire developed by Argyle, Martin and Crossland in 1989. Each item contains four options; the first option is rated 0, the second is rated 1, the third is rated 2 and the fourth is rated 3. Finally, the testee's score ranges from 0 to 87; the highest score is indicative of highest happiness. (3) estimated Cronbach's alpha, split-half reliability and test-retest reliability after a three-week interval as 0.98, 0.92 and 0.79 respectively. According to Najafi et al. (2012), Cronbach's Alpha coefficient and test-retest reliability of the whole questionnaire were 0.90 and 0.79 respectively. Furthermore, the exploratory factor analysis showed that OHI consisted of 6 factors of life satisfaction, efficacy, happiness, self-esteem, sociability and well-being. The estimated reliability of OHI was $\alpha=0.930$ in this study.

Connor – Davidson Resilience Scale (CD-RISC)

The resilience scale measures one's coping ability with the difficult days of life. CD-RISC was developed by Connor and Davidson in 2003 to assess resilience. It comprises of 25 items rated on a Likert's scale from 'never true' scored 0 to 'always true' scored 4 i.e. never true (0), hardly true (1), often true (2), usually true (3) and always true (4). The total score of CD-RISC is the sum of the observed scores of all items that ranges from 0 to 100. The reliability and validity of the Persian version of resilience scale were assessed in the pilot studies on abnormal and diseased subjects (4). According to the 25-item resilience table in this study, the Cronbach's Alpha coefficient was estimated as 0.86 reflecting an acceptable reliability. The construct validity of the Persian version of resilience scale was confirmed in Iran by Besharat in 2007. Moreover, Mash'alpour (2010) estimated its correlation coefficient as $r=0.64$ that was significance at level of $P>0.0001$ by correlating it to with psychological hardness scale in Ahwaz indicating that this scale has a relatively high construct validity. The estimated reliability of CD-RISC was $\alpha=0.929$ in this study.

Data were analyzed based on descriptive and inferential statistics. Mean, frequency distribution, percentage, variance, standard deviation (SD), and standard error of measurement (SEM) were used in descriptive statistics. Pearson Correlation Coefficient and stepwise regression was used in inferential statistics. Since the present study aimed at investigating the relationship between the intended research variables, it was conducted as descriptive and correlational research. Pearson correlations was

⁶ Isaar Foundation in Iran

used to assess the relationship and simultaneous regression was used to demonstrate the predictive probability of resilience, happiness and mental health.

Results

According to the results of Table (1), in terms of frequency distribution of Issargar students of Iran university of science and technology based on entrance year, the highest frequency (%36) belonged to 2015 (54 students) while the lowest frequency (%7) was related to 2009 and 2010 (1 student per year) out of 150 participants in terms of frequency distribution of Issargar students of Iran university of science and technology based on entrance year. In terms of the frequency distribution of students based on educational level, the highest frequency (%52) belonged to undergraduate level (78 students) while the lowest frequency (%3.3) was related to Ph.D. level (5 students). In terms of the frequency distribution of students based of field of study, the highest frequencies (%18) and (%14) belonged to unspecified field of study (27 students) and Industrial Engineering (21 students) respectively while the lowest frequency (%4) was related to Civil Engineering (6 students).

Table (1): Frequency distribution of intended students based on entrance year, educational level and field of study

| Variable | | Frequency | Percentage | Cumulative Frequency | |
|---------------|-------------------|---------------|------------|----------------------|----|
| Entrance Year | 88 | 1 | 7 | 7 | |
| | 89 | 1 | 7 | 1/3 | |
| | 90 | 7 | 4/7 | 6 | |
| | 91 | 11 | 7/3 | 13/3 | |
| | 92 | 16 | 10/7 | 24 | |
| | 93 | 37 | 24/7 | 48/7 | |
| | 94 | 54 | 36 | 84/7 | |
| | Unspecified | 23 | 15/3 | 100 | |
| | Educational Level | Undergraduate | 78 | 52 | 52 |
| | | Postgraduate | 43 | 28/7 | 80 |
| 5 | | | 3/3 | 84 | |
| Ph.D. | | 24 | 16 | 100 | |

| | | | | |
|-------------------|------------------------------------|----|------|------|
| | Unspecified | | | |
| Field of Study | Math | | | |
| | Physics | | | |
| | Architecture | 6 | 4 | 4 |
| | Mechanical Eng. | 12 | 8 | 12 |
| | Civil Eng. | 8 | 5/3 | 17/3 |
| | Industrial Eng. | 16 | 10/7 | 28 |
| | Electrical Eng. | 6 | 4 | 32 |
| | Railway Eng. | 21 | 14 | 46 |
| | Chemical Eng. | 17 | 11 | 57/3 |
| | Material and Metallurgical Eng. | 10 | 6/7 | 64 |
| | Computer Eng. | 8 | 5/3 | 69/3 |
| | | 11 | 7/3 | 76/7 |
| | | 8 | 5/3 | 82 |
| | | 27 | 18 | 100 |

| | | | | |
|--|-------------|--|--|--|
| | Unspecified | | | |
|--|-------------|--|--|--|

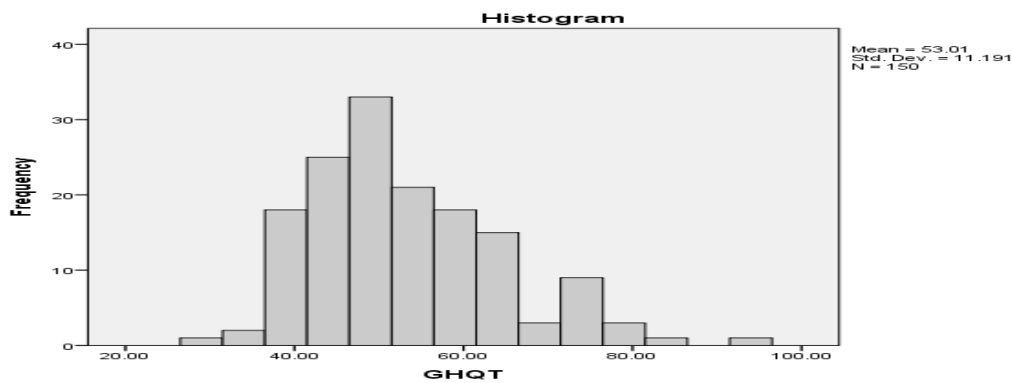
In Table (2), the mean and SD scores of mental health variable were 53.013 and 11.19 respectively representing the lowest dispersion. On the other hand, the mean and SD scores of happiness variables were 73.86 and 15.833 respectively indicating the highest dispersion.

Table (2): Descriptive statistics of variables

| Indices Variables | Number | Minimum | Maximum | Range | Mean | Variance | SD | SEM |
|----------------------|--------|---------|---------|-------|--------|----------|--------|-------|
| Mental Health | 150 | 29 | 92 | 63 | 53/013 | 125/248 | 11/19 | 0/913 |
| Resilience | 150 | 25 | 126 | 101 | 70/70 | 154/826 | 12/442 | 1/015 |
| Happiness | 150 | 29 | 115 | 86 | 73/86 | 250/694 | 15/833 | 1/292 |

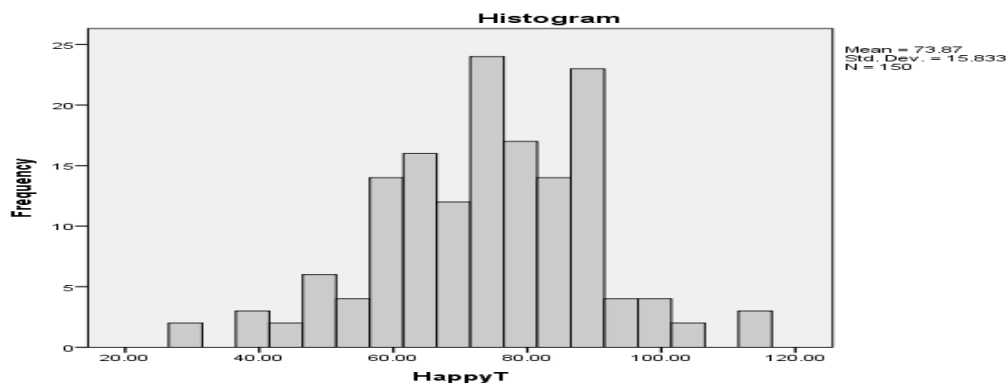
According to Figure (1), the SD and Mean scores of mental health variables in Isaargar students of Iran university of science and technology were 11.19 and 53.013 indicating that the dispersion of most students tended to the left of the diagram i.e. they had a moderate to low mental health.

Figure (1): Mental health state of Issargar students in Iran university of science and technology



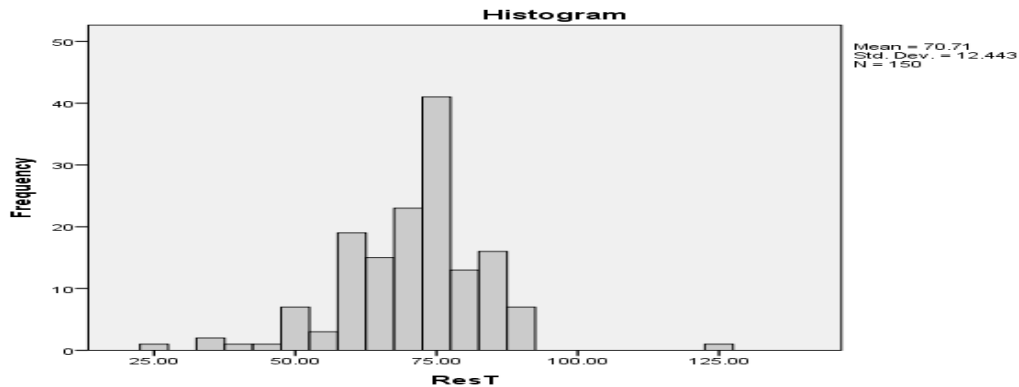
According to Figure (2), the SD and Mean scores of happiness variables in Isaargar students of Iran university of science and technology were 15.833 and 73.86 indicating that the dispersion of most students tended to the right of the diagram i.e. they had a moderate to high happiness.

Figure (2): Happiness state of Issargar students in Iran university of science and technology



According to Figure (3), the SD and Mean scores of resilience variables in Isaargar students of Iran university of science and technology were 12.442 and 70.70 indicating that the dispersion of most students tended to the left of the diagram i.e. they had a moderate to low resilience.

Figure (3): Resilience state of Issargar students in Iran university of science and technology



For hypotheses testing, stepwise and simultaneous regression was used. Data were analyzed in SPSS. Based on Bartlett’s adequacy test, KMO was estimated as 0.791 indicating the adequacy of data for analysis. The results showed that the highest correlations coefficient belonged to the relationship between happiness and mental health (0.335) that was significant at the level of $P < 0.001$ whereas the lowest correlation coefficient was related to the relationship between resilience and mental health (0.226). Furthermore, both predictor variables i.e. happiness and resilience, had a significant positive relationship with mental health. In general, the coefficients of correlation between resilience and mental health (0.226) and between happiness and mental health (0.335) were significant at the level of $P < 0.001$ and $P < 0.001$ respectively according to correlation matrix. The variables were calculated using simultaneous regression equation. The results showed that the observed value of R_2 , through assessing the predictor variables of mental health i.e. happiness and resilience, indicate that these variables could explain the about %11.5 of changes in mental health. Moreover, the observed value of F-test was significant at the level of $P < 0.001$. Likewise, the regression coefficient of mental health was significant at the level of $P < 0.001$ according to t-test value. It can be concluded that happiness and resilience had a significant effect on mental health (Tables (3), (4) & (5)).

Table (3): Summary of Model

| Model | Value of R | SOS ⁷ of R | Revised SOS of R | Estimation of SEM |
|-------|------------|-----------------------|------------------|-------------------|
| 1 | 0/337 | 0/114 | 0/101 | 10/608 |

Table (4): ANOVA

| Model | SOS | DF ⁸ | Mean of SOS | F-test | P-value |
|------------|-----------|-----------------|-------------|--------|---------|
| Regression | 2118/85 | 2 | 1059/429 | 9/414 | 0/000 |
| Remainder | 16543/116 | 147 | 112/538 | | |
| Total | 18661/973 | 149 | | | |

⁷ Sum of Squares

⁸ Degree of Freedom

Table (5): Coefficients

| Model | Non-standardized Coefficients | | Standardized Coefficients | T-test | P-value |
|-----------------|-------------------------------|-------|---------------------------|--------|---------|
| | Value of B | SEM | Beta | | |
| Constant Number | 72/092 | 5/221 | | 13/808 | 0/000 |
| Resilience | 0/43 | 0/086 | 0/048 | 0/506 | 0/002 |
| Happiness | 0/217 | 0/067 | 0/307 | 3/214 | 0/002 |

The observed value of R², through assessing the predictor variables of mental health i.e. happiness and resilience, indicate that these variables could explain the about % 11.5 of changes in mental health. Moreover, the observed value of F-test was significant at the level of P<0.001. Likewise, the regression coefficient of mental health was significant at the level of P<0.001 according to t-test value. It can be concluded that happiness had the highest effect on mental health (Tables (6), (7) & (8)).

Table (6): Summary of Model

| Model | Value of R | SOS of R | Revised SOS of R | Estimation of SEM |
|-------|------------|----------|------------------|-------------------|
| 1 | 0/335 | 0/112 | 0/106 | 10/58171 |

Table (7): ANOVA

| Model | SOS | DF | Mean of SOS | F-test | P-value |
|------------|-----------|-----|-------------|--------|---------|
| Regression | 2090/046 | 1 | 2090/046 | 18/666 | 0/000 |
| Remainder | 16571/927 | 148 | 111/972 | | |
| Total | 18661/973 | 149 | | | |

Table (8): Coefficients

| Model | Non-standardized Coefficients | | Standardized Coefficients | T-test | P-value |
|-------|-------------------------------|-----|---------------------------|--------|---------|
| | Value of B | SEM | Beta | | |

| | | | | | |
|-----------------|--------|-------|-------|-------|-------|
| Constant Number | 70/486 | 4/136 | | | 0/000 |
| Happiness | 0/237 | 0/55 | 0/335 | 0/335 | 0/000 |

According to Table (9), resilience had an insignificant R₂ (0.3). Moreover, the observed value of F-test was significant at the level of P<0.001. Likewise, the regression coefficient of mental health was significant at the level of P<0.001 according to t-test value. It can be concluded that resilience had the lowest effect on mental health (Tables (9) & (10)).

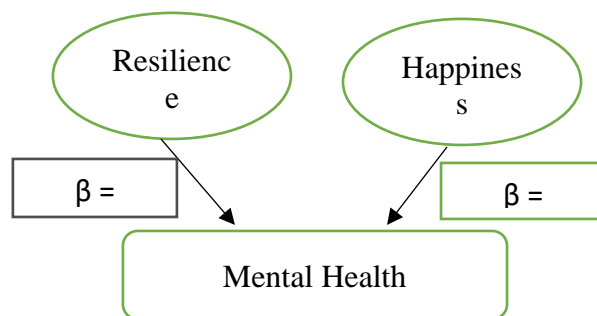
Table (9): Coefficients

| Model | Non-standardized Coefficients | | Standardized Coefficients | T-test | P-value |
|-----------------|-------------------------------|-------|---------------------------|--------|---------|
| | Value of B | SEM | Beta | | |
| Constant Number | 72/092 | 5/221 | | 13/808 | 0/000 |
| Resilience | 0/43 | 0/086 | 0/048 | 0/506 | 0/002 |
| Happiness | 0/217 | 0/067 | 0/307 | 3/214 | 0/002 |

Table (10): Excluded Variables

| Model | Beta | T-test | P-value | Partial Correlation | Collinearity |
|------------|-------|--------|---------|---------------------|--------------|
| | | | | | Tolerance |
| Resilience | 0/048 | 0/506 | 6140/ | 0/042 | 0/663 |

Figure (11): Profile of the effect of variables on mental health



Discussion and Conclusion

The results of correlation coefficients showed that happiness had the highest correlation (0.335) while resilience had the lowest correlation (0.226) with mental health. The overall correlation of mental health with happiness and resilience was equal to

0.561. In other words, these predictor variables i.e. happiness and resilience, could explain the about %31.5 of variance. This relationship was significant in regression analysis and the overall value of happiness and resilience could explain about %31.5 of the variance of mental health indicating that further variables were required to complement the explanation. In general, the results of the present study were in line with the findings of (1), (6), Leobumerski, Sheldon and Shid (2005, Pringer (2004), Alberkston (2003 & 2011), Tugade, M. M., Fredrickson, B. L. and Feldman Barrett, L. (2004), Lee and Kranford (2008), (9) and (4). These researchers have all found that there was significant relationship between mental health and resilience and mental health and happiness. However, the mental health state of Isaargar families was moderate to low, which was consistent with the findings of. (7) and (8). Research has shown that mental health and happiness has a one-to-one relationship i.e. if mental health improves happiness, happiness activates immune system and increases health dimensions, as influenced by cognitive processes. If the role of self-confidence, optimism and goal in life are added to the abovementioned findings, it seems that the improvement of each intended variable will help the promotion of other variables Therefore, an altogether planning will change the existing level of this relationship; that's why it has been stated that this is a one-to-one relationship. In fact, with happiness increase, not only mental health is promoted but also life gets sweeter and more appropriate ground is provided for development and prosperity of people's ability in various fields such as efficient interpersonal relations, life satisfaction and job satisfaction. These findings have represented more explicit data on the relationship between mental health and happiness. On the other hand, the impact of resilience on mental health has a crucial role in prevention or occurrence of psychological disorders. Resilience, as a mediator, reduces negative emotions and increases mental health. In other words, this personality trait, as an inner LOC, reduces negative effects of stress and prevents physical and mental disorders (5).

The results of correlation coefficients showed that happiness had the highest correlation (0.335) with mental health. The observed value of beta in this relationship was significant in regression analysis; In other words, happiness could explain about %11.5 of the variance of mental health. In general, the results of the present study were in line with the findings of (1), (6), Leobumerski, Sheldon and Shid (2005, Pringer (2004), and Alberkston (2003 & 2011). All the aforesaid researchers found that there was significant relationship between mental health and happiness. Alberlston (2003) believes that the experience of stress reduces happiness feeling i.e. the more stressful one is, the less his happiness will be that threatens mental health. Therefore, the higher one's mental health, the higher his happiness will be. That is, one's happiness will bring higher mental health. The interpretation of these findings indicates that human beings are usually seeking happiness and happiness is greatly important in human life.

The results of correlation coefficients showed that resilience had the lowest correlation (0.226) with mental health. This relationship was significant in regression analysis; In other words, resilience could explain about %0.051 of the variance of mental health indicating that further variables were required to complement the explanation. In general, the results of the present study were in line with the findings of Tugade, M. M., Fredrickson, B. L. and Feldman Barrett, L. (2004), , (9) and (4). It seems that different degrees of resilience associated with psychological vulnerability and mental health indices by affecting self-esteem, competence and personal integrity, tolerance of negative emotions, self-control and spirituality (4). The effect of resilience on mental health was lower than the effect happiness on mental health in this study, reflecting the point that these people had lower adaptation capability and return to basic or higher levels of mental health after mental pressure or stress. That contributes their high vulnerability.

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