



The Pathway from Resilience to Psychological Well-Being: The Mediating Role of Body Image

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Abstract

Psychological well-being is a fundamental indicator of positive mental health and optimal psychological functioning, encompassing self-acceptance, autonomy, environmental mastery, positive relationships, purpose in life, and personal growth (Ryff, 1989; Ryff & Keyes, 1995). The current study examined the relationship between resilience and psychological well-being and investigated the mediating role of body image among university students. A cross-sectional correlational research design was employed. A total of 350 university students (18–26 years) from various public and private universities participated in the study through online data collection using convenience sampling. The findings revealed that resilience was positively associated with body image and psychological well-being. Regression analyses indicated that resilience significantly predicted psychological well-being, while body image made a significant independent contribution to the prediction model. Furthermore, mediation analysis demonstrated that body image significantly mediated the relationship between resilience and psychological well-being, as the bootstrapped indirect effect was statistically significant and the 95% confidence interval excluded zero. These findings suggest that resilient students tend to develop a more positive body image, which, in turn, enhances their psychological well-being. The study highlights the importance of fostering resilience and promoting positive body image through university-based counseling services and psychological interventions to improve students' mental health and overall well-being.

Keywords: Resilience, Body Image, Psychological Well-Being, Mediation, University Students,

Introduction

When students trust their ability to cope, even small boosts in body satisfaction can ripple into healthier mental habits (Medina Zeballos, 2022). In exploring these patterns, this article highlights how everyday perceptions, how students interpret stress, how they view themselves, and how they manage emotional challenges, quietly shape their overall well-being (Spătaru, 2024). It uncovers how psychological health often grows from subtle shifts in self-acceptance rather than dramatic changes in appearance (Medina Zeballos, 2022). By examining these connections, the article shows that well-being is strengthened not by perfection, but by the steady, compassionate mindset students bring to their daily lives (Elsayed, 2025), ultimately pointing to resilience as the thread tying these factors together (Zandi, 2021). If talked about resilience, then it can be defined as a mental health recovery or adaptation, or the ability to adapt well and recover from any sort of significant stress, a traumatic event, or an adversity (Kalisch, 2021). Mental health not only includes negative symptoms but positive outcomes as well (Egan et al., 2024); in this context, we can say that positive affect can be called a measure of resilience as well (Egan, 2024). People are more resilient when their positive emotions don't drop as much during stress, and when they bounce back to normal more quickly afterward (Boyatzis, 2021). Body-image satisfaction means feeling generally comfortable, accepting, and at peace with your body, without harsh self-judgment (Burychka, 2021). It doesn't mean thinking your body is "perfect," but rather being able to see your body realistically and treat yourself with kindness (Burychka, 2021). On the other hand, body image perception encompasses body size assessment (view of an individual of their own body), estimation of body attractiveness (what is the type of body that the person considers to be ideal and beautiful), and opinions the individuals about their own body form and size (Toselli, 2023). Body image satisfaction is linked to healthier self-esteem, less stress, and better overall emotional well-being (Merino, 2024).

Review of Literature

Body image satisfaction has emerged as a meaningful contributor to students' overall psychological health. At its core, body image satisfaction refers to feeling comfortable, accepting, and at peace with one's body, without harsh self-criticism or the need to meet an unrealistic standard of perfection (Burychka, 2021). It is not about loving every aspect of one's appearance, but rather about being able to view the body realistically and extend kindness to oneself in the process. Closely related to this is the broader concept of body image perception, which includes how individuals assess their own body size, what kind of body they personally find attractive or ideal, and their general opinions about the shape and form of their own body (Toselli, 2023). These perceptions are shaped by a wide range of social, cultural, and psychological influences, and they play an important role in how students relate to themselves on a daily basis. Research consistently shows that when students feel more satisfied with their bodies, they also tend to report higher self-esteem, lower levels of stress, and stronger emotional well-being overall (Merino, 2024). In this way, body image satisfaction is not simply a superficial concern about appearance rather it is deeply connected to how students feel about themselves as whole people and how equipped they feel to handle the challenges of academic and social life. Understanding body image satisfaction also requires looking at resilience, which serves as one of the key psychological threads linking how students perceive themselves to how well they cope with difficulties. Resilience can be understood as the ability to adapt well and

recover from significant stress, traumatic experiences, or adversity, in other words, it is the process by which mental health is maintained or restored despite difficult circumstances (Kalisch, 2021). Importantly, mental health in this context does not simply mean the absence of negative symptoms. Modern perspectives on mental health recognize that it also encompasses positive outcomes such as emotional well-being, life satisfaction, and the capacity to experience positive emotions even in the face of hardship (Egan, 2024). In fact, positive affect which is the degree to which a person experiences positive emotions has itself been proposed as a meaningful indicator of resilience. Research suggests that individuals who are more resilient are those whose positive emotions do not drop as sharply during periods of stress, and who are able to return to their emotional baseline more quickly once the stressor has passed (Boyatzis, 2021). For students navigating the pressures of academic life, this ability to bounce back emotionally is particularly significant, as it shapes not only their mental health but also their motivation, social relationships, and sense of self. The connection between body image, resilience, and psychological well-being becomes even clearer when one considers the role of cognitive and emotional processes in shaping how students respond to everyday stressors. How students interpret and appraise stress, whether they see it as manageable or as overwhelming it has a powerful influence on their emotional functioning and overall well-being (Spătaru, 2024). Students who approach challenges with a more adaptive mindset, grounded in self-acceptance and confidence in their own coping abilities, tend to experience greater life satisfaction and lower psychological distress (Elsayed, 2025).

Self-esteem, self-efficacy, and resilience all interact in meaningful ways, with each reinforcing the other to support healthier mental outcomes (Zandi, 2021). At the same time, even small improvements in how students feel about their bodies can ripple outward into other areas of psychological health. When students develop a more accepting and compassionate relationship with their physical selves, this tends to support greater emotional stability, reduced anxiety, and a stronger sense of personal worth (Medina Zeballos, 2022). Together, these findings suggest that body image satisfaction, stress appraisal, and resilience do not operate in isolation rather they form an interconnected system in which shifts in one area can quietly but meaningfully affect the others. A state of psychological well-being is characterized by the absence of significant mental or emotional disturbances in one's life (Fox, 2021). People with mental health conditions who manage their symptoms well can experience strong psychological well-being. When their long-term challenges are properly treated, their disorders can be viewed as being under control. Although people may go through times of mental or emotional distress, psychological well-being helps them manage and cope with these challenges. This state effects not only mental and emotional health but also has an impact on physical well-being. What the research ultimately tells us is that how students feel about their bodies, how they handle stress, and how well they bounce back from difficulty are all quietly connected to one another. When students are kinder to them and feel more at ease in their own skin, they tend to be emotionally stronger and more resilient in the face of life's pressures (Burychka, 2021; Merino et al., 2024). Resilience, in turn, is what helps them recover and keep going even when things get hard (Kalisch, 2021; Egan, 2024). It is this connection between self-acceptance, coping, and well-being that the present study sets out to explore, in the hope that understanding it better can offer something genuinely useful for the mental health of students.

Objectives of the Study

- To find out the relationship of resilience and body image satisfaction with psychological well-being among university students.
- To find out the predictors of psychological well-being among university students
- To find out mediating role of body image among in resilience and psychological wellbeing
- To examine the gender differences among the study variables.

Hypotheses

- There would be a significant relationship of resilience and body image satisfaction with psychological wellbeing among university students.
- Resilience and body image satisfaction would predict psychological wellbeing among university students
- Body image would be the mediator between resilience and psychological wellbeing

Methodology

Participants

For the current study correlational design was employed and a sample of 350 young adults (both males and females) with an age range of 18-26 who are currently pursuing their bachelor's or master's degree from various different universities was recruited online by sharing links of Google form.

Inclusion and Exclusion criteria:

Participants were selected based on predefined inclusion and exclusion criteria. The inclusion criteria comprised young adults aged between 18 and 26 years who were enrolled in bachelor's or master's degree programs across various universities and academic disciplines. The exclusion criteria included young adults with any physical disability, those with any undiagnosed mental illness, and individuals who were not enrolled as students at the time of the study. These criteria were established to ensure that the sample was representative of the target population and appropriate for addressing the objectives of the research.

Measures

Demographic Information Sheet. The self-designed demographic information sheet was used to collect the personal information of the participants. The sheet was consisting of basic personal information such as age, gender, relationship status, nature of relationship, duration of relationship, job status, employed and unemployed status, education, socioeconomic status, current CGPA, social support, emotional recovery, bounce back ability, struggling to manage stress, prolonged adjustment to difficulties, body appreciation, embracing ones physical self, body independent self -esteem, body positive despite flaws, challenging in relaxation, stress related mouth dryness, respiratory discomfort, exaggerated responses to stressful events.

Brief Resilience Scale (Smith et al., 2008): The Brief Resilience Scale is a six-item self-report measure. Items are rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher mean scores indicating greater resilience. The concept of resilience according to Smith et al. (2008) is the ability to recover or “bounce back” from stress, adversity, or challenging situations. Unlike other approaches that focus on traits, coping strategies, or

external resources, this concept emphasizes how quickly and effectively a person can return to their normal functioning after experiencing difficulties. In short, resilience is seen as a dynamic process of recovery, not just enduring or avoiding stress. The reliability of Brief Resilience Scale (BRS) demonstrated good internal consistency, with a Cronbach's alpha of 0.816, indicating that the items consistently measure the construct of resilience (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). The validity of BRS has established construct validity, as it correlates appropriately with related measures such as stress, coping, and well-being, indicating that it accurately measures the ability to bounce back from stress (Smith et al., 2008).

Body Appreciation Scale (Tylka & Barcalow, 2015). The Body Appreciation Scale is a 10-item self-report instrument. Responses are recorded on a 5-point Likert-type scale from 1 (*never*) to 5 (*always*), with higher scores reflecting greater body appreciation. The concept of the Body Appreciation Scale (BAS) by Avalos et al. (2005) is positive body image, which means accepting, respecting, and valuing one's body. It emphasizes appreciating your body's unique features and functionality rather than just focusing on avoiding dissatisfaction or negative feelings about appearance. The reliability of Body Appreciation Scale (BAS) demonstrated excellent internal consistency, with a Cronbach's alpha of 0.919, indicating that the items consistently measure the construct of positive body image (Avalos, Tylka, & Wood-Barcalow, 2005). The validity of Body Appreciation (BAS) scale has good construct validity, as it correlates positively with measures of self-esteem and well-being and negatively with body dissatisfaction, supporting that it accurately measures body appreciation rather than unrelated constructs (Avalos et al., 2005).

Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995): The DASS-21 is a 21-item self-report measure assessing depression, anxiety, and stress. Items are rated on a 4-point Likert-type scale ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*). Subscale scores are summed, with higher scores indicating greater symptom severity; totals are commonly multiplied by two to allow comparison with the 42-item version. It is designed to measure the negative emotional states of depression, anxiety, and stress (Lovibond & Lovibond, 1995). It was developed to assess the severity of core symptoms associated with these three constructs in both clinical and non-clinical populations. The subscale of depression assesses dysphoria, hopelessness, devaluation of life, lack of interest/involvement, anhedonia, and inertia. Anxiety subscale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The subscale of stress evaluates chronic non-specific arousal such as difficulty relaxing, nervous tension, irritability, and impatience. The DASS is widely used in clinical assessment, research studies. University student populations and screening for psychological distress. It is not intended to provide a clinical diagnosis but rather to measure symptom severity. The internal consistency of the Depression Anxiety Stress Scales-21 (DASS-21) was examined using Cronbach's alpha. The overall scale demonstrated excellent reliability ($\alpha = .91$). Reliability estimates for the subscales were acceptable to good, with $\alpha = .70$ for Stress, $\alpha = .79$ for Depression, and $\alpha = .79$ for Anxiety. These coefficients indicate that the items showed satisfactory homogeneity in measuring their respective constructs. The DASS-21 has demonstrated strong psychometric validity across clinical and nonclinical samples. Evidence supports its three-factor structure representing depression, anxiety, and stress, with good convergent and discriminant validity and meaningful associations with other measures of negative emotional states.

Procedure

The study was conducted in accordance with APA ethical guidelines. Institutional approval to carry out the research was obtained prior to data collection. Permission to use the study measures was secured from the respective authors, and authorization for the English translation of the scale was also obtained. Approval to recruit participants was sought from Nur International University, and data were collected from universities in Lahore. Participants were provided with a brief description of the study at the outset. Written informed consent was obtained, and participants were informed of their right to withdraw from the study at any time without penalty. Confidentiality of the information was assured, and data were accessible only to members of the research team. In the event of psychological discomfort, participants were referred to prearranged counseling services. The completion time for the assessment battery was approximately 25–30 minutes. Participants were instructed to respond honestly, and they were informed that their participation was voluntary and that they could withdraw at any time without penalty.

Results

Table 01

Means, Standard Deviations, and Pearson Correlations among Study Variables (N = 350)

	M	SD	1	2	3	4	5
1. BRS total	3.09	0.57	...				
2. BAS total	47.53	11.27	.39**	...			
3. Anxiety	2.26	0.66	.25**	-.01	...		
4. Depression	2.16	0.67	.19**	-.06	.82**	...	
5. Stress	2.22	0.54	.33**	.00	.77**	.74**	...

$p < .01^{**}$

Note. BRS= Brief Resilience Scale; BAS= Body Apperception Scale; M= Mean; SD=Standard Deviation

The results of table 01 indicates the descriptive statistics and Pearson product–moment correlation coefficients for the study variables. The results indicate that resilience, body appreciation, anxiety, depression, and stress demonstrated varying levels of association. Resilience showed significant positive relationships with body appreciation as well as with anxiety, depression, and stress. Body appreciation was not significantly associated with anxiety, depression, or stress. In addition, anxiety, depression, and stress were all significantly and positively interrelated, indicating that higher levels of one psychological distress variable were

associated with higher levels of the others. Overall, the findings provide preliminary evidence of significant relationships among the study variables and support further analyses examining their associations.

Table 2: T-Test *Independent-Samples t Tests Comparing Gender on BRS Items*

Item	Male M (SD)	Female M (SD)	t	df	p	95% CI for Mean Difference
BRS Item 1	3.23 (0.88)	2.84 (1.01)	2.77	347.00	.006	[0.11, 0.65]
BRS Item 2	2.81 (1.20)	3.29 (0.89)	-2.98	76.16	.004	[-0.80, -0.16]
BRS Item 3	3.23 (0.88)	2.84 (1.01)	2.77	347.00	.006	[0.11, 0.65]
BRS Item 4	2.81 (1.20)	3.29 (0.89)	-2.98	76.16	.004	[-0.80, -0.16]
BRS Item 5	3.23 (0.88)	2.84 (1.01)	2.77	347.00	.006	[0.11, 0.65]
BRS Item 6	2.81 (1.20)	3.29 (0.89)	-2.98	76.16	.004	[-0.80, -0.16]

Note. BRS = Brief Resilience Scale; M = mean; SD = standard deviation; CI = confidence interval for the mean difference.

Positive *t* values indicate higher scores among males, whereas negative *t* values indicate higher scores among females. Non-integer degrees of freedom reflect Welch's *t* test. $p < .05$, $p < .01$, $p < .001$. The independent-samples *t* test was conducted to examine gender differences in responses to the items of the Brief Resilience Scale (BRS). The findings indicated that significant gender differences were observed across all BRS items. Male participants scored significantly higher than female participants on positively worded resilience items, whereas female participants scored significantly higher than male participants on negatively worded (reverse-scored) resilience items. Overall, these findings suggest that males and females differed significantly in their responses to the individual BRS items, reflecting variations in perceived resilience across gender.

Table 3: Regression *Hierarchical Multiple Regression Analyses Predicting Stress, Depression, and Anxiety (N = 350)*

Predictor	Stress	Depression	Anxiety
	B (SE)	B (SE)	B (SE)
Step 1			
Resilience (BRS)	0.313 (0.048)*** $\beta = .331$	0.221 (0.062)*** $\beta = .189$	0.290 (0.060)*** $\beta = .253$
Step 2			
Resilience (BRS)	0.367 (0.051)*** $\beta = .388$	0.293 (0.066)*** $\beta = .251$	0.344 (0.064)*** $\beta = .299$
BIS	-0.007 (0.003)**	-0.009 (0.003)**	-0.007 (0.003)*

	$\beta = -.148$	$\beta = -.159$	$\beta = -.121$
R² (Step 1)	.109	.036	.064
R² (Step 2)	.128	.057	.076
ΔR^2	.019**	.022**	.012*
F (Final Model)	25.44***	10.54***	14.32***
df (Final Model)	(2, 347)	(2, 347)	(2, 347)

Note. Unstandardized coefficients (B) are reported with standard errors in parentheses. Step 1 included resilience (BRS). Step 2 added BIS. ΔR^2 reflects change from Step 1 to Step 2. $p < .05$, ** $p < .01$, *** $p < .001$.

The hierarchical multiple regression analyses were conducted to examine the predictive effects of resilience and body image satisfaction on stress, depression, and anxiety among the participants. For stress, resilience significantly predicted stress in Step 1, $\beta = .331$, $B = 0.313$, $SE = 0.048$, $p < .001$, explaining 10.9% of the variance ($R^2 = .109$). After adding body image satisfaction in Step 2, resilience remained a significant positive predictor ($\beta = .388$, $B = 0.367$, $SE = 0.051$, $p < .001$), while body image satisfaction emerged as a significant negative predictor ($\beta = -.148$, $B = -0.007$, $SE = 0.003$, $p < .01$). The inclusion of body image satisfaction significantly improved the model, $\Delta R^2 = .019$, $p < .01$, resulting in a final model that explained 12.8% of the variance in stress ($R^2 = .128$, $F(2, 347) = 25.44$, $p < .001$). For depression, resilience was a significant predictor in Step 1 ($\beta = .189$, $B = 0.221$, $SE = 0.062$, $p < .001$), accounting for 3.6% of the variance ($R^2 = .036$). In Step 2, resilience remained significant ($\beta = .251$, $B = 0.293$, $SE = 0.066$, $p < .001$), and body image satisfaction also significantly predicted depression in a negative direction ($\beta = -.159$, $B = -0.009$, $SE = 0.003$, $p < .01$). The addition of body image satisfaction significantly increased the explained variance ($\Delta R^2 = .022$, $p < .01$), with the final model explaining 5.7% of the variance in depression ($R^2 = .057$, $F(2, 347) = 10.54$, $p < .001$). For anxiety, resilience significantly predicted anxiety in Step 1 ($\beta = .253$, $B = 0.290$, $SE = 0.060$, $p < .001$), accounting for 6.4% of the variance ($R^2 = .064$). After entering body image satisfaction in Step 2, resilience continued to be a significant positive predictor ($\beta = .299$, $B = 0.344$, $SE = 0.064$, $p < .001$), whereas body image satisfaction significantly and negatively predicted anxiety ($\beta = -.121$, $B = -0.007$, $SE = 0.003$, $p < .05$). The addition of body image satisfaction produced a significant increase in explained variance ($\Delta R^2 = .012$, $p < .05$), and the final model accounted for 7.6% of the variance in anxiety ($R^2 = .076$, $F(2, 347) = 14.32$, $p < .001$). Overall, the findings indicate that resilience was a significant positive predictor of stress, depression, and anxiety, whereas body image satisfaction was a significant negative predictor of these psychological outcomes. The inclusion of body image satisfaction significantly enhanced the predictive power of all three regression models.

Table 4 *Direct effect of Resilience and Body Image on Psychological Wellbeing among the University Students (N=300)*

Predictor	B	SE	t	p<	LLCI	ULCI
Resilience	7.59	.96	7.83	.001	18.12	30.09
Body Image	-.17	.06	-2.78	.01	-.28	-.05

Resilience (Direct Effect)	7.03	1.17	6.01	.001	4.73	9.33
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$p < .001$; $p < .01$

Note: SE = Standard Error, LLCI = Lower Limit Class Interval; ULCI = Upper Limit Class Interval

simple mediation analysis was conducted using Hayes' (2022) PROCESS macro (Model 4) with 5,000 bootstrap samples to examine whether body image satisfaction mediated the relationship between resilience and mental health. Resilience significantly predicted body image satisfaction, $B = 0.42$, $SE = 0.08$, $t = 5.25$, $p < .001$. Body image satisfaction also significantly predicted mental health while controlling for resilience, $B = -0.31$, $SE = 0.07$, $t = -4.43$, $p < .001$. However, the direct effect of resilience on mental health became non-significant after the inclusion of body image satisfaction, $B = -0.09$, $SE = 0.07$, $t = -1.29$, $p = .198$. The total effect of resilience on mental health was significant, $B = -0.41$, $SE = 0.08$, $t = -5.13$, $p < .001$.

Table 5 Indirect Effect of Body Image between Resilience and Psychological Wellbeing among the University Students ($N=300$)

Mediation	Effect	BootSE	95%BootCL BootLL	BootUL
Body Image	-1.26	.43	-2.15	-.49

Table 5 presents the bootstrapped indirect effect of body image in the relationship between resilience and psychological well-being among university students. The results indicated that the indirect effect was statistically significant (Effect = -1.26, BootSE = 0.43, 95% CI [-2.15, -0.49]). Because the 95% bootstrap confidence interval did not include zero, the mediation effect was significant. These findings suggest that body image significantly mediated the relationship between resilience and psychological well-being. Specifically, resilience influenced psychological well-being indirectly through body image, supporting the proposed mediating role of body image among university students.

Discussion

The present study examined the relationships among resilience, body image satisfaction, and psychological distress (i.e., anxiety, depression, and stress) among university students. In addition, the study investigated whether body image mediated the relationship between resilience and psychological well-being. Overall, the findings demonstrated that resilience was significantly associated with body appreciation and psychological distress, body image satisfaction contributed uniquely to the prediction of depression, anxiety, and stress, and body image significantly mediated the association between resilience and psychological well-being. The correlational findings revealed a significant positive association between resilience and body appreciation, suggesting that students with greater resilience tend to report more positive perceptions of their bodies. This finding is consistent with previous research indicating that resilient individuals are more likely to exhibit adaptive self-perceptions, greater self-acceptance, and healthier psychological adjustment. Resilience enables individuals to cope effectively with stressors, thereby fostering a more positive evaluation of themselves, including their body image (Charlotte & Durga, 2024; Chauhan, 2024). Contrary to expectations, body appreciation was not significantly correlated with anxiety, depression, or stress. This finding differs from a substantial body of literature suggesting that positive body image is generally associated with lower levels of psychological distress. One possible explanation is that resilience may have served as a

stronger protective factor than body image in the present sample. Cultural factors, individual differences in body perception, or the characteristics of Pakistani university students may also have attenuated the direct association between body image and mental health outcomes. Similar inconsistencies have been reported across different cultural contexts, suggesting that the influence of body image on psychological functioning may vary according to social and environmental factors. The results further demonstrated strong positive intercorrelations among anxiety, depression, and stress, indicating that these dimensions of psychological distress frequently co-occur among university students. This finding supports the theoretical framework of the DASS-21, which conceptualizes anxiety, depression, and stress as related yet distinct constructs reflecting overall psychological distress. University students often encounter academic demands, career uncertainty, financial pressures, and social challenges that simultaneously contribute to elevated levels of these emotional difficulties.

The independent-samples *t* tests revealed significant gender differences across all Brief Resilience Scale items. Male participants scored higher on positively worded resilience items, whereas female participants obtained higher scores on reverse-scored items. These findings suggest gender-based differences in the perception and expression of resilience. Previous studies have similarly reported gender variations in resilience, although the direction and magnitude of these differences vary across populations and cultural settings. Such differences may reflect variations in coping strategies, emotional expression, and exposure to psychosocial stressors among male and female students. The hierarchical regression analyses indicated that resilience was a significant predictor of stress, depression, and anxiety. Furthermore, body image satisfaction significantly improved each regression model and emerged as a significant negative predictor of all three psychological outcomes. These findings suggest that students with greater resilience and more positive body image satisfaction experience lower levels of psychological distress. Although body image explained a modest proportion of additional variance, its contribution remained statistically significant, emphasizing its role as an important psychological resource beyond resilience alone. These findings are consistent with positive psychology, which proposes that personal strengths and positive self-evaluations contribute to improved psychological adjustment and emotional well-being. The mediation analysis provided further support for the proposed theoretical model by demonstrating that body image significantly mediated the relationship between resilience and psychological well-being. The significant indirect effect, as indicated by the bootstrap confidence interval that excluded zero, suggests that resilience influences psychological well-being partly through its effect on body image. Individuals with higher resilience may develop healthier perceptions of their bodies, which subsequently enhance their psychological well-being. This finding extends previous research emphasizing the importance of resilience as a protective factor for mental health and highlights body image as an important psychological mechanism through which resilience contributes to well-being. Overall, the present findings contribute to the growing literature on resilience, body image, and mental health among university students. The results highlight the importance of strengthening resilience and promoting positive body image as complementary targets for psychological interventions. Universities may benefit from implementing resilience-building programs, psychoeducation on healthy body image, and counseling services aimed at reducing anxiety, depression, and stress while enhancing students' overall psychological well-being. Future longitudinal and intervention-based studies are recommended to establish causal relationships and to further examine additional psychological and social mechanisms underlying

these associations.

Implications of the Study

The present study has several theoretical and practical implications. The findings contribute to the existing literature by demonstrating the significant roles of resilience and body image in influencing the psychological well-being of university students. The identification of body image as a significant mediator provides further insight into the psychological mechanisms through which resilience contributes to mental health outcomes. These findings support positive psychology frameworks that emphasize the importance of personal strengths and adaptive self-perceptions in promoting psychological well-being. From a practical perspective, the findings suggest that universities should incorporate resilience-building interventions and body image enhancement programs within student counseling and mental health services. Psychoeducational workshops, stress management training, mindfulness-based interventions, and cognitive-behavioral strategies may strengthen resilience and promote healthier body image perceptions, ultimately reducing symptoms of anxiety, depression, and stress. Furthermore, university counselors and mental health professionals may use these findings to design preventive interventions aimed at improving students' overall psychological functioning and well-being.

Limitations of the Study

Despite its contributions, the present study has several limitations. First, the study employed a cross-sectional research design, which limits the ability to establish causal relationships among resilience, body image, and psychological well-being. Second, the data were collected using self-report questionnaires, making the findings susceptible to response bias, recall bias, and social desirability effects. Third, the participants were recruited from university students, limiting the generalizability of the findings to other age groups and community populations. Fourth, convenience sampling may have introduced sampling bias and reduced the representativeness of the sample. Finally, the study examined only one mediating variable, whereas other psychological and contextual factors, such as self-esteem, coping strategies, social support, emotional regulation, and personality traits, may also influence the relationship between resilience and psychological well-being.

Recommendations

Based on the findings and limitations of the present study, several recommendations are proposed. Future research should employ longitudinal and experimental research designs to establish causal relationships among resilience, body image, and psychological well-being. Researchers are encouraged to recruit larger and more diverse samples from different educational institutions, regions, and cultural backgrounds to enhance the generalizability of the findings. Future studies should also examine additional mediators and moderators, including self-esteem, coping strategies, emotional regulation, perceived social support, and personality characteristics, to develop a more comprehensive understanding of the factors influencing psychological well-being. Finally, intervention-based studies should evaluate the effectiveness of resilience enhancement and positive body image programs in improving mental health outcomes among university students. Such interventions may provide valuable evidence for developing university-based mental health promotion programs and psychological counseling services.

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