

## **Resilience as a Key to Becoming a Strong and Adaptive Individual**

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### **ABSTRACT**

*Resilience refers to an individual's capacity to recover from adversity, manage stress, and regain physical, psychological, and social stability after experiencing difficult life events. This article aims to examine the extent to which individuals develop resilience and to identify the personal and environmental factors that support or hinder resilient functioning. The study used a literature review approach by analyzing selected national and international journal articles, books, and relevant academic sources on resilience, self-esteem, social support, school well-being, toxic relationships, parental divorce, and self-harm history. The reviewed literature indicates that resilience is shaped by the interaction between risk factors, such as trauma, anxiety, pressure, and negative life experiences, and protective factors, such as self-esteem, peer support, emotional regulation, school well-being, and positive meaning-making. Several studies show that individuals exposed to stressful or adverse conditions often demonstrate low to moderate resilience, particularly when they lack effective coping strategies and supportive social systems. Therefore, resilience should not be understood merely as the ability to endure hardship, but as a dynamic developmental process that enables individuals to recover, adapt, learn from adversity, and construct a more meaningful future. The findings imply that guidance and counseling services should strengthen resilience through preventive, developmental, and restorative interventions that promote self-understanding, emotional regulation, optimism, and adaptive coping.*

**Keywords:** *Adaptive coping, Guidance and counseling, Individual development, Resilience, Self-Esteem*

### **INTRODUCTION**

Problems, pressures, and unexpected challenges are inseparable from human life. Every individual, from childhood to adulthood, encounters situations that require the ability to adapt, recover, and continue functioning despite difficult circumstances. In this context, resilience becomes an essential psychological capacity because it helps individuals reduce stress, reinterpret adversity, and move forward after experiencing hardship. Resilience is commonly understood as the ability to rise again after suffering, disappointment, trauma, or failure. It is not a fixed personal trait; rather, it is a capacity that can be strengthened, weakened, learned, and developed through experience, support, and intentional intervention (Nasution, 2011).

The concept of resilience is closely related to the interaction between risk factors and protective factors. Risk factors refer to conditions that increase vulnerability to psychological, behavioral, or social problems. These may include stress, trauma, unsafe environments, family conflict, academic pressure, negative peer influence, or repeated failure. In contrast, protective factors help individuals prevent, reduce, or overcome the negative effects of risk. DiClemente et al. (2009) explain that protective factors may arise from personal characteristics, family relationships, and social environments. Thus, resilience emerges when individuals face risk while also having protective resources that enable positive adaptation.

An individual cannot be described as resilient merely because he or she experiences risk, nor can resilience be concluded only from the presence of protective factors. Resilience is produced through the dynamic relationship between adversity and the resources used to respond to it. For example, parental supervision may be highly protective during early childhood, but the same level of control during adolescence may limit autonomy and healthy development. This shows that protective factors work differently across developmental stages. When individuals experience risk

but are supported by relevant protective factors, they are more likely to adapt positively and resolve problems in constructive ways (Yockey, 2001, as cited in Rakhmawati, 2014).

Individual resilience is often described as the capacity to bounce back or rebound after exposure to pressure, trauma, or major life challenges (Moore, 2013). However, many individuals have not yet developed adequate fighting spirit, self-understanding, or character strength to face complex life demands. Social diversity, rapid change, academic pressure, interpersonal conflict, and family disruption create additional challenges that require strong psychological adjustment. Schoon (2006) emphasizes that some individuals remain adaptive despite high-risk circumstances, whereas others become trapped in deeper difficulties. This difference highlights the importance of internal resources and environmental support in determining resilient outcomes.

Hendriani (2018) states that resilient individuals are those who can stand firm after difficult experiences, adjust to changing circumstances, and confront obstacles with courage. In challenging situations, individuals need effective coping strategies and positive adaptation so that stress does not lead to prolonged psychological decline. Through resilience, individuals are able to maintain their health, return to a calmer condition, and rebuild balance in physical, psychological, and social aspects of life.

Resilience should not be reduced to mere endurance. Greeff (2005) explains that resilience includes self-love, self-acceptance, self-esteem, meaningful action, lifelong learning, the development of interests and skills, empathy, forgiveness, humor, hope, and happiness. In other words, resilience involves healing, growth, and the ability to transform painful experiences into personal wisdom. A resilient person does not simply survive adversity; he or she learns from it, adapts to it, and becomes stronger through it.

Based on these ideas, it is important to discuss resilience as a key to becoming a strong and adaptive individual. Previous studies recommend the strengthening of resilience because individuals need the ability to respond positively to various difficulties while maintaining stable physical, psychological, and social health. Therefore, this article aims to examine the extent to which individuals possess resilience and to synthesize relevant findings on the factors that shape resilient behavior.

## **METHOD**

This study employed a literature review method. A literature review is a systematic process of searching, collecting, selecting, evaluating, and synthesizing academic sources in order to build a deeper understanding of a particular topic. In this article, the literature review was used to formulate the conceptual foundation of resilience and to answer the main objective of the study, namely to identify how resilience appears among individuals who experience different forms of adversity.

The stages of the review included determining search criteria, collecting relevant sources, selecting literature based on relevance, analyzing the content of each source, and presenting the synthesis systematically. The literature was selected using the following criteria: (1) the source was relevant to resilience, individual development, and guidance and counseling; and (2) the source discussed variables or contexts related to resilience, such as self-esteem, social support, school well-being, toxic relationships, parental divorce, self-harm, stress, trauma, and coping.

The search process involved several databases and academic sources, including Google Scholar, Mendeley, ScienceDirect, Springer, online thesis repositories, and relevant books. After the selection process, five main studies were chosen as the primary basis for analysis. These sources were read, evaluated, compared, and synthesized to identify recurring patterns, key determinants, and implications for developing resilience among individuals.

## **RESULTS AND DISCUSSION**

The main result of the community service activity was the establishment of an initial collaborative mentoring forum for strengthening teachers' pedagogical competence at SMP Negeri 11 Ambon. The forum was structured to help teachers move from individual, administrative, and

The literature search identified five main references that directly discuss resilience in different populations and psychosocial contexts. The selected studies show that resilience is influenced by personal resources, social support systems, and the meaning individuals construct from adversity. Table 1 summarizes the objective and key findings of each selected study.

**Table 1. Summary of Selected Literature on Individual Resilience**

No.	Author(s)	Objective	Key Findings
1	Aza et al. (2019)	To examine the contribution of social support, self-esteem, and resilience to academic stress among senior high school students using path analysis.	Students showed varied levels of social support, self-esteem, and resilience. Resilience was associated with the capacity to manage academic stress, indicating that stronger personal and social resources help students cope more effectively with academic demands.
2	Ananda et al. (2022)	To analyze the relationship between self-esteem and resilience among women who had experienced toxic relationships.	The study found a significant positive relationship between self-esteem and resilience. Higher self-esteem was associated with stronger resilience, suggesting that positive self-evaluation supports recovery after harmful interpersonal experiences.
3	Saraswati et al. (2017)	To investigate the role of self-esteem and school well-being in student resilience.	Self-esteem and school well-being together contributed to resilience. Separately, self-esteem showed a stronger significant role, indicating that students' belief in their worth is central to resilient functioning.
4	Aisha et al. (2024)	To examine resilience among early adults with divorced parents through the perspectives of self-esteem and peer social support.	Peer social support did not significantly influence resilience in the reviewed model. This suggests that resilience among early adults with divorced parents may be more strongly shaped by other personal or contextual variables.
5	Qulubina & Rahmasari (2026)	To understand the formation of resilience among early adult women with a history of self-harm, especially through meaning-making, emotional regulation, and social support.	Resilience developed through exposure to adversity, disruption of self-meaning, activation of protective systems, reconstruction of life meaning, integration of painful experiences into identity, and the formation of a more adaptive future orientation.

The findings show that resilience is essential for individuals who face stressful and challenging situations. In general, the reviewed studies indicate that individuals may demonstrate low to moderate levels of resilience, especially when they are exposed to intense pressure, unresolved trauma, weak self-esteem, or limited support. These findings are consistent with the view that resilience is not automatically present in every individual but must be developed through internal strength and external support.

The first important pattern is the role of self-esteem. Several studies show that self-esteem contributes significantly to resilience. Individuals who value themselves, believe in their capacity, and maintain a positive self-image are more likely to recover from negative experiences. In the context of toxic relationships, for example, self-esteem helps individuals rebuild personal boundaries, reduce dependency on harmful relationships, and interpret painful experiences as part of a recovery process rather than as a permanent identity. Similarly, among students, self-esteem supports confidence in facing academic pressure and helps prevent stress from becoming psychologically overwhelming.

The second pattern concerns social and environmental support. Resilience does not develop only within the individual; it is also shaped by the quality of relationships and the environment. Family, peers, teachers, counselors, and school climate may function as protective systems that provide emotional security, information, encouragement, and practical assistance. However, the effect of support is not always uniform. Aisha et al. (2024), for example, found that peer social support did not significantly influence resilience among early adults with divorced parents. This result suggests that the usefulness of social support depends on its quality, timing, relevance, and the individual's readiness to receive help.

The third pattern is the importance of emotional regulation and meaning-making. Individuals who experience trauma, toxic relationships, parental divorce, or self-harm history often struggle with anxiety, fear, shame, and emotional instability. Resilience grows when individuals are able to regulate these emotions, understand their experiences, and reconstruct meaning from adversity.

Qulubina and Rahmasari (2026) show that resilience among women with a history of self-harm is formed through a gradual process that includes exposure to adversity, disruption of self-meaning, activation of protective resources, and the development of a more adaptive future orientation. This indicates that resilience is not an instant outcome but a process of psychological reconstruction.

Resilience also includes several core competencies. Suwarjo (2008) identifies seven resilience factors: emotional regulation, impulse control, optimism, causal analysis, empathy, self-efficacy, and self-disclosure. These dimensions show that resilience requires both intrapersonal and interpersonal competence. A resilient individual can manage emotions, delay impulsive reactions, maintain hope, understand the causes of problems, show empathy, believe in personal capacity, and communicate difficulties appropriately. These competencies are especially relevant in guidance and counseling because they can be taught, practiced, and strengthened through structured intervention.

Individuals with low resilience may experience serious psychological consequences, including high emotional stress, anxiety, social withdrawal, low motivation to seek professional help, and maladaptive coping. In some cases, low resilience is related to self-harm behavior, especially when individuals lack healthy strategies to express pain or regulate emotional distress. Shi et al. (2025) explain that anxiety is related to non-suicidal self-injury, while Aryani et al. (2024) indicate that adolescents with lower resilience are more vulnerable to self-harm behavior. These findings emphasize the need for early identification and preventive counseling programs.

From a guidance and counseling perspective, resilience development should be integrated into preventive, developmental, and restorative services. Preventive services can include psychoeducation on stress management, emotional literacy, and healthy coping. Developmental services can focus on strengthening self-esteem, optimism, problem-solving, and future planning. Restorative services can support individuals who have experienced trauma, toxic relationships, family disruption, or self-harm by helping them rebuild meaning, regulate emotions, and reconnect with supportive relationships. Therefore, resilience-based counseling should not only address problems after they occur but also prepare individuals to face future challenges more adaptively.

The synthesis of the reviewed literature demonstrates that resilience is a dynamic and multidimensional capacity. It is influenced by personal characteristics, social relationships, environmental conditions, and the ability to construct meaning from adversity. A strong and adaptive individual is not someone who never experiences difficulty, but someone who can face difficulty, recover from it, and transform it into personal growth. Thus, resilience is a key foundation for psychological well-being, adaptive behavior, and long-term personal development.

The findings imply that schools, families, and counseling professionals should create environments that strengthen protective factors. In educational settings, resilience can be promoted through supportive teacher-student relationships, peer support programs, counseling services, character education, and activities that encourage self-confidence and emotional regulation. For individuals who have experienced trauma or harmful relationships, counseling should provide a safe space to process emotions and reconstruct positive self-meaning.

Future studies should use more rigorous empirical designs to examine the mechanisms through which self-esteem, social support, emotional regulation, and school well-being influence resilience. Quantitative studies may test structural models of resilience, while qualitative studies may explore lived experiences of recovery after adversity. Mixed-method research would also be useful to capture both measurable patterns and the depth of individual experience

## **CONCLUSION**

Resilience is an individual's ability to recover from adversity and regain stability in physical, psychological, and social dimensions. It enables individuals to adapt, regulate behavior, manage stress, overcome trauma, and continue developing despite difficult life situations. Based on the reviewed literature, individuals commonly show low to moderate resilience when they experience trauma, stress, pressure, environmental demands, and unpleasant life experiences without adequate protective resources. Resilience is strengthened through self-esteem, emotional regulation, optimism, self-efficacy, social support, school well-being, and the ability to construct positive meaning from adversity. Therefore, resilience is a key factor in helping individuals become strong, adaptive, and psychologically healthy. Guidance and counseling services should actively develop resilience

through preventive education, developmental programs, and restorative interventions so that individuals can face complex life challenges with confidence, wisdom, and hope.

## REFERENCES

- Aisha, T., Prasetya, P., Dimala, C. P., & Maulidia, A. S. (2024). Resiliensi pada dewasa awal dengan orang tua bercerai: Melalui self-esteem dan dukungan sosial teman sebaya. *Jurnal Penelitian Pendidikan, Psikologi dan Kesehatan*, 5(2), 437-445. <https://jurnalp3k.com/index.php/J-P3K/article/view/410>
- Ananda, E., Savitri, L., Kusnadi, S. K., Elisnawati, E., Saputra, A., & Lusiani, N. (2022). Self-esteem dengan resiliensi pada perempuan korban toxic relationship. *Jurnal GESI*, 1(1), 43-51. <https://ejurnal.uwp.ac.id/gesi/index.php/jurnalgesi/article/view/134>
- Aryani, F., Pandang, A., & Insani, A. (2024). Profile of adolescent resilience in self-harm behavior in Makassar City. *Nalar: Jurnal Bimbingan dan Konseling*, 12(2), 92-98. <https://ojs.unm.ac.id/nalar/article/download/92-98/30204>
- Aza, I. N., Atmoko, A., & Hitipeuw, I. (2019). Kontribusi dukungan sosial, self-esteem, dan resiliensi terhadap stres akademik siswa SMA. *Jurnal Pendidikan: Teori, Penelitian, dan Pengembangan*, 4(4), 491-498. <https://www.semanticscholar.org/paper/df5d486bc83e9908f4a4d00dd136e18ce0ffd983>
- Dimala, C. P., Zubaedi, A., Sovitriana, R., Hakim, A. R., & Mora, L. (2023). Health professional stress, self-efficiency, and social family support towards burnout with resilience as moderator and mediator in health workers handling COVID-19 in Karawang. *Res Militaris*, 13. <https://resmilitaris.net/uploads/paper/e0cb27be15b0d045ee6bfae21f17994a.pdf>
- DiClemente, R. J., Santelli, J. S., & Crosby, R. A. (2009). *Adolescent health: Understanding and preventing risk behavior*. Jossey-Bass.
- Greeff, A. (2005). *Personal skills for effective learning: The resilience series (1st ed.)*. Crown House Publishing.
- Hendriani, W. (2018). *Resiliensi psikologi*. Prenadamedia Group.
- Moore, J. (2013). Research summary: Resilience and at-risk children and youth. National Center for Homeless Education.
- Nasution, S. M. (2011). *Resiliensi: Daya pegas menghadapi trauma kehidupan*. USU Press.
- Qulubina, S., & Rahmasari, D. (2026). Studi kualitatif resiliensi pada perempuan dewasa awal dengan riwayat self-harm. *Character: Jurnal Penelitian Psikologi*, 13(1), 219-236. <https://media.neliti.com/media/publications/252712-studi-tentang-daya-tanggguh-resiliensi-an-00fe98f0.pdf>
- Rakhmawati, D. (2014). Resiliensi remaja dan pencegahan perilaku seksual berisiko. In *Proceeding of International Seminar and Workshop on Guidance and Counseling*. <https://eprints.untirta.ac.id/5262/1/Prosiding%20BK.pdf>
- Saraswati, L., Tiatri, S., & Sahrani, R. (2017). Peran self-esteem dan school well-being pada resiliensi. *Jurnal Muara Ilmu Sosial, Humaniora, dan Seni*, 1(2), 511-518. <https://journal.untar.ac.id/index.php/jmishumsen/article/view/1472>
- Schoon, I. (2006). *Risk and resilience: Adaptations in changing times*. Cambridge University Press.
- Shi, J., Gao, P., Zhou, B., & Huang, Z. (2025). A meta-analysis of the relationship between anxiety and non-suicidal self-injury. *Frontiers in Psychiatry*, 15, Article 1493823. <https://doi.org/10.3389/fpsyt.2024.1493823>
- Suwarjo. (2008). *Konseling teman sebaya (peer counseling) untuk mengembangkan resiliensi remaja*. Jurusan Psikologi Pendidikan dan Bimbingan, Universitas Negeri Yogyakarta. <https://www.academia.edu/6228207>