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Research Paper

An Exploratory Study on Resilience and Interpersonal Relationships of Adults During the Work from Home in Covid-19

Abhinandita Chakraborty[1]*, Debarati Banerjee[2], Mitasha Mitra[3], Dr. Dinaz R. Jeejeebhoy[4]

ABSTRACT

Covid-19 has had a revolutionary impact on our daily life and functioning. Depression, general anxiety, irritation, and vulnerability to diseases are some of the common attributes which have been greatly impacted. Covid-19 has brought about unprecedented changes in our work culture that its effects are being studied all over the world to gain an in-depth understanding of management of these effects. The aim of this paper is to review the literature and explore the concept of working from home and the possible impact it can have on psychological attributes like resilience, loneliness and interpersonal relationships. The study tried to conduct a cross sectional research to study how these constructs vary according to age and marital status. A sample of 325 participants was collected using purposive and snowball sampling with their demographic information like age, marital status and on standardized tools of Resilience, Loneliness, and Faces-IV. Data was analyzed using t-test and one-way ANOVA to highlight differences in different levels of demographic information. ANOVA and Independent sample t-test indicated that results for Resilience, Loneliness, Communication and Satisfaction Scale of FACES IV (FACES2, FACES3) were found to be significant at 0.01 confidence level for age and marital status respectively. Conclusion: Results show that the unmarried population or the younger age group of 18-25 were found to be the most affected with deteriorated mental health, low resilience as well as high levels of loneliness. Detailed analysis, limitations and recommendations of the research were discussed.

Keywords: *Covid- 19 Pandemic, Work from Home, Resilience, Loneliness*

Several organizations transitioned their employees to a work from home model during the pandemic (Leu-Burke et al., 2021). Work from home, also known as "working remotely" or teleworking, involves employees working from a remote location, typically one's home. The initial validated incidence of Covid-19 in India was documented on January 27, 2020. In response to the transmission of the Covid-19 virus, the Indian

[1]Post-Graduate Student, Department of Psychology, University of Calcutta, Kolkata, India
[2]Post-Graduate Student, Department of Psychology, University of Calcutta, Kolkata, India
[3]Post-Graduate Student, Department of Applied Psychology, University of Calcutta, Kolkata
[4]Assistant Professor, Department of Psychology, Loreto College, University of Calcutta, Kolkata
*Corresponding Author

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government implemented a plethora of stringent public health measures, such as compulsory quarantines for individuals returning from abroad, remote work arrangements, and the closure of schools. The Covid-19 pandemic gave rise to numerous psychosocial stressors, comprising personal and familial health concerns, significant disturbances to daily routines, physical distancing from loved ones and friends, scarcity of essential commodities, reduction in earnings, enforced social isolation, and the shutdown of educational institutions. The COVID-19 pandemic had upended the day-to-day activities for much of the world's community, including India, resulting in social disconnection and economic unreliability, which led to consequential increases in psychological health concerns, anxiety, depression, posttraumatic stress, and suicidal-destructive ideation (Killgore et al., 2020). When confronted with multiple work-related demands that generate high levels of stress, an employee may experience difficulties sustaining a positive and unencumbered relationship with their family or friends (Neto et al., 2018).

As per the American Psychological Association (2014) (Hogenson, 2020), resilience refers to the adaptive process of effectively managing and coping with adversity, trauma, tragedy, threats, and high levels of stress. As per Tugade and Fredrickson (2004) research, individuals with greater resilience are considered more adaptable to the constantly shifting workplace dynamics, and may contribute to building a more resilient organization. As per Shin, Taylor, and Seo's (2012) research, personal resilience can foster constructive emotions during organizational change, thereby augmenting employees' commitment to such transformations.

While social isolation and loneliness are not interchangeable concepts, preliminary evidence from the Covid-19 outbreak suggests that over a third of the adult populace reports experiencing significant loneliness, and nearly 50% of individuals between the ages of 18 and 24 experience loneliness during lockdown (Loades et al., 2020). According to Peplau and Perlman's (1982) definition, "loneliness" signifies the discordance between an individual's actual and desired social relationships. As described by Cacioppo and his colleagues (2013), the negative experience of loneliness and dysphoria associated with social isolation, even when surrounded by family or friends, is a consequence of this variability. Xia and Li (2018) highlight the physiological stress response, characterized by elevated cortisol levels, as the underlying mechanism responsible for the negative health outcomes associated with loneliness. The detrimental impact of atypical stress responses on health is well-documented. Hwang and colleagues (2020) suggest that social isolation may trigger behavioral modifications that contribute to an unhealthy lifestyle, including but not limited to smoking, alcohol consumption, reduced physical activity, poor dietary choices, and nonadherence to medical prescriptions.

According to Sieberg (1975), from infancy to adulthood, interpersonal relationships are influenced by the manner in which partners support each other in the pursuit of shared goals. Interpersonal relationships have a chance of being hindered by the Covid-19 pandemic (Goodwin et al., 2020; Malmberg, 2020). The launching of lockdown restrictions provided substitute narratives, elevating concern over domestic violence but also imparting greater societal cohesion. Domestic abuse may burgeon in a situation of forced confinement. Nevertheless, large-scale containment may foster common solidarity. (Goodwin et al., 2020). Healthy romantic relationships can act as a security provider during a time of existential crisis (Malmberg, 2020). Cockshaw and Shochet (2010) suggest that the quality of interpersonal relationships and sense of belongingness among colleagues, as indicated by

employees' perceptions of being valued, respected, and accepted within their organization, are critical factors for promoting employee health. The findings of a study conducted by Persson et al. (2018) revealed that colleague belongingness, characterized by an atmosphere of trust, support, and positivity in the workplace, is a crucial resource for promoting employee health.

According to the International Labor Organization (2012, 2016), effectively managing family relationships may serve as a valuable resource in mitigating job-related stress. However, achieving a proper work-life balance can be challenging, and when work and family commitments are in conflict, this incongruity can lead to stress (Nappo, 2020).

According to the theory of human resource management, offering work flexibility, such as the option to work remotely, can provide employees with greater autonomy in managing their work and family responsibilities, resulting in various benefits (van der Lippe and Lippényi, 2018). Nevertheless, the potential drawback of working from home is that the provision of flexible work arrangements may come with implicit expectations of increased work effort and dedication, which may offset the anticipated benefits of reduced work-family conflict (van der Lippe and Lippényi, 2018). Research has indicated that employees who work remotely tend to work longer hours and feel more time-constrained than their office counterparts (Peters and Van der Lippe 2007; Glass and Noo nan 2016). Despite their flexibility, work-from-home arrangements can lead to a blurring of boundaries between work and family responsibilities, resulting in interference between the two (van der Lippe and Lippényi, 2018).

According to the findings of Rani Molla (2020), there are various challenges that come along with remote work. These challenges encompass but are not limited to impediments in disconnecting from work, feelings of isolation, challenges in collaborating and communicating, disturbances encountered at home, hindrances in staying motivated, and the need for a dependable internet connection.

Research has shown that the transition to remote work and job loss resulting from the Covid-19 pandemic were linked to an increase in sedentary behavior and screen time compared to those who did not experience changes in their employment status (Biddle et al., 2021). The links between increased sedentary behavior and screen time due to the COVID-19 pandemic and transitions to remote work and job loss were found to be significant, regardless of participants' previous self-reported behaviors regarding sitting, screen time, and physical activity (McDowell et al., 2020). Additionally, previous research has indicated that employees working in an office environment tend to engage in more sedentary behavior during work hours than in their leisure time (Prince et al., 2017). These results align with previous research indicating that remote work can result in increased sedentary behavior, particularly due to extended working hours, video-based meetings, and limited opportunities for physical activity outside of the home or office, as dictated by public health protocols (McDowell et al., 2020).

The current research’s goal was to evaluate the presence of problems such as loneliness, hampered interpersonal relationships, and lower resilience levels among employed individuals in India amidst the Covid-19 outbreak.

The study tried to focus on the less researched nature versus nurture debate in the Indian context by taking into account personality factors (intrinsic variables) like resilience, loneliness, and age, as well as environmental variables like marital status, and interpersonal relationships.

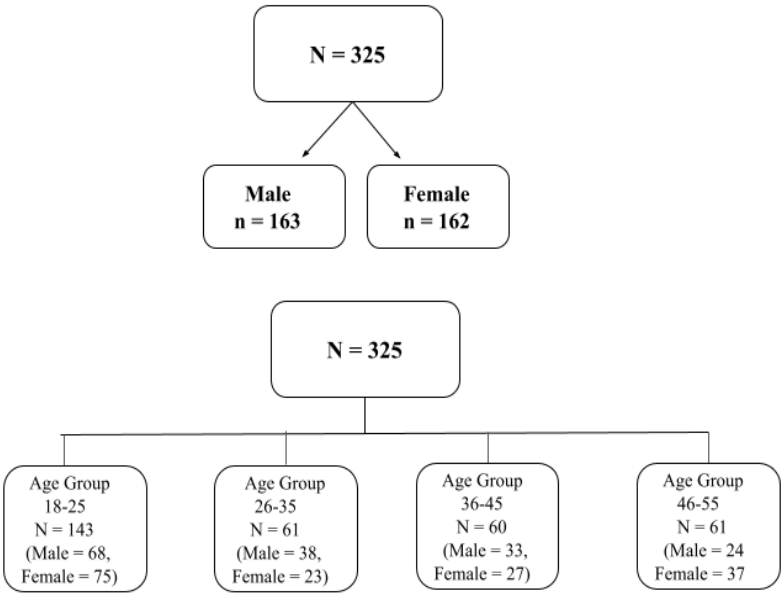
MATERIALS AND METHODS

A cross sectional study from July 2021- June 2022 was conducted among individuals working from home during the Covid-19 pandemic under the Department of Psychology of Loreto College, Kolkata. Data collection was done during a period of 3-months from November 2021 to January 2022. The form was circulated online and consent was obtained from all participants.

Sample Size

The sample comprised of 325 individuals - 163 males and 162 females, within the age range of 18-55 years, who had been working from home actively for at least 4 hours a day, for the past six months, having a bachelor's degree or pursuing a bachelor's degree and are proficient in English.

Figure 1 Diagrammatic representation of the sample - in terms of a flow chart



Study Tool

The participants were required to fill in a consent form accompanying an information schedule, The Resilience Scale by Wagnild and Young (1993), followed by the UCLA Loneliness Scale by Daniel Russell, L.A. Peplau, and M.L. Ferguson (1978), and the Family Adaptability and Cohesion Evaluation Scale (FACES IV) by Tiesel (1994) and Olson (1997). Participants were requested to complete the form in one session.

Objectives

- To determine whether individuals who are working from home, have higher tendencies of being lonely, hindered interpersonal relationships, and face lower levels of resilience in their daily lives.
- To determine whether working from home during a pandemic is a possible reason behind higher work-family conflicts.

- To find out the remedial effects, if any, of the negative correlates of working from home.

Data collection and Analysis

Participants were selected using the purposive and snowball method of non-probability sampling. The dependent variables in the study included intrinsic variables like resilience, and loneliness while the extrinsic variables included interpersonal relationships and work family conflict. The independent (demographic) variables included age and marital status.

Data was analyzed using IBM SPSS Statistical Software Ver. 22. Descriptive frequency analysis was done to understand the sample characteristics. Inferential statistics included One-way Anova and independent samples t test for different dependent variables of the study. Post hoc analysis for finding out the differences between the groups was carried out using bonferroni.

RESULTS

Table - 1 Sample Characteristics

Variable	Categories	N	%
Age	18-25 Years	143	44%
	26-35 Years	61	18.8 %
	36-45 Years	60	18.5%
	46-55 Years	61	18.8%
Marital Status	Unmarried	193	59.4%
	Married	132	40.6%

Table - 2 F statistics and p-value for various groups of age in ANOVA

	Age									
Measure	**18 - 25 years**		**26 - 35 years**		**36 - 45 years**		**46 - 55 years**		**F (325)**	**p-value**
	M	SD	M	SD	M	SD	M	SD		
Resilience	134.96	18.96	144.57	20.35	144.07	19.65	144.92	21.43	**6.23****	0.000
Loneliness	25.83	14.27	19.15	15.35	17.6	13.69	19.13	14.24	**6.84****	0.000
APS	61.82	16.4	65.99	17.41	65.62	15.82	68.21	13.74	**2.67***	0.047
BPS	58.85	16.45	60.15	17.33	63.23	15.8	65.85	13.96	3.149	0.250
CPS	42.67	20.24	48.75	25.16	44.15	25.57	43.13	21.48	1.099	0.350
DPS	42.95	18.69	52.36	22.8	46.37	21.42	46.05	20.59	**3.052***	0.029
EPS	45.32	19.33	51.33	24.71	51.47	23.06	48.3	19.7	1.794	0.148
FPS	36.55	19.01	43.33	24.47	38.95	21.86	38.07	21.73	1.482	0.219
FACES2	52.15	30.45	61.08	32.05	61.17	30.69	70.15	25.98	**5.481****	0.001
FACES3	51.69	31.91	60.05	32.96	62	31.98	68.54	27.19	**4.648****	0.003

Table 3 Post-hoc (Bonferroni) - Age

Variable	M1	M2	Mean Diff.	Std. Error	Sign
Resilience	18-25 years	26-35 years	-9.616*	3.032	0.01
		36-45 years	-9.109*	3.05	0.018
		46-55 years	-9.960*	3.032	0.007
Loneliness	18-25 years	26-35 years	6.678*	2.198	0.015
		36-45 years	8.225*	2.211	0.001
		46-55 years	6.694*	2.198	0.015
APS	18-25 years	26-35 years	-4.067	2.452	0.589
		36-45 years	-3.798	2.466	0.747
		46-55 years	-6.395	2.452	0.057
DPS	18-25 years	26-35 years	-9.410*	3.117	0.016
		36-45 years	-3.416	3.135	1
		46-55 years	-3.098	3.117	1
FACES2	18-25 years	26-35 years	-8.928	4.592	0.316
		36-45 years	-9.013	4.618	0.311
		46-55 years	-17.994*	4.592	0.001
FACES3	18-25 years	26-35 years	-8.364	4.787	0.489
		36-45 years	-10.315	4.815	0.198
		46-55 years	-16.856*	4.787	0.003

Table 4 t-value and p-value for two groups of marital status in t-test

D Variable	Marital Status						
	Unmarried		Married		df	t-value	p-value
	M	SD	M	SD			
Resilience	136.58	19.21	145.13	20.985	315	**-3.728****	0.00
Loneliness	24.31	14.811	17.9	13.75	315	**3.87****	0.00
APS	62.31	17.349	68.15	13.122	315	**-3.204****	0.001
BPS	58.7	17.112	65.64	13.085	315	**3.848****	0.00
CPS	43.38	21.806	45.48	23.816	315	-0.809	0.419
DPS	43.77	19.698	49.64	21.81	315	-2.482*	0.014
EPS	45.67	21.009	52.44	21.322	315	**-2.782****	0.006
FPS	37.16	19.865	41.2	23.184	315	-1.657	0.099
FACES2	53.44	31.571	67.1	27.103	315	**-3.97****	0.00
FACES3	53.09	32.638	66.43	28.699	315	**-3.72****	0.00

** Significant at the 0.05 level of confidence*
*** Significant at the 0.01 level of confidence*

From a sample size of 325, Table 1 shows that there were a total of 193 (59.4%) unmarried individuals and 132 (40.6%) married individuals. Further the sample was divided into various age groups consisting of 143 individuals (44%) in the 18-25 age group, 61 (18.8%) in the 26-35 age group, 60 (18.5%) in the 36-45 age group, and 61 (18.8%) in the 46-55 age group.

Comparison of age means for all dependent variables using Analysis of Variance (ANOVA) in Table 2 showed that between group differences were found to be significant for Loneliness, Resilience and FACES (Subscales 2 and 3) at 0.01 confidence level. Resilience f = 6.23**(p=0.01), Loneliness f = 6.84**(p=0.01), FACES2 f = 5.481**(p=0.01), FACES3 f = 4.648**(p=0.01). Results for ANOVA for between group differences were found to be significant for APS (Balanced Cohesion Percentile Score) and DPS (Enmeshed Percentile Score) at 0.05 confidence level. APS F = 2.67* (p=0.05), DPS F = 3.052*(p=0.05). Results for ANOVA for between group difference were found to be insignificant for BPS (Balanced Flexibility Percentile Score), CPS (Disengaged Percentile Score), EPS (Rigid Percentile Score), FPS (Chaotic Percentile Score), BPS f = 3.149, CPS f = 1.099, EPS f = 1.794, FPS f = 1.482. A post- hoc analysis using Bonferroni was done for age to understand the in-between group differences.

An independent sample t test for comparison of marital groups with dependent variables in Table 4 indicated that results were found to be significant for Loneliness, Resilience, APS (Balanced Cohesion Percentile Score), BPS (Balanced Flexibility Percentile Score), EPS (Rigid Percentile Score), FACES2, FACES3 at 0.01 level of significance for df value of 315. Resilience t =-3.728** (p=0.01), Loneliness t = 3.87** (p=0.01), APS t = -3.204, BPS t = 3.848, EPS = -2.782, FACES2 = -3.97, FACES3 = -3.72. Results for independent sample t-test were found to be significant for DPS (Enmeshed Percentile Score) at 0.05 level of significance for df value of 315. DPS = -2.482* (p=0.05). Results for independent sample t-test were found to be insignificant for CPS (Disengaged Percentile Score), and FPS (Chaotic Percentile Score). CPS t = 1.214, FPS t = -1.657.

DISCUSSION

Age of an individual is found to be an important indicator of the response to work from home set up during the time period of Covid-19 pandemic (Table 2). The individuals falling under the age group of 46-55 reported very high resilience as compared to the age of 18-25 which reported the lowest levels of resilience. Subsequently it was also seen that individuals in the age group of 26-35 had a higher resilience as compared to those in the age group of 36-45 (Table 3). The crisis between identity and role confusion reaches its zenith during young adulthood resulting in a divided self-image, an urgency of time, low awareness and concentration on required tasks, and a dismissal of family or community standards (Feist J., Feist G.J, 2008). This might be an explanation for low resilience in this age group between 18-25 years. The major conflict between integrity and despair in the last psychosocial stage of development produces wisdom (Feist J., Feist G.J, 2008) The high levels of resilience in the age group 46-55 might be because of the wisdom acquired through a lifetime of experiences in this group of individuals who have already encountered uncertainties in life before the pandemic including wars and other global medical crises. Indicators of mental illness and low subjective well-being, such as depression, anxiety, and negative emotions, and indicators of a healthy mental condition, such as life satisfaction, optimism, and positive emotions, have a negative correlation with resilience, according to empirical studies (Wu et al., 2020). The group of married individuals were observed to have a higher resilience than

the unmarried ones (Table 4). This can be explained by Erickson's psychological stage of Intimacy versus Isolation. Mature intimacy resulting from a higher sense of companionship and social support in uncertain times can be a major rationale for the married individuals having a higher resilience as compared to the unmarried people.

The young adults in the age group of 18-25 have reported the highest level of loneliness followed by the age group of 26-35, as indicated in the study. The individuals in the phase of middle adulthood have subsequently lower levels of loneliness than the above two groups while the individuals in the age group of 36-45 have reported the lowest levels of loneliness (Table 2). The high levels of loneliness might be particularly pertinent for young adults who are going through a crucial time of development of social relationships, intimacy with partners, education, and establishment of career. During the pandemic, young adults are especially at risk for mental health concerns like despair and anxiety. The unmarried group reported the highest levels of loneliness while the married population reported the lowest (Table 4). This might be attributed to the similar obstacles confronted by single adults which might include developing close relationships and dealing with issues of loneliness. Cross-sectionally, lonely people are nearly 7 times more likely to meet clinical criteria for moderate to severe depression symptoms against non-lonely individuals (Lee C. M., Cadigan J. M., Rhew I. C., 2020).

The middle-aged adults between 46-55 reported the highest level of Cohesion (APS), communication (FACES2) satisfaction (FACES3) while the 18-25 age group reported the lowest (Table 3). Family satisfaction is fulfilled for the age group of 46-55 years as they might have reached stage three of Maslow's Need for Hierarchy. With a stability in their professional lives, they have fulfilled both their physiological and safety needs and hence can now adequately focus on their belongingness needs. The parent-adolescent connection, which postulates that as adolescents mature, they distance themselves from parents and subsequently move into a world of autonomy, may account for why the 18–25 age group earned poor ratings in these areas. Therefore, at this time adolescents and young adults witness intense and stressful conflicts within the family. The age groups of 26-35 years and 36-45 years have reported very high enmeshment in the family environment (Table 3). Bowen (1960) focussed on how families project their emotionalities onto a particular member and how individuals cope with the stress and anxieties coming from other members of the family. His work focused on enmeshment in a family environment where members are overly dependent on each other or have undifferentiated roles and ego boundaries. These age groups which have high enmeshment, might therefore, be believed to have feelings and thoughts which are fused and hence they express a pseudo-self rather than their own values and opinions. This might be because individuals in these age groups have started a new family and were restricted in their homes due to curbs imposed by the pandemic. Employees with smaller children faced additional challenges while attempting to maintain productivity in improper settings with their children. A person who is personally involved in a marriage ending, such as a divorce or the death of a spouse, may have unfavorable health effects. Relationship stressors can have a detrimental effect on one's health. The married individuals scored higher than the unmarried individuals on the scales of balanced cohesion and flexibility, communication (FACES2) and satisfaction (FACES3) (Table 4). Marriage experts contend that elements like commitment and forgiveness are crucial components of a successful marriage. These factors are part of a self-repair process in healthy relationships. Spouses might many times especially in unprecedented situations like the pandemic have a heated argument which has the potential to harm their relationships (Amato, 2007) but after

calming down they might forgive each other and repair the damage. This thus results in a healthy functioning family system with balanced interpersonal relationships, a well-established communication system and high satisfaction with the other members in the family. However contradictory to these results the analysis also shows significant differences in the marital groups for the unbalanced scales of enmeshment and rigidity (Table 4). It was the married individuals who again scored high on these two scales in comparison to the unmarried ones. The converting norm of male-woman equality in marriage and an increasing number of excessive expectancies from a wedding has produced marital relationships which can be extra fragile and intense. Couples that communicate well together are more conscious of their needs now and have better problem-solving abilities. Contrarily, unhealthy behaviors like problematic drinking might increase as a result of poor communication between spouses. The results in Tables 2 and 4 showed that the dependent variables like CPS (Disengaged Percentile Score), and FPS (Chaotic Percentile Score) had insignificant results for the Analysis of Variance (ANOVA) and independent sample t-test analysis of the independent variables like age and marital status.

Future research can take into account the inclusion of all gender groups and locality for a better understanding of the implications of work from home on mental health and interpersonal relationships both at the workplace and in the family. Enmeshment studies especially in the Indian context, along with the dimensions of chaos, cohesion and rigidity can also be explored. Further the impact of adversity response and resilience on work can also be an interesting area of study. Further the effect of work life balance can also be explored in the context of family involving interviews with peers and spouses to understand the perspective of family conflicts and relationships resulting from work.

Limitations

The present study had a very large disparity in the sample sizes of various groups since the survey was conducted in an online mode via Google Forms due to the restrictions imposed by the Covid-19 pandemic. Due to lack of technological knowledge, data response from the older population was much lower in comparison to the younger population. The methods of sampling used were purposive and snowballing which are non-probability methods of sampling and are not very appropriate generalized samples from a population. Another limitation of the study was that data was collected only from the population who were proficient in English. This was because the wordings of the questions and the scales used were in English which required the respondents to be proficient in the language. In addition to these limitations the present study has a cross sectional design, where age differences are confounded by differences in subject history. This is known as the cohort effect.

Few existing studies on the mental health and relationship dimensions of the work from home population did not have a clear inclusion and exclusion criteria when recruiting the representative sample. Further the duration of data collection in some previous studies was too short to make informed statements about psychological effects as symptoms might occur delayed (Pieh et al., 2020). The present study had a very well-defined inclusion and exclusion criteria for selection of the sample. The data collection took place over a period of three months and the respondents were asked to respond keeping in mind the experience and feelings they had for the past six months while working from home. Further, since the present study took into consideration both intrinsic and situational variables, it could successfully explore the relationship between mental health and interpersonal relationships

which most previous studies failed to, since they either took the mental health or the interpersonal relationship domain of the work from home population.

CONCLUSION

The abrupt transition to work from home entailed humongous changes in the interpersonal relationships and the general well-being and mental health of an individual especially in unprecedented times such as the Covid-19 pandemic. In general, the unmarried population or the younger age group of 18-25 were found to be the most affected with low resilience and a high degree of loneliness. Simultaneously, the other three categories of age groups and the married working individuals reported high family cohesion, flexibility and enmeshment with lower levels of loneliness, and high resilience. This study can also help future researchers in developing effective solutions for a work from home arrangement by understanding the patterns and the results obtained from here.

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Conflict of Interest

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